

# Miles J.O.B. Fund

PO Box 31 • Sparta, NC 28675

Phone: 336-372-5623 (JOBF)

Web: [www.jobfund.org](http://www.jobfund.org) • Email: [info@jobfund.org](mailto:info@jobfund.org)

Thank you for your interest in the J.O.B. Fund Loan Program. The mission of the Fund is to promote and provide opportunities for deserving and qualified individuals in Alleghany County, NC who require financial assistance in the pursuit of developing a vocational trade for self-employment.

You are eligible to apply for the J.O.B. Fund Loan Program if you are a permanent resident of Alleghany County, North Carolina, are 18 years of age or older, and can demonstrate a need for assistance.

## *Miles J.O.B. Fund Preliminary Application:*

The J.O.B. Fund Board of Directors, or an appointed committee, will review this information for the possible funding of your plan. The board or the committee will meet with you for an interview to determine the next step. For your success, a business plan, financial statement, and other necessary criteria will need to be completed. Other agencies, such as the Blue Ridge Business Development Center or Wilkes Community College will assist you in developing a plan of operation. This procedure can be done in a short period of time.

**Please complete the front and back of the application to the best of your knowledge.**

Date of Application: \_\_\_\_\_

### Part A: Personal Information

LAST	FIRST	M.I.							
Name	_____	_____	_____	Birth Date	___/___/___	Tel. No.	_____	Soc. Sec. No.	_____
Present Address	_____	_____	_____	City	_____	State	_____	Zip	_____
				County	_____	How Long	_____		
Mailing Address	_____	_____	_____	City	_____	State	_____	Zip	_____
(if different from above)				County	_____				
Previous Address	_____	_____	_____	City	_____	State	_____	Zip	_____
(if less than two years)				County	_____	How Long	_____		
Years at Above Address	_____			Number of Dependents	_____	Ages	_____		
Employer (Company Name & Address)	_____								
Bus. Tel.	_____			Position/Title	_____	Length of Employment	_____		
Do You Own Your Home	<input type="checkbox"/> Yes	<input type="checkbox"/> No		Name of Mortgage Holder	_____				
If Own, is it a	<input type="checkbox"/> House	<input type="checkbox"/> Mobile Home		If Rent, Please Provide Landlord's Name, Address, and Phone Number	_____				

### Joint Applicant or Other Party Information (If Applicable)

LAST	FIRST	M.I.							
Name	_____	_____	_____	Birth Date	___/___/___	Tel. No.	_____	Soc. Sec. No.	_____
Present Address	_____	_____	_____	City	_____	State	_____	Zip	_____
				County	_____	How Long	_____		
Relationship to Applicant (if any)	_____			Number of Dependents	_____	Ages	_____		
Employer (Company Name & Address)	_____								
Bus. Tel.	_____			Position/Title	_____	Length of Employment	_____		

**"For Success"**

**-Be Honest and Positive-Stay Focused and Confident-Don't Quit-**

INCLUDE ANY DOCUMENTATION OR USE ADDITIONAL SHEETS AS NEEDED

## References

Relative <small>(not residing in same household)</small>	Bank	Personal Reference <small>(non-related)</small>
Name	Name	Name
Relationship	Office	Relationship
Address	Address	Address
City, State, Zip	City, State, Zip	City, State, Zip
Telephone	Telephone	Telephone

**Intended Use of Funds:**

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**Total Funding Request** \$ \_\_\_\_\_

**SIGNATURES:** I certify that everything I have stated in this application and on any attachments is correct. You may keep this application whether or not it is approved. By signing below I authorize you to check my credit and employment history and to answer questions others may ask you about my credit record with you. I understand that I must update credit information at your request if my financial condition changes.

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_ **Signature (if applicable)** \_\_\_\_\_ **Date** \_\_\_\_\_

## Part B: Your Business

*Operating Your Business:*

*Do you have a business plan and cash flow projection?*

1. Please give the type of vocation, name, address, and telephone number of your business.  
 \_\_\_\_\_  
 \_\_\_\_\_
  
2. Describe the type of product or service your business will offer.  
 \_\_\_\_\_  
 \_\_\_\_\_
  
3. Is your business:       Start-Up               Currently Operating              Since \_\_\_\_\_
  
4. What type of vocational venture is planned?  
 Service     Retail     Wholesale
  
5. What is the legal structure:  
 Sole Proprietorship  
 Partnership (please list all partners' names and addresses)  
 Corporation
  
6. Please list any state and/or federal licenses your business is required to have in order to operate.  
 \_\_\_\_\_  
 Do you currently have this license?     Yes               No
  
7. Will this business operate:     Full Time               Part Time               Seasonal
  
8. Not including yourself, this business currently or will employ:    # \_\_\_\_\_ Full Time              # \_\_\_\_\_ Part Time
  
9. What are the average number of hours per week you are working or plan to work in this business? \_\_\_\_\_
  
10. Why did you choose to be in this business?  
 \_\_\_\_\_  
 \_\_\_\_\_
  
11. Please describe your experiences in this type of business/job.  
 \_\_\_\_\_  
 \_\_\_\_\_
  
12. Have you previously owned a business?     Yes               No  
 If yes, why are you no longer in the business?  
 \_\_\_\_\_
  
13. Will this business or proposed business be your primary source of income?     Yes               No
  
14. Who is your primary customer? \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Signature (if applicable) \_\_\_\_\_ Date \_\_\_\_\_