



Washington County
Government
Unorganized Territories
Revolving Loan Fund

INSTRUCTIONS

Please complete this application. Financing needs are reviewed by the loan committee. Initial response to a request is made within 10 days; closing may take up to 90 days.
All materials submitted to the loan committee in connection with your loan application shall become the property of Sunrise County Economic Council (SCEC), loan fund agent for the Washington County Government's (WCG) Unorganized Territories Revolving Loan Fund, unless otherwise requested, and shall be retained or destroyed in accordance with SCEC & WCG file retention policies.

APPLICATION FOR FINANCING

I. INFORMATION ABOUT YOU

Name: _____ Telephone: _____

Address: _____ County: _____

City, State, Zip: _____

Soc. Sec. #: _____ Year of Birth: _____

How did you hear about this loan program? _____

II. INFORMATION ABOUT YOUR BUSINESS

Name of Business: _____

Business Address: _____

City, State, Zip: _____

County: _____ Telephone: _____

Business Structure: Sole Proprietorship ___ Partnership ___ S Corp ___ C Corp ___
LLC ___ Nonprofit ___ Other _____

Date Established: _____ IRS Employer I.D. #: _____

III. INFORMATION ABOUT MANAGEMENT

List the names of all owners (having 20% or greater interest), officers, and/or partners.
Provide the percent of ownership and annual compensation. (Attach additional pages if necessary)

Name and Title: _____ % of Ownership: _____

Address: _____ Annual Compensation: _____

Name and Title: _____ % of Ownership: _____

Address: _____ Annual Compensation: _____

Name and Title: _____ % of Ownership: _____

Address: _____ Annual Compensation: _____

IV. PROPOSED SOURCES AND USES OF FINANCING (Please be specific)

Sources	Uses
Bank _____	Land _____
SCEC _____	Buildings _____
Equity _____	Equipment _____
Owner Cash Contribution _____	Working Capital _____
Other _____	Other _____
Total Project \$ _____	Total Project \$ _____

V. SUMMARY OF COLLATERAL

<u>Present Market Value</u>	<u>Outstanding Debt or Leases</u>
Land & Buildings _____	
Inventory _____	
Accts. Receivable _____	
Machinery/Equipment _____	
Furniture & Fixtures _____	
Other _____	
Total Collateral \$ _____	

VI. BUSINESS EMPLOYMENT AND BENEFITS

Current Employment:	# Full-Time _____	# Part-Time _____	
Minimum Starting Wage:	Full-Time \$ _____	Part-Time \$ _____	
Projected Employment Increases:	# Full-Time _____	# Part-Time _____	
Monthly Company Contribution to Health Insurance:	% of Employee Benefits _____ %	% of Dependent Benefits _____ %	
F/T Worker Benefits: (check if applicable)	Paid Holidays _____	Paid Vacation _____	Paid Sick Days _____
	S/T Disability _____	L/T Disability _____	Pension/ Profit-Sharing _____
	Health Ins. _____	Dental Ins. _____	
	Child Care _____	Education _____	Life Insurance _____

The processing of your loan may require that an investigative consumer report be made. You may request and receive from us any name, address, and telephone number of each consumer reporting agency issuing an investigative consumer report about you. If we receive such a request from you, we will provide this information to you within five (5) business days. You may then request and promptly receive from all such consumer reporting agencies copies of any such investigative consumer reports.

I/We understand that by signing this application I/we authorize to make inquiries as needed to verify the accuracy of the information and to determine creditworthiness. I/We certify the information is true and accurate and is provided for the purpose of obtaining a loan. The TIF program will maintain the confidentiality of this information and it will not be released without authorization.

We also give permission to the Sunrise County Economic Council and the Washington County Commissioners to share information contained in this loan application with participating financial institutions and/or non-profit community development corporations, to obtain underwriting assistance.

If Applicant is proprietor or general partner:

Sign here: _____ Date: _____

If Applicant is a corporation:

Company Name: _____

Signature of President or duly authorized officer

Date

Certifications:

The undersigned certifies that the business applying for funds from the Washington County Revolving Loan Fund is at least 51% owned by those who are citizens of the United States or reside in the United States after being legally admitted for permanent residence. If business is a sole proprietorship, the undersigned is a citizen of the United States or resides in the United States after being legally admitted for permanent residence.

Print Name: _____

Signed: _____ Date: _____

The undersigned (Borrower and Lender) agree that there is no conflict of interest between the two parties.

Borrower		Lender	
Signed: _____	Date: _____	Signed: _____	Date: _____

The undersigned agrees that there is no other credit available at reasonable rates and terms or from applicant's own resources.

Signed: _____ Date: _____

Pursuant to the Debt Collection Improvement Act of 1996, the undersigned applicant agrees to the following:

Neither the applicant nor any stockholder or partner owning 20% or more in the applicant are delinquent on any federal indebtedness.

Signed: _____ Date: _____

Print Name: _____

**ALL INFORMATION IN THIS DOCUMENT IS STRICTLY
CONFIDENTIAL**