

**Region 3 Economic Development Loan Application**



**Business Information**

*An incomplete application package will not be processed.*

Business Name: \_\_\_\_\_ NAICS CODE \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Business Structure (Circle One) : Sole Proprietor Partnership Limited Liability (LLC) Other \_\_\_\_\_

Corporation (TYPE): \_\_\_\_\_ State Incorporated \_\_\_\_\_

Brief Business Description: \_\_\_\_\_

State Tax ID (Business License Number): \_\_\_\_\_ Federal Tax ID: \_\_\_\_\_

Date Business was established: \_\_\_\_/\_\_\_\_/\_\_\_\_ Bank Business Account Established (Include Branch Address): \_\_\_\_\_

**Project Financing**

Cash \$ \_\_\_\_\_  
In-Kind Contribution \$ \_\_\_\_\_

Land Value \$ \_\_\_\_\_  
Other (Describe) \$ \_\_\_\_\_

**B. Total Equity Contribution** \$ \_\_\_\_\_ **(B)**      A. Loan

Amount Requested \$ \_\_\_\_\_ **(A)**

B. Applicant Equity Contribution \$ \_\_\_\_\_ **(B)**  
(What is your contribution?)

C. Other Funding: \$ \_\_\_\_\_ **(C)**  
( Is there another lender?)

Total Cost of Project (A + B + C = D) \$ \_\_\_\_\_ **(D)**

Purpose of Loan \_\_\_\_\_

How will loan be repaid? \_\_\_\_\_

### **Region 3 Economic Development Loan Application**

#### **Use of Funds**

	From Proposed Loan Funds	+	Other Funds	=	Total
Inventory	_____		_____		_____
Capital Machinery	_____		_____		_____
Equipment	_____		_____		_____
Fixed Tenant Improvements	_____		_____		_____
Professional Fees	_____		_____		_____
Working Capital	_____		_____		_____
Rehabilitation	_____		_____		_____
Other:	_____		_____		_____
<b>Total:</b>		<b>+</b>		<b>=</b>	
	_____		_____		_____

#### **Public Benefit**

As a direct result of receiving the Loan Funds, will your project:

Create New Employment Opportunities? \_\_\_\_\_ How Many? \_\_\_\_\_

Retain Jobs? \_\_\_\_\_ How Many? \_\_\_\_\_ Provide Goods & Services Presently Unavailable? \_\_\_\_\_

#### **Summary of Collateral** (What will secure repayment of loan?)

	Present Market Value	Mortgage Liens	Equity
Commercial Real Estate	\$ _____	\$ _____	\$ _____
Residential Real Estate	\$ _____	\$ _____	\$ _____
Machinery & Equipment	\$ _____	\$ _____	\$ _____
Other _____	\$ _____	\$ _____	\$ _____
<b>Total</b>	\$ _____	\$ _____	\$ _____

#### **Outstanding Business Debt**

To Whom Payable	Original Amount	Account Number		Maturity Date	Collateral Held
	Current Balance	Date of Loan	Interest Rate %	Monthly Payment	
1.	\$ _____	_____		_____	
	\$ _____	_____	_____	\$ _____	
2.	\$ _____	_____		_____	
	\$ _____	_____	_____	\$ _____	
3.	\$ _____	_____		_____	
	\$ _____	_____	_____	\$ _____	
4.	\$ _____	_____		_____	
	\$ _____	_____	_____	\$ _____	
5.	\$ _____	_____		_____	
	\$ _____	_____	_____	\$ _____	
6.	\$ _____	_____		_____	
	\$ _____	_____	_____	\$ _____	

## ***Region 3 Economic Development Loan Application***

### **Business Site Control**

Does applicant have control of site?  Yes  No

If YES, indicate type of control:  Own  Lease

Type of Lease \_\_\_\_\_

Is Lease Assumable?  Yes  No

Terms of Lease \_\_\_\_\_

Renewal Options \_\_\_\_\_

### **Management**

List anyone holding **20%** or more of stock: Proprietors, Partners, Officers, Directors, and Stockholders. These same individuals must also complete the Personal Financial Statement (Attached)

