

NEO Fund

New Entrepreneurs Opportunity Fund
P. O. Box 2300
Ashtabula, OH 44005-2300

LOAN APPLICATION

PLEASE PRINT or TYPE - Use additional paper if necessary when completing the following information.

PERSONAL INFORMATION (To be completed by each owner)

First Name: _____ MI: _____ Last Name: _____ Suffix: _____

Social Security Number: _____ DOB (Month/Day/Year): _____

Home Address: _____ City/State/Zip: _____

Email Address: _____ Phone Number: _____

HOUSEHOLD INFORMATION (To be completed by each owner)

How many in Household? _____ Household Income: Per Mo:\$ _____ Per Year:\$ _____
Source: _____

BUSINESS INFORMATION

Business Name: _____

Address: _____ Suite # _____ City/State /Zip _____

Business Phone:(____) _____ Business Fax:(____) _____

Email (or Web Address): _____

BUSINESS STATUS

Business Status: Exploring (Not Started) Start-Up (Less than 1 Year) Existing (1 year or more)

Business Organization: Sole Proprietorship Partnership S Corp. C Corp. LLC
 Not established yet

Date Business established: _____ Federal ID Number: _____

How many current employees: Full time: _____ Part-Time: _____

Description of the business: _____

OWNERS/MANAGEMENT INFORMATION

List all owners of the business:

Name	Social Security Number	Title	Ownership Percentage

RELATED BUSINESS ISSUES:

Has the business or any owners of the business been involved in bankruptcy or insolvency proceedings?

Yes No If Yes, please explain: _____

Have any owners of the business been convicted of a felony?

Yes No If Yes, please explain: _____

Does the business or any owners of the business have personal/business judgments, liens, unsettled lawsuits or major disputes?

Yes No If Yes, please explain: _____

Does the business or any owners of the business lease or own business premises: Own Lease

If lease, name/address of Lessor: _____

Years remaining on Lease: _____

Monthly lease payments: _____

Is the business or any owner of the business already pledging assets for a loan or a lease: Yes No

Have you completed a Business Plan? Yes No (If yes, please submit a copy of the Business Plan with this Application. If you DO NOT have a Business Plan, please refer to "BUSINESS PLAN OUTLINE" provided on our website)

What organization or company referred you? _____

LOAN INFORMATION

Total loan request: \$ _____

Use of funds:

Working Capital (Utilities, Rent, Licensing and fees) \$ _____

Equipment \$ _____

Inventory \$ _____

What Collateral will you pledge as security for the loan:

House Auto Rental Property Machinery/Equipment Inventory Other

Other:

Personal cash available to invest in business/project: \$ _____ Source:

Personal cash already spent to start up business: \$ _____

NOTE: All loans are subject to a documentation fee of \$750, plus filing fees for any security documents, which will be payable out of the loan proceeds.

CREDIT REPORT AUTHORIZATION: Please read the following before signing the authorization below. All owners, officers, or partners must sign this application.

The information in this Loan Application is provided for the purpose of applying for funds under the MicroLoan Program.

I AGREE that the information is accurate to the best of my knowledge. I understand that personal and/or business information may be requested pursuant to this loan Application and I hereby give my consent for such information to be provided to NEO Fund. I also understand that NEO Fund retains the sole decision as to whether this loan Application is approved, disapproved, or modified. It is my right to accept or decline the loan amount, rate, and terms approved by the NEO Fund.

I AUTHORIZE NEO FUND to obtain a credit report on me through the credit reporting agency of its choice that will be good for 90 days. I understand that delays in excess of 90 days in the submission of my loan package materials may require NEO Fund to access an additional \$25 fee in order to obtain and analyze an updated credit report.

