

**REGION 9 ECONOMIC DEVELOPMENT DISTRICT
LOAN APPLICATION DOCUMENT CHECK LIST**

Borrower (s) _____ Date _____

<u>DOCUMENT</u>	<u>RECEIVED</u>
Region 9 Loan Application	_____
Region 9 Job Development Statement	_____
Business Federal Tax Returns for previous 3 years	_____
Three years annual and current year to date Income Statement (P&L)	_____
Three year-end historical and current Balance Sheet	_____
Business Plan (This requirement may be waived at BLF administrators discretion)	_____
Business License	_____
Financial Projections:	
1. Three years of profit and loss and balance sheet projections	_____
Year one on a monthly basis, and year two and three annual	_____
2. Monthly cash flow forecast for the first year	_____
<i>**The SBDC (970-247-7009) has a good template if you sign up as a client</i>	
All owners with a 20% or greater ownership, or any additional guarantor, must provide the following:	
1. Personal financial statement (on Region 9 or bank form)	_____
2. Personal tax returns for previous 3 years	_____
Copy of existing lease or purchase agreement	_____
_____ Business Facility	
_____ Land acquisition	
_____ Purchase of existing business	
Corporation/LLC	_____
_____ Articles of Incorporation/Organization	
_____ By-Laws or Operating Agreement	
_____ S-Corp Election	
Partnership	_____
_____ Partnership Agreement	
_____ Partnership agreement to borrow funds	
_____ State approval of Limited Partnership	
Sole Proprietor	_____
_____ Trade Name Affidavit	
Major business contracts	_____
List of major business equipment to be purchased	_____
Resumes of key personnel	_____
Other (as identified below)	_____
Appraisal and/or Equipment List (Collateral Value)	_____
DUNS Number	_____

I understand that the documents requested above must be submitted in order to have a complete loan package for review by the BLF Loan committee. Additional information may be requested by Region 9 during the loan underwriting process.

Region 9 Economic Development District

Signature of Applicant



BUSINESS LOAN FUND APPLICATION

1. PRELIMINARY INFORMATION

DATE: _____

Business Name (specify dba)	
Contact Person / Title	
Mailing Address – include city and zip code	
Physical Address – include city and zip code	
Phone	
Email Address	
County (business location)	
Employer ID #	
UEI# - if applicable	
Type of Business (manufacturing, retail, etc.)	
Bank of Business Account	
Bank Contact Person	
Bank Account #	
Amount of BLF Request	
Repayment Schedule	

2. BUSINESS OWNERSHIP

Business Structure (sole proprietor, partnership, corporation, LTD, LLC, etc.)	
Date of Established	
Name of Insurance Company/Agent	
Type of Insurance / Liability	
Type of Insurance / Hazard	
Business Ownership List – include information below for proprietor(s), all partners, stockholders (owning 5% or more), title/position, SS #, gender	

BUSINESS OWNERSHIP continued

Names of Corporate Officers – list name, % owned, title/position, and SS #

3. EMPLOYMENT - number of employees at time of Application: _____

4. BUSINESS DEBT – indicate any loans to be paid by proposed RLF funding with an asterisk (*).

List current business debts – include origination date, amount, current outstanding balance, interest rate, monthly payment, maturity date, collateral

5. USES OF FUNDS – total project cost from all sources of funding including borrower fund. Please note the exact use or uses of the RLF loan request with RLF written to the side.

Purchase of Real Estate	\$
New construction or building fixed assets	\$
Building Expansion or Repair	\$
Acquisition of Existing Business	\$
Purchase of Machinery / Equipment	\$
Purchase of Furniture / Fixtures	\$
Purchase of Inventory	\$
Debt Payment	\$
Working Capital / Operating expense	\$
Other – explain	\$
Total Project Amount	\$

6. SOURCE OF FUNDS – show all sources of financing for the project.

Bank Loan (non-SBA)	\$
Bank Loan (SBA Guarantee)	\$
Mortgage (other than Bank)	\$
Equipment Finance	\$
Borrower Equity – Cash	\$
Borrower Equity – Non-Cash	\$
Other - specify	\$
BLF Request	\$
Total Sources (should equal total from #5)	\$

7. OVERALL BORROWER EQUITY – what amount will borrower have invested in business? Note if investment is cash, equipment, real estate, etc.

	\$
	\$
	\$
	\$
	\$

A. Does your business have any subsidiaries or affiliates (including owner leasing arrangements)?

If yes, please provide current financial statements for each as an attachment.

Yes	No
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B. Does your business have any licensing agreements or royalty payments required for any of the business products? If yes, please provide their name and the relationship with your company.

Yes	No
Name/Relationship	

C. Have you or any officers of your company ever been involved in bankruptcy or insolvency proceedings? If yes, please provide details in an attached letter.

Yes	No
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D. Are you or your business involved in any potential or pending lawsuits? If yes, please provide details in an attached letter.

Yes	No
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**REGION 9 ECONOMIC DEVELOPMENT DISTRICT OF SOUTHWEST COLORADO,
INC.**

**BUSINESS LOAN FUND
JOB DEVELOPMENT STATEMENT**

A National Objective for BLF funding is to provide employment opportunities for low and moderate income persons. Job creation is not a requirement to qualify for Region 9 funding, but we do require this form for our files. If there is not any job creation expected, please fill in with "0".

1. Business Description: (Please give a brief description of your business including your products, services and production methods.)