	Name	Percentage of Ownership	Annual Compensation
1.	_____	_____	\$ _____
2.	_____	_____	\$ _____
3.	_____	_____	\$ _____
4.	_____	_____	\$ _____

### **Management Training** *(List Entrepreneurial Training or Business Development Workshops attended)*

Name of Program	Date Completed
1. _____	_____
2. _____	_____

### **References**

Contact Name	Address, City, State, Zip	Phone Number
<b>Business References:</b>		
1.		( )
2.		( )
3.		( )
<b>Personal References:</b>		
1.		( )
2.		( )
3.		( )

### **Closest living relative:**

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Telephone #: \_\_\_\_\_

## Region 3 Economic Development Loan Application

### CHECKLIST

Please complete as directed and submit along with requested information. An incomplete application package will not be processed. All tax returns and financial information must be signed and dated.

#### **For All Applicants:**

- Signed and Completed Loan Application
- Signed and Completed Personal Financial Statement [from each person owning **20%** or more of the business]
- Copy of 3 years Personal Tax Returns (All Schedules) [from each person owning **20%** or more of the business]
- Signed Credit Authorization [from each person owning **20%** or more of the business]
- Copy of Driver License [from each person owning **20%** or more of the business]
- \$100 non-refundable fee

#### **Include the Following, As Applicable**

##### ***For Businesses 1 Year Old and Older***

- Executive Summary (Brief History of Operations and Management)
- Copy of the past 3 years Business Tax Returns with all attachments and schedules (if incorporated)
- Interim Business Financial Statement
- One Year Monthly Projections

##### ***For Businesses Younger Than 1 Year***

- Complete Business Plan
- Interim Business Financial Statement
- 3 Years Monthly Projections

### CERTIFICATION

It is hereby represented and certified by the undersigned that to the best knowledge and belief of the undersigned, the information contained herein and attached hereto is accurate and correct and truly descriptive of the project, the *Applicant* and any guarantor or other proposed project occupant.

Applicant Name: \_\_\_\_\_ (Please Print)

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

Co-Applicant Name: \_\_\_\_\_ (Please Print)

Co-Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Region 3 Economic Development Loan Application

### Individual Financial Statement

To Be Completed by All Management holding 20% or more of stock: Proprietors, Partners, Officers, Directors & Stockholders.

Last Name	First	Initial	Date of Birth	Social Security No.	Driver License No.
Street Address			City, State, Zip		Phone
<input type="checkbox"/> Own <input type="checkbox"/> Rent \$ _____		<input type="checkbox"/> Married <input type="checkbox"/> Unmarried		<input type="checkbox"/> Separated	
How Long Lived: Years/Months.		Monthly Payment			
Current Employer		Address		City, State, Zip	
Position		Years/Months	Monthly Salary	Previous Employer	
Years/Months				Years/Months	
Name of Spouse/Co-Applicant		Date of Birth	Social Security No.	Driver License No.	Phone
Address of Spouse/Co-Applicant		City, State, Zip			
Name and Address of Spouse's Employer			City, State, Zip		Phone
Position		Years/Months	Monthly Salary		

**Please complete Schedules A-E on the following pages then use information in those sections to complete below.**

ASSETS	AMOUNT
Cash in Bank	\$
Other Institutions	\$
	\$
Listed Stocks and Bonds (Schedule A)	\$
Unlisted Stocks and Bonds (Schedule A)	\$
Notes Receivable (Schedule B)	\$
Real Estate Owned (Schedule C)	\$
IRA/Keogh/Pension	\$
Other Investments	\$
Automobiles	\$
	\$
Cash Value Life Insurance (F)	\$
Other Assets (Itemized)	\$
	\$
<b>Total Assets (A)</b>	\$