SECTION II - CONTINUED

B. LIFE INSURANCE (List only those Policies that you own)

COMPANY	Face of Policy	Cash Surrender Value	Policy Loan from Insurance Co.	Other Loans Policy as Collateral	BENEFICIARY
	\$	\$	\$	\$	
TOTALS		\$	\$		
		<small>(Enter Sec. 1 Line 2)</small>	<small>(Enter Sec. 1 Line 27)</small>		

C. SECURITIES OWNED (Including U.S. Gov't Bonds and all other Stocks and Bonds)

Face Value-Bonds No. of Shares Stock	DESCRIPTION Indicate those Not Registered in Your Name	Type of Ownership	COST	Market Value U.S. Gov. Sec.	Market Value Marketable Sec.	Market Value Not Readily Marketable Securities	Amount Pledged to Secure Loans
TOTALS				\$	\$	\$	
				<small>(Enter Sec. 1 Line 3)</small>	<small>(Enter Sec. 1 Line 4)</small>	<small>(Enter Sec. 1 Line 15)</small>	

D. NOTES AND ACCOUNTS RECEIVABLE (Money Payable or Owed to You Individually - Indicate by a ✓ if Others have an Ownership Interest)

MAKER/DEBTOR	✓	When Due	Original Am't	Balance Due Good Accounts	Balance Due Doubtful Acc'ts	Balance Due Notes Relatives & Friends	SECURITY (If Any)
			\$	\$	\$	\$	
TOTALS				\$	\$	\$	
				<small>(Enter Sec. 1 Line 5)</small>	<small>(Enter Sec. 1 Line 13)</small>	<small>(Enter Sec. 1 Line 14)</small>	

E. REAL ESTATE OWNED (Indicate by a ✓ if Others have an Ownership Interest)

TITLE IN NAME OF	✓	Description & Location	Date Acquired	Original Cost	Present Value of Real Estate	Amount of Ins. Carried	MORTGAGE OR CONTRACT PAYABLE				
							Balance Due	Payment	Maturity	To Whom Payable	
				\$	\$	\$	\$				
TOTALS				\$	\$	\$	\$				
				<small>(Enter Sec. 1 Line 11)</small>	<small>(Enter Sec. 1 Line 34)</small>						

F. RETIREMENT FUNDS / ASSETS

OWNER OF ACCOUNT	Type (401K, IRA, etc.)	Brokerage / Bank	Balance	Vested?	Type of Securities Invested
			\$		
TOTAL			\$		
			<small>(Enter Sec. 1 Line 12)</small>		

G. PERSONAL PROPERTY (Indicate by a ✓ if Others have an Ownership Interest)

DESCRIPTION	✓	Date When New	Cost When New	Value Today	LOANS ON PROPERTY	
					Balance Due	To Whom Payable
Automobiles-			\$	\$	\$	
TOTAL				\$		
				<small>(Enter Sec. 1 Line 16)</small>		

H. NOTES (Other than Bank, Mortgage and Insurance Company Loans), ACCOUNTS AND BILLS AND CONTRACTS PAYABLE

PAYABLE TO	Other Obligors (If Any)	When Due	Notes Due to Rel. & Friends	Notes Due "Others" (Not Banks)	Accounts & Bills Payable	Contracts Payable	COLLATERAL (If Any)
			\$				
TOTAL			\$				
			<small>(Enter Sec. 1 Line 22)</small>	<small>(Enter Sec. 1 Line 23)</small>	<small>(Enter Sec. 1 Line 24)</small>	<small>(Enter Sec. 1 Line 28)</small>	

I understand that The NEO Fund is relying on the information in these documents in connection with credit underwriting and/or verification of financial information necessary for deciding certain financial accommodations or the extension of credit to the undersigned. These documents are delivered to The NEO Fund to induce it to extend credit from time to time and/or to continue its present extensions of credit and/or to evaluate any decisions involving The NEO Fund, at its discretion, for the benefit of the undersigned. The undersigned hereby certifies that these documents are correct and complete, and accurately reflect the condition and affairs of the undersigned at the date(s) and for the period(s) stated and that said documents reflect all known liabilities direct or contingent, as of the date(s) thereof.

The NEO Fund is authorized to make all inquiries deemed necessary to verify the accuracy of the information contained herein, and to determine the creditworthiness of the undersigned. In addition, the undersigned authorizes The NEO Fund to answer questions about its credit experience with the undersigned. The undersigned also represents and warrants that to the undersigned's knowledge there has been no material adverse change in the condition or affairs of undersigned from the date of the financial statement to the date hereof. The undersigned also agrees to notify the Lender immediately in writing of any significant adverse change in such financial condition.

Date Signed _____ 20____ Signature _____ Signature _____

(Other Person if Applicable)