



Greater Jamaica  
Local Development  
Company, Inc.

**Southeast Queens Capital Access**

**R E Q U E S T F O R L O A N**

Complete and Return the Pre-Application Below To Start the Loan Process.

Your Name: \_\_\_\_\_ Date: \_\_\_\_\_

Home Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Business Name: \_\_\_\_\_ Bus Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Describe Your Business: \_\_\_\_\_

\_\_\_\_\_

Is this a Start-Up? YES  NO

IF NOT A START-UP, HOW MANY YEARS IN BUSINESS? \_\_\_\_\_

LAST YEAR'S REVENUE \_\_\_\_\_ LAST YEAR'S PROFIT \_\_\_\_\_

LOAN AMOUNT SOUGHT \_\_\_\_\_

Value of Collateral \_\_\_\_\_

	Amount	
	_____	\$ _____
BUSINESS	_____	\$ _____
USES OF LOAN	_____	\$ _____
	_____	\$ _____
TOTAL: \$		_____

Please Submit by Fax or Mail and a Loan Counselor Will Contact You  
Within 2 Business Days.

Fax: 718.658.1405  
Mail: 90-04 161<sup>st</sup> Street, 7<sup>th</sup> Floor, Jamaica, NY 11432

Attn: Lisandro Kellis

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