LIABILITIES	AMOUNT
Mortgages or Liens on Real Estate (Schedule C)	\$
Revolving Credit (Schedule D)	\$
Installment Contracts & Notes Payable (Schedule E)	\$
Income Taxes Payable	\$
Other Taxes Payable	\$
All Other Liabilities (Itemize)	\$
	\$
	\$
	\$
	\$
	\$
	\$
<b>Total Liabilities (B)</b>	\$
<b>Net Worth (A-B)</b>	\$

### Region 3 Economic Development Loan Application

Salary or Wages	\$
Securities/ Interest	\$
Rentals	\$
Business	\$
Other Income (Describe)	\$
	\$
	\$
	\$
<b>Total Annual Income</b>	<b>\$</b>

Property Taxes	\$
Income Taxes	\$
Payments on loans and contracts	\$
Medical Expenses	\$
Estimated Living Expenses	\$
Insurance Premiums	\$
	\$
	\$
<b>AGI from Tax Return</b>	<b>\$</b>

Have you made a will? \_\_\_\_\_ Executor? \_\_\_\_\_

Your Attorney \_\_\_\_\_ Your Accountant \_\_\_\_\_

Life Insurance Face Amount: \$ \_\_\_\_\_ Cash Value: \$ \_\_\_\_\_ (F)

Beneficiary: \_\_\_\_\_ Personal Property Insurance: \$ \_\_\_\_\_

*(You do not have to list income from alimony, child support or maintenance unless you want the Lender to consider it for the purpose of this application for credit.)*

### Contingent Liabilities

Are You Co-Signer on Any Loans? \_\_\_\_\_ Number of Loans \_\_\_\_\_ Amount of Liability \$ \_\_\_\_\_

Any Lawsuits or Judgments Pending? \$ \_\_\_\_\_ (Other) \$ \_\_\_\_\_

### General Information

*If married, these questions apply to both you and your spouse*

- Are any assets held in Trust? Yes \_\_\_ No \_\_\_
- Have you ever had a bankruptcy or a judgment against you? Yes \_\_\_ No \_\_\_
- Have you been a principal or guarantor of a firm that declared bankruptcy? Yes \_\_\_ No \_\_\_
- Have your tax returns ever been questioned by the I.R.S.? Yes \_\_\_ No \_\_\_
- If Yes, the most recent year: \_\_\_\_\_ Situation settled? Yes \_\_\_ No \_\_\_
- Are any assets pledged or debts secured except as shown? Yes \_\_\_ No \_\_\_
- Have you ever had a repossession or foreclosure? Yes \_\_\_ No \_\_\_
- Are you a party of any claim or lawsuits? Yes \_\_\_ No \_\_\_
- Have you been convicted of a felony? Yes \_\_\_ No \_\_\_
- Are you obligated to pay Child Support? Yes \_\_\_ No \_\_\_

If you answered yes to any of the above, please explain. (Attach separate sheet if necessary.) \_\_\_\_\_

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Are you a U.S. Citizen? Yes \_\_\_ No \_\_\_ If No, Alien Registration Number \_\_\_\_\_

*[Please provide a copy of Front & Back of registration card]*

### Stocks And Bonds (Schedule A)

Do You Own 10% or more of the outstanding share of any company? **Y** \_\_\_ **N** \_\_\_ Any of your securities restricted? **Y** \_\_\_ **N** \_\_\_

**Region 3 Economic Development Loan Application**

* How Held	No. Shares or Bond Amount	Description	Title in Name of	Pledged (Y/N)	Where Traded	Present Mkt. Value	
* Indicate <b>J</b> -Jointly with Spouse; <b>O</b> -Jointly with other than Spouse; <b>A</b> -Applicant's separate property; <b>S</b> -Spouses separate property						<b>Total</b>	\$

**Notes Receivable (Schedule B)**

* How Held	Name of Debtor	Collateral/Type of Property	Date of Note	Annual P & I Payment	Due Date	1 <sup>st</sup> or 2 <sup>nd</sup> Lien	Unpaid Balance
* Indicate <b>J</b> -Jointly with Spouse; <b>O</b> -Jointly with other than Spouse; <b>A</b> -Applicant's separate property; <b>S</b> -Spouses separate property						<b>TOTAL</b>	