2. Current Employment Description: (List all the job positions and numbers of persons in those positions currently employed by your business.) *FTE = Full Time Equivalents

<u>JOB TITLE</u>	<u>BRIEF DESCRIPTION OF DUTIES AND TASKS</u>	<u>AVG. HR. WAGE</u>	<u># OF *FTE</u>

3. Future Employment Retention and Creation: (Please describe all of the new Employment positions to be created as a result of this loan.)

<u>JOB TITLE</u>	<u>BRIEF DESCRIPTION OF DUTIES AND TASKS</u>	<u>AVG. HR. WAGE</u>	<u># OF *FTE</u>

4. Job Justification: (Please give a brief explanation of how and why these jobs will be created as a result of this loan.)

5. Projected Schedule for Job Creation: (Please describe the estimated time frame for creating these jobs.)

JOB TITLE	ESTIMATED # OF MONTHS TO FILL JOB	AVG. HR. WAGE	# OF *FTE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6. Education and Training: (Briefly describe training methods and programs for current and future employees.)

7. Employment Opportunities for Low and Moderate Income Persons: (Please describe the employer's efforts and programs to provide employment opportunities for low and moderate income persons.)

*HUD CDBG Maximum Incomes for Low-Moderate Households is available through Region 9.

Would you like further information about the State of Colorado's programs and assistance available for hiring and training low to moderate income persons? Yes _____ No _____.

I hereby certify that the information provided is accurate to the best of my knowledge:

 Authorized Official Title Date

 Authorized Official Title Date

Race/Ethnicity/Citizenship Reporting Form

We are requesting the following information to monitor our compliance with the federal Equal Credit Opportunity Act, which prohibits unlawful discrimination. You are not required to provide this information. We will not take this information (or your decision not to provide this information) into account in connection with your application or credit transaction. The law provides that a creditor may not discriminate based on this information or based on whether or not you choose to provide it.

US Citizen

- Yes
- No

Ethnic Category:

- Hispanic or Latino
- Not of Hispanic or Latino Origin

Race Category: *Select One:*

- American Indian or Alaska Native
- Asian
- Black or African American
- White
- Native Hawaiian or Other Pacific Islander

Signature

Date

PERSONAL FINANCIAL STATEMENT

Region 9 Economic Development District of Southwest Colorado, Inc.

U.S SMALL BUSINESS ADMINISTRATION	As of _____, 20 ____
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Complete this form for: (1) each proprietor, or (2) each limited partner who owns 20% or more interest and each general partner, or (3) each stockholder owing 20% or more of voting stock and each corporate officer and director, or (4) any other person or entity providing a guarantee on the loan.

Name	Business Phone
Residence Address	Residence Phone
City, State & Zip Code	
Business Name of Applicant/Borrower	

ASSETS	(Omit Cents)	Liabilities	(Omit Cents)
Cash on hand and in Banks	\$ _____	Accounts Payable	\$ _____
Savings Accounts	\$ _____	Notes Payable to Banks and Others	\$ _____
IRA or Other Retirement Account	\$ _____	(Describe in Section 2)	
Accounts & Notes Receivable	\$ _____	Installment Account (Auto)	\$ _____
Life Insurance-Cash Surrender Value Only	\$ _____	Mo. Payments \$ _____	
(Complete Section 8)		Installment Account (other)	\$ _____
Stocks and Bonds	\$ _____	Mo. Payments \$ _____	
(Describe in Section 3)		Loans on Life Insurance	\$ _____
Real Estate	\$ _____	Mortgages on Real Estate	\$ _____
(Describe in Section 4)		(Describe in Section 4)	
Automobile - Present Value	\$ _____	Unpaid Taxes	\$ _____
Other Personal Property	\$ _____	(Describe in Section 6)	
Other Assets	\$ _____	Other Liabilities	\$ _____
(Describe in Section 5)		(Describe in Section 7)	
		Total Liabilities	\$ -
		Net Worth (Total Assets-Total Liabilities)	\$ -
Total \$	-	Total \$	_____

Section 1. Source of Income	Contingent Liabilities
Salary	As Endorser or Co-Maker
Net Investment Income	Legal Claims & Judgments
Real Estate Income	Provisions for Federal Income Tax
Other Income (Describe Below)*	Other Special Debt

Description of Other Income in Section 1.

Name and Address of closest relative not living with you:

Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.

Section 2. Notes Payable to Banks and Others. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed).

Name and Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed Type of Collateral

Section 3. Stock and Bonds. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed).

Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

Section 4. Real Estate Owned. (List each parcel separately. Use attachments if necessary. Each attachment must be identified as a part of this statement and signed).

	Property A	Property B	Property C
Type of Property			
Name & Address of Property			
Date Purchased			
Original Cost			
Present Market Value			
Name & Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment per Month/Year			
Status of Mortgage			

Section 5. Other Personal Property and Other Assets. (Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment, and if delinquent, describe delinquency.)

Section 6. Unpaid Taxes. (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches).

Section 7. Other Liabilities. (Describe in detail).

Section 8. Life Insurance Held. (Give face amount and cash surrender value of policies - name of Insurance company and beneficiaries).

I authorize Lender to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. I understand FALSE statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001).

Signature: _____ Date: _____ Social Security Number: _____

Signature: _____ Date: _____ Social Security Number: _____

PLEASE NOTE: The estimated average burden hours for the completion of this form is 1.5 hours per response. If you have questions or comments concerning this estimate or any other aspect of this information, please contact Chief, Administrative Branch, U.S. Small Business Administration, Washington, D.C. 20415, and Clearance Office, Paper Reduction Project (3245-0188). Office of Management and Budget, Washington, D.C. 20503.