



BRIDGEWAY CAPITAL

Connect Opportunity with Capital

Information Intake Form

THIS FORM IS FOR INFORMATION PURPOSES ONLY.
IT IS NOT A LOAN APPLICATION.

In order to meet the needs of many business owners and entrepreneurs, we must carefully review and evaluate the effectiveness of our programs. Thank you for taking the time to complete this intake form. Information is used for evaluation purposes and is required by many of our government and private funding sources and sponsors.

Business Information	
Trade Name of Business	Date Business Established
Legal Name of Business	Date Incorporated and State
Business Address (<i>including City, State, & Zip</i>)	Business Phone
	Business Fax
Business Employee Information	
Current employees	
# Full-time	# Part-time
Average hourly wage – Full-time	Average hourly wage – Part-time
# with benefits – Full-time	# with benefits – Part-time
# who are women – Full-time	# who are women – Part-time
# who are minorities – Full-time	# who are minorities – Part-time
Projected NEW employees (within the next 3 years) if you receive financing	
# of Full-time	# of Part-time
Average hourly wage – Full-time	Average hourly wage – Part-time
# with benefits – Full-time	# with benefits – Part-time
Job loss if you do not receive financing	
If you do not receive financing for your business, will jobs be lost? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many full-time jobs will be lost? _____ How many part-time jobs will be lost? _____	If yes, explain why jobs will be lost, and how financing will enable you to retain them.

Business Ownership or control Information

- Provide names and percentages of ownership for each person owning at least 10% of the business.
- If no one person owns at least 10%, fill in information for the 5 people who own the largest shares.
- **Nonprofits: provide information on the Executive Director, CEO, General Partner or Managing Member AND the Board of Directors (attach additional sheets if necessary).**

	# 1	# 2	# 3	# 4	# 5
Name, Title					
% of business owned (for-profit only)					
The information below is not required but will assist us in evaluating our loan programs and reporting to our government and private funding sources and sponsors. We appreciate your voluntary response.					
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Race	Check all that apply <input type="checkbox"/> American Indian <input type="checkbox"/> Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Black/African-Amer. <input type="checkbox"/> White <input type="checkbox"/> Other Pacific Islander	Check all that apply <input type="checkbox"/> American Indian <input type="checkbox"/> Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Black/African-Amer. <input type="checkbox"/> White <input type="checkbox"/> Other Pacific Islander	Check all that apply <input type="checkbox"/> American Indian <input type="checkbox"/> Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Black/African-Amer. <input type="checkbox"/> White <input type="checkbox"/> Other Pacific Islander	Check all that apply <input type="checkbox"/> American Indian <input type="checkbox"/> Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Black/African-Amer. <input type="checkbox"/> White <input type="checkbox"/> Other Pacific Islander	Check all that apply <input type="checkbox"/> American Indian <input type="checkbox"/> Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Black/African-Amer. <input type="checkbox"/> White <input type="checkbox"/> Other Pacific Islander
Ethnicity	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Veteran status	<input type="checkbox"/> Non-Veteran <input type="checkbox"/> Veteran <input type="checkbox"/> Service-Disabled Vet	<input type="checkbox"/> Non-Veteran <input type="checkbox"/> Veteran <input type="checkbox"/> Service-Disabled Vet	<input type="checkbox"/> Non-Veteran <input type="checkbox"/> Veteran <input type="checkbox"/> Service-Disabled Vet	<input type="checkbox"/> Non-Veteran <input type="checkbox"/> Veteran <input type="checkbox"/> Service-Disabled Vet	<input type="checkbox"/> Non-Veteran <input type="checkbox"/> Veteran <input type="checkbox"/> Service-Disabled Vet
Disability status	Do you consider yourself a person with a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you consider yourself a person with a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you consider yourself a person with a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you consider yourself a person with a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you consider yourself a person with a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No

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Are any individuals listed above, or their immediate family members, a Bridgeway Capital, Inc. employee or a member of Bridgeway Capital’s Board of Directors?	Yes _____ No _____
Signature – Business Owner or Authorized Signer	Date
Signature – Co-Owner	Date
Signature – Co-Owner	Date
Signature – Co-Owner	Date

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If you are applying for a loan from Bridgeway Capital, we may ask for additional information from you that is similar to the information provided on this form.

Notice: The federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants based on 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 the Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580.

Complete this page if the loan request is for a real estate transaction

Community Development Project Details	
Square Footage – Manufacturing	
Square Footage – Office	
Square Footage – Retail	
# of For-Sale Housing Units	
# of For-Rent Housing Units	
# of For-Sale Affordable Housing Units	
# of For-Rent Affordable Housing Units	
Construction Jobs Projected	
Tenant Business Jobs Projected	

Signature – Business Owner or Authorized Signer	Date
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