

Hamilton County, Small Business Development Program MicroEnterprise Revolving Loan Fund

Loan Application Form

PART 1. APPLICANT INFORMATION



<p>Name of Applicant _____</p> <p>Mailing Address _____</p> <p>Business Address _____</p> <p>Email address _____</p> <p>Contact Person _____</p> <p>Telephone: () - _____</p> <p>Company Attorney _____</p> <p>Firm Name _____</p> <p>Address _____</p> <p>Telephone () _____</p> <p>Nature of Business <u>(e.g., restaurant, specialty retail, marina, etc..)</u> _____</p>	<p>Corporation Year ___ State ___</p> <p>Partnership Year ___ State ___</p> <p>Sole Partnership Year _____</p> <p>Federal ID# or SS# _____</p> <p>Fax () - _____</p> <p>Accountant _____</p> <p>Firm Name _____</p> <p>Address _____</p> <p>Telephone () - _____</p>
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What percentage of your current/projected annual sales is derived from tourism spending? _____%

Identify the seasons in which the facility currently operates:

- Year-Round
- Winter (December, January, February)
- Spring (March, April, May)
- Summer (June, July, August)
- Fall (September, October, November)

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Company Officers	Company Principals (Shareholders/Partners)
_____	_____
_____	_____
_____	_____
_____	_____

Is the company current in all its tax obligations? _____ Yes _____ No

Explain _____

Is the company delinquent in the payment of any loans? _____ Yes _____ No

Explain _____

Has the company been declared in default on any of its loans? _____ Yes _____ No

Explain _____

Has the company ever filed for bankruptcy? _____ Yes _____ No

Explain _____

Have any of the company's principals ever personally filed for bankruptcy or in any way sought protection from creditors? _____ Yes _____ No

Explain _____

Are there currently any unsatisfied judgments against the company? _____ Yes _____ No

Explain _____

Are there currently any unsatisfied judgments against any of the company's principals?

_____ Yes _____ No

Explain _____

Provide a brief narrative describing the company's history.

Provide a description of the company's current operations including products/services, customers and markets, etc.. _____

Provide a description of the company's current operating facilities – both owned and leased.

Provide a description of the company's need to undertake the proposed project.

PART 2. PROJECT DESCRIPTION

Summary Project Description: _____

If the business operates seasonally, will the proposed project extend the period in which the establishment is open for business? Yes No

Project Costs		Sources of Funds	
Property Acquisition	\$ _____	Bank	\$ _____
Construction	\$ _____	Hamilton Cty MLF	\$ _____
Machinery/Equip.	\$ _____	Equity/Cash	\$ _____
Professional Fees	\$ _____	_____	\$ _____
Working Capital	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
Total	\$ _____	Total	\$ _____

Note: Please attach to this application the source of all Project Costs identified above: vendor quotes, negotiated sales prices, engineer's or contractor's estimates, purchase agreements, catalog prices, etc.

Summarize the status of any proposed project financing identified in the "Sources of Funds" column above, including status of other applications, sources of equity capital, etc.

Identify the available security/collateral and repayment terms for the amount of loan assistance requested.

Security/Collateral Description	Est. Value
_____	\$ _____
_____	\$ _____
_____	\$ _____

Requested Loan Terms: Years ____

Will the proposed project result in any business or residential relocation? _____ Yes _____ No

If so, explain _____

What is the company's current employment and projected new hirings resulting from this proposed project for each of the next three years?

	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.



HAMILTON COUNTY
SMALL BUSINESS DEVELOPMENT PROGRAM

Credit Authorization

Date: _____

HAMILTON COUNTY INDUSTRIAL DEVELOPMENT AGENCY
102 COUNTY VIEW DRIVE
P.O. BOX 205
LAKE PLEASANT, NEW YORK 12108

In connection with my application for a business loan through the Hamilton County Industrial Development Agency Loan Fund, I hereby authorize you to investigate my credit worthiness as part of the loan review process.

Name: _____

Social Security #: _____

Date of Birth: _____

Current Address: _____

Previous Address (if less than one year at current address)

Signed: _____

Signed: _____



APPLICANT INCOME STATUS FORM

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

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

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

Applicant Signature

Date

(COMPLETE SCHEDULES AND 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
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SCHEDULE B. NON-MARKETABLE SECURITIES

Number of shares	Description	In Name of	Are These Registered Pledged or Held by Others?	Value	Source Of Value
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SCHEDULE C. RESIDENCES AND OTHER REAL ESTATE (PARTIALLY OR WHOLLY OWNED)

Address and Type of Property	Title in Name of	% of Ownership	Date Acquired	Cost	Market Value	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 Policy	Beneficiary and Relationship	Face Amount	Policy Loans	Cash Surrender Value
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SCHEDULE E. BANK AND OTHER INSTITUTIONAL RELATIONSHIPS

Name and Address of Creditor	Original Loan/ Line Amount	Date of Loan	Maturity Date	Unsecured or Secured (List Collateral)	Amount Owed
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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 Ownership	Your Position/Title in the Business	Total Assets Of Business	Line of Business	Years in Business
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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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