Hamilton County, Small Business Development Program MicroEnterprise Revolving Loan Fund

Loan Application Form

PART 1. APPLICANT INFORMATION

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CID CID				
Name of Applicant		Corporation	Year	_State
Mailing Address		Partnership	Year	_State
		Sole Partnership	Year	
Business Address		Federal ID# or SS#_		
Email address				
Contact Person		Fax () -		
Telephone:	() -	Accountant		
Company Attorney		Firm Name		
Firm Name		Address		
Address		-		
Telephone		Telephone ()	-	
Nature of Business	(e.g., restaurant, specialty retail, marina, etc.)		
What percentage of y	our current/projected annual sales is	derived from tourism s	spending?	2%
Identify the seasons in	n which the facility currently operates	*		
Spring (MarchSummer (June				

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Company Officers	Company Principals (Shareholders/Partners)		
Is the company current in all its tax obligations? Explain	YesNo		
Is the company delinquent in the payment of any loa			
Has the company been declared in default on any o Explain	- · · · · · · · · · · · · · · · · · · ·		
Has the company ever filed for bankruptcy? Explain	YesNo		
Have any of the company's principals ever personal from creditors? Explain	lly filed for bankruptcy or in any way sought protectioYes No		
Are there currently any unsatisfied judgments agains Explain			
Are there currently any unsatisfied judgments agains	st any of the company's principals?		
Explain	YesNo		
Provide a brief narrative describing the company's h			

ovide a description of	the company's current operating facilities – both owned and leased.
ovide a description of	the company's need to undertake the proposed project.
	PART 2. PROJECT DESCRIPTION
<u>.</u>	
mmary Project Descr	iption:
	<u> </u>

P	roject Costs	Sou	rces of Funds
Property Acquisition	\$	Bank	\$
Construction	\$	Hamilton Cty MLF	\$
Machinery/Equip.	\$	Equity/Cash	\$
Professional Fees	\$		\$
Working Capital	\$		\$
	\$		\$
Total	\$	Total	\$
Summarize the statu above, including stat	s of any proposed project fina us of other applications, sour	ancing identified in the " ces of equity capital, etc	Sources of Funds" column
requested.	security/collateral and repayr	ment terms for the amo Est. Value \$\$	unt of loan assistance
		<u>\$</u>	-
Reque	ested Loan Terms: Years		
	pject result in any business or		
What is the company project for each of the	's current employment and prenext three years?	ojected new hirings res	sulting from this proposed
	Current Year 1	Year 2 Year 3	
Full-time			

Part-time

PART III. REQUIRED EXHIBITS

Note: Financial statements must be in a form acceptable to the lender. The applicant may wish to verify the acceptability of its statements prior to preparation.

Exhibit A – Financial Information (for items checked)

- Balance Sheet and Income Statement for prior ___ years
- Projected Balance Sheet and Income Statement for ___year(s) following completion of the project.
- □ Projected monthly cash flows for 1 year(s) following completion of the project.
- Interim financial statements of the company through the most recent month available, but in no case more than three months prior to the loan application date.
- Personal financial statements (on attached standard bank form) for each principal owning at least 20% of the company.
- Aging Account Receivable & Payable Schedules
- □ Financial statements for each company and/or individual who will act as a guarantor of the requested financing.
- Resumes of owner(s) and key management personnel
- Projected employment descriptions and salary estimates
- Copy of dba, partnership papers or incorporation agreement
- Completed Credit Authorization form
- Previous 3 years of corporate and/or personal Federal Tax Returns and Schedule C
- Current business plan (if in business less than 3 years)

Exhibit B - Additional Information (for items checked)

- Documentation of project costs including vendor quotes, buy/sell agreements, binding options to purchase engineer's or contractor's estimates, appraisal for realty to be acquired, etc.
- Documentation of other required financing including bank and other public lending agency commitment letters, bond inducements and evidence of availability and commitment of cash equity requirements.
- □ For projects involving real estate acquisition and/or development evidence of site control or current ownership in the form of a binding option, sale agreement, deed, lease (existing or proposed), etc.
- Any other information which may serve to document the information provided with this application or which may affect a credit decision by the lender.

Note: No person in the United States shall, on the ground of race, color, creed, religion, national origin or sex be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any project assisted with Community Development Block Grant Funds.

PART IV. DECLARATIONS

I (we) authorize the HCIDA to order credit reports and/or other financial background information on my (our) personal and business financial background. I (we) authorize disclosure of all information submitted in connection with this application to any financial institution in consideration of any assistance that may be provided. I (we) waive all claims against Hamilton County, the Hamilton County Industrial Development Agency and its consultants.

