



CONFIDENTIAL
Loan Application

Individual- I am applying for credit individually

Joint- I am applying for credit with another party

Applicant Signature

Joint Applicant Signature

Date

Primary Applicant's Full Legal Name:

Social Security Number:

Email Address:

Cell Phone:

Home Phone:

Home Address Street:

City:

State:

Zip:

Date of Birth:

Drivers License #:

Issuing State:

Expiration Date:

Joint Applicant's Name:

Social Security Number:

Email Address:

Business or Occupation:

Cell Phone:

Home Phone:

Same as Primary Applicant

Home Address Street:

City:

State:

Zip:

Date of Birth:

Drivers License #:

Issuing State:

Expiration Date:

Business Entity Name:

Business Phone:

Business Type (S Corp, C Corp, Sole Prop, LLC, LLP, etc.):

Tax Identification Number:

Business Address (Street, City, State, Zip):

Attorney Name:

Attorney Number/Email:

Table with 3 columns: Question, Yes, No. Contains questions about other ventures, marital status, debt obligations, credit history, tax liens, unpaid taxes, support obligations, and bankruptcy.

Table with 3 columns: Question, Yes, No. Contains questions about investigations, legal actions, and criminal convictions.

If you answered "Yes" to any questions, please provide a written explanation in the blank area provided on page 3.

Initials

Loan Request Information

How did you hear about PPCLOAN? _____

Check Desired Loan Acquisition Loan Refinance Equity Purchase Other _____

Requested Loan Amount: _____

Requested Length of Repayment: _____

Do you plan to form a business entity? Yes No

Entity Name: _____

Please list the name and positions of all officers and shareholders including their percentage of ownership (shareholders must also complete an application):

Name/Position _____ % _____

Name/Position _____ % _____

Name/Position _____ % _____

Name/Position _____ % _____

Personal Financial Statement (PFS)

Assets		Liabilities	
Cash Checking	\$ _____	Primary Mortgage Balance	\$ _____
Cash Savings/CDs	\$ _____	Home Equity Loan	\$ _____
Brokerage Accounts	\$ _____	Rental/Vacation/Commercial RE	\$ _____
	\$ _____	Rental/Vacation/Commercial RE	\$ _____
Retirement Accounts (401K, IRA, Pension)	\$ _____	Vehicle Loan Balance	\$ _____
Cash Value Life Insurance	\$ _____	Student Loan Balance	\$ _____
Vehicles	\$ _____	Credit Card Balance	\$ _____
Personal Residence Value	\$ _____	Outstanding tax obligations from prior tax year(s)	\$ _____
Rental/Vacation/Commercial RE	\$ _____	Business Debt	\$ _____
Rental/Vacation/Commercial RE	\$ _____		\$ _____
	\$ _____		\$ _____
Market Value of Business	\$ _____	Other Liabilities (please list)	\$ _____
	\$ _____		\$ _____
Personal Property/Other Assets (please list)	\$ _____		\$ _____
	\$ _____		\$ _____
	\$ _____		\$ _____
	\$ _____		\$ _____
TOTAL ASSETS	\$ _____	TOTAL LIABILITIES	\$ _____
		NET WORTH	\$ _____

PFS As of (Date): _____

Schedule of Debt - Real Estate

DESCRIPTION AND LOCATION	PRESENT VALUE	MONTHLY INCOME	TITLE IN NAME OF	RELATED INDEBTEDNESS	
				LIEN HOLDER	AMOUNT
TOTALS					

Schedule of Debt - Other (Auto & Student Loans, Credit Cards, Business Debt, etc.)

LENDER	ORIGINAL AMOUNT/ AVAILABLE CREDIT	PRESENT BALANCE	MONTHLY PAYMENT	MATURITY AND/OR PAYMENT SCHEDULE	INTEREST RATE	COLLATERAL
TOTALS						

Initials

By providing your phone number, address, and email on the previous pages you are authorizing PPCLOAN and/or its funding sources to contact you via these methods.

The information contained in this statement is provided for the purposes of obtaining or maintaining credit on behalf of the undersigned or of the guarantee of debt by the undersigned. Each undersigned understands that PPCLOAN and/or its funding sources are relying on the information provided herein (including the designation made as to ownership of property) in deciding to grant or continue credit. Each undersigned represents and warrants that information provided is true and complete and that PPCLOAN and/or its funding sources may consider this statement as continuing to be true and correct until a written notice of change is given to PPCLOAN and/or its funding sources by the undersigned. I/we authorize PPCLOAN and/or its funding sources to make all inquiries deemed necessary to verify the accuracy of the statements made herein, and to determine my/our creditworthiness, including, without limitation, obtaining consumer credit reports and investigative reports on me/us, and to answer questions and share or disclose to our funding sources, information and documents relating to my/our credit experience.

As an authorized representative of the Applicant, I certify that all information provided herein and any supporting documentation with this application are true and correct. PPCLOAN and/or its funding sources may check credit and trade references in reviewing this application, and disclose information about its credit experience with the Applicant. For the review of this application as well as for the servicing, collection, renewal or extension of the resulting financing, if any, PPCLOAN and/or its funding sources may also inquire as to and obtain credit reports on the undersigned owner(s), guarantor(s) and other principals. **Note: All guarantors must sign below.**

If your application for business credit is denied, you have the right to a written statement of the specific reasons for denial. To obtain the statement, please contact PPCLOAN, Inc., 25511 Budde Road, Suite 2901, The Woodlands, TX 77380, (281) 419-0400, within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement. To receive a copy of your credit report, please write TransUnion, LLC, 2 Baldwin Place, PO Box 1000, Chester, PA 19022, or call 800-888-4213.

NOTICE: The federal Equal Credit Opportunity prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act.

The federal agency that administers compliance with this law concerning this creditor is FDIC Consumer Response Center, 1100 Walnut Street, Box #11, Kansas City, Missouri 64106.

Authorized Signature _____ Title _____ Date _____

Authorized Signature _____ Title _____ Date _____

Note: If a partnership, all partners must sign or evidence of partnership authorization must be provided.

If you answered "Yes" to any of the questions on the first page, please provide a written explanation below.

It is advisable that the applicant begin the approval process for life insurance as soon as possible, as these policies typically serve as collateral for professional service business loans. Information regarding the amount and type of life insurance required can be provided by PPCLOAN.
