



The Merchants Fund is committed to providing for the economic needs of the merchant community with modest grants. Merchants must do business in Philadelphia and have conducted business for a minimum of three years.

Grants of between \$1,000 and \$20,000 are available to current merchants in several forms, including Business Loan matches from accredited government programs and banks. Loan matches may not be used to pay off debts or existing loans or a loan to be obtained. We recommend starting the loan application simultaneously to the application to TMF.

The Merchants Fund does not support:

- New ventures
• Businesses operated from home or costs related to moving outside of the home
• Businesses holding only an off premises liquor license
• Excluded businesses: lawyers, doctors, accountants, brokers (insurance, real estate, stock), consultants, and other professionals. Please call if you are unsure whether your business is qualified to be considered for a grant.

The Merchants Fund does not discriminate based on race, color, religion, national origin, age, gender, sexual orientation, marital status, or disability.

Personal Information

Name: \_\_\_\_\_

(The applicant is the Merchant and primary owner.)

Home Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

U.S. Citizen: Yes [ ] No [ ] Naturalized Citizen/Resident Alien: Yes [ ] No [ ]

Marital Status: Married [ ] Single [ ]

What is the name of your business?

What is the nature of the business conducted? \_\_\_\_\_

Address of business: \_\_\_\_\_

How long have been you in business? \_\_\_\_\_

How many employees do you have? (include yourself) Full time \_\_\_\_\_ Part time \_\_\_\_\_

State Tax Number: \_\_\_\_\_ Federal Tax Number: \_\_\_\_\_

Is your spouse also significantly involved/co-operator of the business? Yes [ ] No [ ]

Describe role: \_\_\_\_\_

Name of spouse: \_\_\_\_\_

Spouse's Social Security Number: \_\_\_\_\_

U.S. Citizen: Yes [ ] No [ ] Naturalized Citizen/Resident Alien: Yes [ ] No [ ]

Please check one: Sole Proprietor [ ] Corporation [ ] Limited Liability Corp. [ ]

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Do you have dependents whom you support (over 50% of annual expenses) that reside with you? If so list each person and their relationship to you.

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Provide the name and phone number of three people or the officers of the corporation to whom The Merchants Fund may refer to confirm the information provided (*Do not include family or friends unless they are actively involved in the business*):

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**Business and Financial Information**

Please provide the following:

- copies of all current licenses from the City
- current business plan, if available

Please provide the following:

- 3 years of state income tax returns
- 3 years of Philadelphia city income tax returns (if applicable)
- 3 years of federal income tax returns
- current profit and loss statement

Who maintains your financial records? Please provide the name and contact information. If it is a member of the family please note the relationship.

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**Assets**

Checking Accounts:

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(bank name)	(current balance)

Savings/Retirement/Investment/Trust Accounts:

<hr/>	<hr/>
(bank name)	(current balance)

<hr/>	<hr/>
(bank name)	(current balance)

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**Real Estate:**

Assessed value of Real Estate Including Investment Properties (in your name or your spouse's): \_\_\_\_\_

Unpaid Mortgage Balance on Real Estate: \_\_\_\_\_

**Grants to Match Business Loans**

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Please describe loan program; give the name of the agency, as well as the requirements of the loan match. Please provide the name of the person you are working with at the agency.

Please describe how you will use the grant. Be as specific as possible. For example: if you are requesting funds for physical improvements or equipment, please send photos, drawings or specifications.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total Loan value being applied for: \$ \_\_\_\_\_

Amount being requested from The Merchants Fund? \$ \_\_\_\_\_

Loan Bank or Agency: \_\_\_\_\_

Loan Officer and Phone Number: \_\_\_\_\_

Do you have a deadline for when you need the grant in hand to meet a commitment?

Date: \_\_\_\_\_

**It is very strongly recommended that you have someone from a supporting agency sign your application. Examples: Your local Community Development Corporation (CDC), Small Business Development Center (SBDC), Merchants Association, Empowerment Zone, Neighborhood Association, Corridor Main Street manager, etc. If you need help identifying an appropriate agency, please call or email.**

Sponsoring Agency: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

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The information provided in this application is true and accurate. I grant permission to the agents of The Merchants Fund to contact and discuss information contained in this application with the references provided. I agree to allow The Merchants Fund to run a credit check.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Signature (spouse): \_\_\_\_\_

*Information provided in this application is confidential and will be used solely to determine eligibility for a grant from The Merchants Fund.*