I (we) attest that to the best of my (our) knowledge and belief, the information contained in the foregoing application is correct and true. I (we) am (are) aware that the filing of a false instrument in connection with this application may constitute an attempt to defraud Hamilton County and may be a felony under the laws of New York State.

If applicant is sole proprietorship sign below:	or partnership,	If applicant is a corporatio	n, sign below:
Signature	Date	Name of Corporation	
Printed Name and Title		Authorized Signature	Date
Signature	Date	Printed Name and Title	
Printed Name and Title			
STATE OF NEW YORK }			
} SS: COUNTY OF HAMILTON }			
On this day of known, who, being by me sworn, di	,, before me pe d dispose and say that	rsonally camedeponent resides at	, to me
that deponent is the	of strument; that deponent	, the c t had the authority to execute same	company described in by order of the Board
	_	Notary Public	
STATE OF NEW YORK }			
} SS: COUNTY OF HAMILTON }			
On this day of known, who, being by me sworn, di	,, before me pe	rsonally came	, to me
that deponent is theand which executed the forgoing in: of Directors or other authority of sai	of strument; that deponent	the c., the c., thad the authority to execute same	company described in by order of the Board
		Notary Public	

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HAMILTON COUNTY SMALL BUSINESS DEVELOPMENT PROGRAM

Credit Authorization

Date:	
Hamilton County 102 County View I P.O. Box 205 Lake Pleasant, Ne	
In connection with my Development Agency part of the loan review	y application for a business loan through the Hamilton County Industria Loan Fund, I hereby authorize you to investigate my credit worthiness as process.
Name:	
Social Security #:	
Date of Birth:	
Current Address:	
Previous Address (if le	ess than one year at current address)
. 101000 / 1001000 (11 10	
Signed:	
Signed:	***************************************



Name of Applicant:

This form is to be completed by all program applicants to determine their eligibility for assistance. The information provided will be kept confidential and will only be used to provide statistical data required under the federal Community Development Block Grant Program.

INSTRUCTIONS

- Determine your family size by counting yourself and each family member who currently
 resides with you within the same housing unit and enter the number in the space provided. A
 family member is a person who is related to you by birth, marriage, or adoption.
- 2. Next, total the income from all sources received during the last calendar year (January through December) by yourself and each member of your family who *currently* resides with you and check the box for the appropriate range.
- 3. Indicate your ethnic origin and answer each of the questions below.
- 4. Sign and date the form.

Family Size:				Ethnic Origin (check one):
	Below \$9,150		\$23,550 - \$24,400	☐ White ☐ Asian
	\$9,150 - \$10,450		\$24,400 - \$25,300	□ Black/African American□ American Indian/Alaskan Native
	\$10,450 - \$11,750		\$25,300 - \$27,050	☐ Native Hawaiian/Pacific Islander☐ Asian and White
	\$11,750 - \$13,100		\$27,050 - \$27,900	 ☐ American Indian/Alaskan Native and White ☐ Black/African American and White
	\$13,100 \$14,150		\$27,900 - \$28,800	 American Indian/Alaskan Native & Black/African American
	\$14,150 - \$15,150		\$28,800 - \$31,400	☐ Other (specify:)
	\$15,150 - \$15,250		\$31,400 - \$34,900	
	\$15,250 - \$16,200		\$34,900 - \$37,650	
	\$16,200 - \$17,250		\$37,650 - \$40,450	
	\$17,250 - \$17,450		\$40,450 - \$43,250	Check if you are of Hispanic origin:
	\$17,450 - \$19,600		\$43,250 - \$46,050	Check if you are a female head of household:
	\$19,600 - \$21,800		Over \$46,050	Check if you are a disabled individual:
	\$21,800 - \$23,550			Check if you are 62 years of age or older:

I CERTIFY THAT THE INFORMATION PROVIDED HEREIN IS TRUE TO THE BEST OF MY KNOWLEDGE.

Applicant Signature

Date

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IMPORTANT: Read these directions before completing this Statement

If you are applying for individual credit in your own name and are relying on your own income, or assets and not the income or assets of
another person as the basis for repayment of the credit requested, complete only Sections 1, 3 and 4.

• If you are applying for joint credit with another person, complete all Sections and provide information in Section 2 about the joint applicant. If appropriate, the joint applicant may complete a separate personal financial statement (C-100), and the applications may be submitted together.

• If you are applying for individual credit but are relying on income from alimony, child support, or separate maintenance or on the income or assets of another person as a basis for repayment of the credit requested, complete all Sections. Provide information in Section 2 about the person whose alimony, support, or maintenance payments or income or assets you are relying on. Alimony, child support, or separate maintenance income, need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.