**Real Estate Owned - Mortgage Or Liens (Schedule C)**

*How Held	** Type	Property Address	a. Market Value	c. Date of Purchase	Name of Lender	a. 1 <sup>st</sup> Balance	Monthly Payment
			b. Cost	d. % Owned		b. 2 <sup>nd</sup> Balance	Monthly Payment
			a.	c.	1 <sup>st</sup>	a.	
			b.	d.		2 <sup>nd</sup>	b.
			a.	c.	1 <sup>st</sup>	a.	
			b.	d.		2 <sup>nd</sup>	b.
<b>TOTALS</b>			<b>a.</b>		<b>TOTALS</b>		<b>a.</b>
			<b>b.</b>				<b>b.</b>
* Indicate <b>J</b> -Jointly with Spouse; <b>O</b> -Jointly with other than Spouse; <b>A</b> -Applicant's separate property; <b>S</b> -Spouses separate property							
** TYPE: Indicate SD (Single Dwelling); MD (Multiple Dwelling); C (Commercial/Industrial)							

**Personal Revolving Credit (Schedule D)**

**Region 3 Economic Development Loan Application**

Creditor's Name	Account No.	Monthly Payment	Present Balance
1. _____	_____	\$ _____	\$ _____
2. _____	_____	\$ _____	\$ _____
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____

**Installment Contracts and Notes Payable** (Schedule E) *(Student Loans, Auto Loans, SBA Loans)*

1. _____	_____	\$ _____	\$ _____
2. _____	_____	\$ _____	\$ _____
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____

The undersigned, for the purpose of procuring and establishing credit from time to time with you and to induce you to permit the undersigned to become indebted to you on notes, endorsements, guarantees or otherwise, furnishes the following as being a full, true and correct statement of the financial condition of the undersigned on the above data, and agrees to notify you immediately of the extent and character of any material change in said financial condition, and also agrees that if the undersigned, or property of the undersigned held by you, be attempted to be obtained or held by writ of execution, garnishment, attachment, or other legal process, or if any of the representations made prove to be untrue, or if the undersigned fails to notify you of any material changes as above agreed, or if the business or any interest therein of the undersigned is sold, then and in such case, at your option all the obligations of the undersigned to you, or held by you, shall immediately become due and payable, without demand or notice. This statement shall be construed by you to be a continuing statement of the condition of the undersigned, and a new and original statement of all assets and liabilities upon each and every transaction in and by which the undersigned hereafter becomes indebted to you, until the undersigned advises in writing to the contrary.

I assure you that all the information furnished is complete and correct. You may verify any of this information. I understand that from time to time, you may receive information from others and you will answer questions and requests from others seeking credit experience information about my account. I understand I may apply for credit in my name alone without my spouse or any other person, regardless of my sex or marital status.

_____	_____	_____
Date	Applicant Name (Please Print)	Applicant Signature
_____	_____	_____
Date	Spouse Name (Please Print)	Spouse Signature

**“In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. (Not all prohibited bases apply to all programs.) To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call 202-720-5964 (Voice and TDD). USDA is an equal opportunity lender, provider and employer.”**

Sage Community Resources is committed to insuring that all programs are made available to existing and potential business owners regardless of age, sex, race or ethnicity. Please provide the information requested below. This information helps federal agencies enforce anti-discrimination laws. Your compliance is voluntary and will not affect the credit decision. Thank you for your cooperation.

<b><u>Business ownership:</u></b>	<b><u>Veteran Status:</u></b>	<b><u>Race-Ethnicity:</u></b>
<input type="checkbox"/> 100% Female owned	<input type="checkbox"/> Vietnam-era veteran	<input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Black
<input type="checkbox"/> 51-99% Female owned	<input type="checkbox"/> Other veteran	<input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Eskimo/Aleut
<input type="checkbox"/> Male owned	<input type="checkbox"/> Non-veteran	<input type="checkbox"/> American Indian <input type="checkbox"/> Puerto Rican
	<input type="checkbox"/> _____	<input type="checkbox"/> Other _____