

Thank you for your interest in securing business funding through Region Nine Development Commission. If you need help or have questions, please email [rlf@rndc.org](mailto:rlf@rndc.org) with your request.

## BASIC INFORMATION

Company Name:		
Primary Company Contact:		
Street Address:		
City:	State:	Zip:
		County:
Primary Phone:	Secondary Phone:	Fax:
E-mail Address:	Website:	

## COMPANY INFORMATION

Type of Business:	Date Established:
Business Structure: <div style="display: flex; justify-content: space-around;"> <span>Sole Proprietorship</span> <span>Corporation</span> <span>Partnership</span> <span>LLC</span> </div>	
<b>Business Owner Information:</b>	
Name:	Title:
Personal Address:	
Social Security Number:	Percent Ownership:
Name:	Title:
Personal Address:	
Social Security Number:	Percent Ownership:
Name:	Title:
Personal Address:	
Social Security Number:	Percent Ownership:
Are the owners of the company willing to disclose their personal financial condition and sign personal guarantees? <i>(This is a program requirement)</i>	
Yes                      No	
<i>All owners with at least a 20% interest are also required to review and sign the Signature Page.</i>	

## LOAN PROPOSAL SUMMARY

Briefly describe your current business and the project you are proposing. Indicate the part of the project this loan would be used for.

Describe any existing financial situations which might affect the credit worthiness of this application.

## REQUESTED LOAN DETAILS

Requested Loan Amount:	Requested Terms ( <i>Years</i> ):
Special Payment Terms or Conditions being requested:	

PROJECT COSTS		FUNDING SOURCES	
Working Capital		Proposed RNDC Loan Fund	\$
Cash	\$	Owner's Investment	\$
Accounts Receivable	\$	Bank	\$
Inventory	\$	Other Financial Institution	\$
Other (list):	\$	Other Public Funding	\$
Other (list):	\$	<b>TOTAL</b>	<b>\$</b>
Other (list):	\$		
SUBTOTAL			
Property Acquisition	\$	<b>NET PROFIT/LOSS FIGURES</b>	
Site Improvements	\$	Most Recent Year-end	\$
Building Construction & Renovation	\$	Second Most Recent Year-end	\$
		<i>Those businesses with less than 30 year financials must provide an alternative documentation of the need for this loan.</i>	

BANK INFORMATION		
Bank Name:		
Street Address:		
City:	State:	Zip:
Contact Person:	Phone:	E-mail Address:

JOB CREATED												
	Full Time	Hourly Wage (average)	Part Time	Hourly Wage (average)								
Number of existing employees:												
Number of new jobs created:												
Number of existing jobs retained (jobs that would be lost without the project):												
<p>Employee Benefits offered: Please tell us which benefits, if any, your business currently offers (or proposes to offer).</p> <table> <tr> <td>None</td> <td>Health</td> <td>Dental</td> <td>Retirement</td> </tr> <tr> <td>Disability</td> <td>Vacation</td> <td>Profit sharing</td> <td>Other</td> </tr> </table>					None	Health	Dental	Retirement	Disability	Vacation	Profit sharing	Other
None	Health	Dental	Retirement									
Disability	Vacation	Profit sharing	Other									

## FUNDING SOURCES ADDITIONAL INFORMATION

	Nine-County Revolving Loan Fund	Owner's Investment	Bank	Other Financial Institution Name:	Other Public Funding Name:	TOTAL
Loan Amount	\$	\$	\$	\$	\$	\$
% of Project Cost	%	%	%	%	%	%
Items Funded						
Term of Loan	Years	Years	Years	Years	Years	
Interest Rate	%	%	%	%	%	
Total Ann. Payment	\$	\$	\$	\$	\$	\$
Special Terms						
Lien Position						
Does this loan have final approval?	N/A					

Briefly describe why other sources of public or private financing are unavailable for this project. (e.g. interest rates, terms, risk, collateral, loan limits, etc.)

## COLLATERAL OFFERED

Please describe any assets you own that you would be willing to offer as collateral to secure this loan.

Asset Please include brief description	Value (\$)	Is there a lien on this? If yes, please estimate the value of equity you own.
		Equity (\$)
		Equity (\$)
		Equity (\$)
		Equity (\$)
		Equity (\$)

## ADDITIONAL INFORMATION

*Attach an explanation if any answer to the following questions are yes.*

1. Has any officer or owner of the company ever been involved in bankruptcy or insolvency proceedings?
2. Is an officer or owner of the business involved in any pending lawsuits or judgements?
3. Does the business have any subsidiaries or affiliates? *(Include financial statements with explanations)*
4. Does the business buy from, sell to, or use the services of any concern in which someone in the company itself has a significant financial interest?

## ATTACHMENT – PERSONAL FINANCIAL STATEMENT

**Personal Financial Statements are required by all owners holding at least 20% or more of the share equity in the Company. You may submit in your own format, or use the one below:**

### ASSETS

1. Cash .....	
2. Savings Account .....	
3. Checking Account .....	
<b>4. Subtotal (Lines 1-3) .....</b>	
5. U.S. Bonds.....	
6. Other Securities .....	
7. Other Assets .....	
<b>8. Subtotal (Lines 5-7) .....</b>	
9. Household Real Estate Owned .....	
10. Other Real Estate Owned .....	
11. Personal Property .....	
12. Other Assets .....	

### LIABILITIES

15. Notes due to Banks .....	
16. Notes due to Relatives .....	
17. Notes due to Others.....	
18. Unpaid Bills.....	
19. Rent Due .....	
<b>20. Subtotal (Lines 15-19)</b>	
21. Real Estate Mortgages and Contract for Deed.....	
22. Liens .....	
23. Installment Debts, Credit cards etc.....	
24. Car or Vehicle Debts.....	
<b>25. Subtotal (Lines 21-24) .....</b>	

<b>13. Subtotal (Lines 9-12)</b> .....		<b>26. TOTAL LIABILITIES</b> <b>(Line 20 + 25).....</b>	
<b>14. TOTAL ASSETS</b> ..... <b>(Line 4 + 8 + 13)</b>		<b>27. NET WORTH</b> <b>(Line 14 minus 26).....</b>	

  

Applicant Name : \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Date of Application: \_\_\_\_\_

## SIGNATURE PAGE

### INFORMATION RELEASE/ CREDIT AUTHORIZATION

I/we certify that all statements made in this application are an accurate representation of my/our financial condition on this date and are made for the purpose of obtaining the funding indicated. Verification and re-verification of any information contained in this application may be made at any time by Region Nine Development Commission, its agents, successors and assignees, either directly or through a credit reporting agency or another source named in this application, at any time until the loan is fully repaid.

I/we further acknowledge that Region Nine Development Commission, its agents, successors, and assignees will rely on the information contained in this application and that I/we have a continuing obligation to amend and/or supplement the information provided in this application if any of the material facts represented herein should change before advancement of funds by the Commission, or at any time thereafter if requested.

*All owners with 20% or more interest in the company must review and sign this page. If three or more signatures are required, please enclose additional copies of this signature page.*

Applicant Name (Owner/Primary Contact): \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Date of Application: \_\_\_\_\_

Applicant Name (Additional Owner): \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Date of Application: \_\_\_\_\_

Applicant Name (Additional Owner): \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Date of Application: \_\_\_\_\_

### FOR OFFICE USE ONLY:

Loan Type:	Nine County	Six County	Micro	Tornado
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