• If this statement relates to your guaranty of the indebtedness of other person(s), firm(s), or corporation(s), complete Sections 1, 3 and 4.

Section 1 .Individual Information (type or print) Section 2 .Other Part Information (type or print)		
Name	Name	
Address	Address	
City, state & zip	City, state & zip	
Position or occupation	Position or occupation	
Business name	Business name	
Business address	Business address	
Length of employment	Length of employment	
Res. phone Bus. phone	Res. phone	Bus, phone

Section 3 - Statement of Financial Condition as of		20	
Assets (Do not include assets of doubtful value)	In dollars (omit cents)	Liabilities	In dollars (omit cents)
Cash on hand and in this bank		Notes payable to banks-see Schedule E	
Cash in other banks		Notes payable to other institutions-see Schedule E	
U.S. Gov't & marketable securities-see Schedule A		Due to brokers	
Non-marketable securities-see Schedule B		Amounts payable to others-secured	
Securities held by broker in margin accounts		Amounts payable to others-unsecured	
Restricted, control, or margin account stocks		Accounts and bills due	
Real estate owned-see Schedule C		Unpaid income tax	
Accounts, loans, and notes receivable		Other unpaid taxes and interest	
Automobiles		Real estate mortgages payable-see Schedules C & E	
Other personal property		Other debts (car payments, credit cards, etc.)-itemize	
Cash surrender value-life insurance-see Schedule D			
Other assets-itemize-see Schedule F if applicable			
		Total Liabilities	
		Net Worth	
Total Assets		Total Liabilities and Net Worth	

Section 4 . Annual Income For Year Ended20	Annual Expenditures	Contingent Liabilities	Estimated Amounts
Salary, bonuses & commissions \$	Mortgage/renial payments \$	Yes No	
Dividends & interest \$	Real estate taxes & assessments \$	Do you have any:	
Real estate income \$	Taxes - federal, state & local \$	1.) contingent liabilities	
Other income S	Insurance payments S	(as endorser, co-maker or guarantor?	
(alimony, child support, or		On leases? or contracts?)	s
separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.)		2.) Involvement in pending legal actions?	\$
Total Annual Income: \$	Total Annual Expenditures: \$	—	S

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(COMI PELE SCHEDOPES VIAD SIGN) SCHEDULE A. U.S. GOVERNMENT & MARKETABLE SECURITIES

Number of Shares or Face Value of Bonds

Description

In Name of

Are These Registered Pledged or Held by others?

Market Value

SCHEDULE B. NON-MARKETABLE SECURITIES

Number of shares

Description

In Name of

Are These Registered Pledged or Held by Others?

Saurce Of Value

SCHEDULE C. RESIDENCES AND OTHER REAL ESTATE (PARTIALLY OR WHOLLY OWNED)

Address and Type of

Property

Title in Name of

% of Date Ownership Acquired

Market

Monthly Payment Mortgage Amount

Mortgage Maturity

Residence(s)

Residence(s)

Other Other

SCHEDULE D. LIFE INSURANCE CARRIED. INCLUDING GROUP INSURANCE

Name of Insurance company

Owner of Polley

Beneficiary and Relationship

Face

Polley Loans

Cash Surrender

SCHEDULE E BANK AND OTHER INSTITUTIONAL RELATIONSHIPS

Name and Address of Creditor

Original Loan/

Date of Loan

Maturity Date

Unsecured or Secured (List Collateral)

Amount Owed

SCHEDULE F. BUSINESS VENTURES

List Name and Address of Any Business Venture in Which You Are a Principal or Partner

Total Assets Listed In Section 3

Your % of

Your Position/Title in the Business

Total Assets Of Business

Line of Business

Years in Business

The Information contained in this statement is provided to induce you to extend or to continue the extension of credit to the undersigned or to others upon the guaranty of the undersigned. The undersigned acknowledge and understand that you are relying on the information provided herein in deciding to grant or continue credit or to accept a guaranty thereof, Each of the undersigned represents, warrants and certifies that the information provided herein is true, correct and complete. Each of the undersigned agrees to notify you immediately and in writing of any change in name, address, or employment and of any material adverse change (1) in any of the information contained in this statement or (2) in the financial condition of any of the undersigned or (3) in the ability of any of the undersigned to perform its (or their) obligations to you. In the absence of such notice or a new and full written statement, this should be considered as a continuing statement and substantially correct. You are authorized to make all inquiries you deem necessary to verify the accuracy of the information contained herein, and to determine the credit-worthiness of the undersigned. Each of the undersigned authorizes you to answer questions about your credit experience with the undersigned.

Signature (individual) Signature (other party) Social Security Number Social Security Number Date Signed Date Signed Date of Birth Date of Birth

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