

**KERR-TAR REGIONAL COUNCIL OF GOVERNEMNTS  
APPLICATION FOR BUSINESS LOAN**

**COMPANY INFORMATION**

Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
 Principal Contact: \_\_\_\_\_ Tax ID Number: \_\_\_\_\_  
 Type of Business: \_\_\_\_\_ Date Established: \_\_\_\_\_  
 Type of Entity: Corporation  Partnership  Sole Proprietorship \_\_\_\_\_  
 Referred by: \_\_\_\_\_

**PROJECT INFORMATION**

Address of Property: \_\_\_\_\_ County: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**BORROWING ENTITY**

Name of Borrower: \_\_\_\_\_  
 Type of Entity: (check one) Corporation  Partnership  Individual Borrower  LLC   
 Company President: \_\_\_\_\_ Company Secretary: \_\_\_\_\_  
 Partners/Members Names: \_\_\_\_\_ Percentage of Ownership: \_\_\_\_\_ %  
 \_\_\_\_\_ %  
 \_\_\_\_\_ %  
 \_\_\_\_\_ %  
 Total (must equal 100%) \_\_\_\_\_ %

Bank of Account: \_\_\_\_\_ Branch: \_\_\_\_\_  
 Account Officer: \_\_\_\_\_ Telephone: \_\_\_\_\_

**PROJECT SUMMARY**

Acquire Land \$ \_\_\_\_\_  
 Acquire Building \$ \_\_\_\_\_  
 Improve/Renovate Bldg. \$ \_\_\_\_\_  
 New Construction \$ \_\_\_\_\_  
 Machinery & Equipment \$ \_\_\_\_\_  
 Inventory \$ \_\_\_\_\_  
 Working Capital \$ \_\_\_\_\_  
 Other (Contingencies) \$ \_\_\_\_\_  
 Other \$ \_\_\_\_\_  
 TOTAL \$ \_\_\_\_\_

**SOURCES OF FUNDS**

Bank/Other Loan \$ \_\_\_\_\_  
 Loan Term (Yrs)/Rate \_\_\_\_\_ / \_\_\_\_\_  
 Annual Debt Service \$ \_\_\_\_\_  
 RLF/IRP Loan \$ \_\_\_\_\_  
 Loan Term (Yrs)/Rate \_\_\_\_\_ / \_\_\_\_\_  
 Annual Debt Service \$ \_\_\_\_\_  
**EQUITY** \$ \_\_\_\_\_  
 Source of Equity:  
 Cash \$ \_\_\_\_\_  
 Land \$ \_\_\_\_\_  
 Other \$ \_\_\_\_\_  
 Total Equity \$ \_\_\_\_\_

**PERSONAL FINANCIAL STATEMENT**

As of \_\_\_\_\_

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 owning 20% or more of voting stock and each corporate officer and director, or (4) any other person or entity providing a guaranty on the loan.

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

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

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

**Description of Other income in Section 1.**


\*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 & Address of Noteholders	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed Type of Collateral

**Section 3. Stocks 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	Property D	Total
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 due, and to what property, if any, a tax lien attaches).

**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 inquires 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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**PLEASE NOTE:** The estimate average burden hours for the completion of this form is 1.5 hours per response.

**PLEASE ANSWER THE FOLLOWING QUESTIONS, AND PROVIDE THE APPROPRIATE INFORMATION IF APPLICABLE**

Do you have any co-signers and/or guarantors for this loan? If so, submit their names, addresses, and personal financial statements. If not applicable, initial here \_\_\_\_\_

If your business is a franchise, include a copy of the Franchise Agreement and the Franchiser's FTC Disclosure Statement. If not applicable, initial here \_\_\_\_\_

A schedule of any previous government financing by any principals or affiliates

Name of Agency	_____	Original Amount	
Date of Request	_____	Approved	Declined
Outstanding Balance	_____	Status	
If not applicable, initial here _____			

Do you buy from, sell to, or use the service of any concern in which someone in your company has a significant financial interest? If so, provide details. If not applicable, initial here \_\_\_\_\_

Does your business, its owners, or majority stockholders own or have a controlling interest in other businesses. If yes, provide their names and their relationship with your company along with a current balance sheet and income statement for each. If not applicable, initial here \_\_\_\_\_

Do you, your spouse, any member of your household, or anyone who owns, manages, or directs your business or their spouses or members of their households work for the Small Business Administration, Small Business Advisory Council, SCOPE, or ACE, any Federal Agency, or the participating lender? If so, provide the name and address of the person and the office where employed. If not applicable, initial here \_\_\_\_\_

Have you or any officers of your company ever been involved in bankruptcy or insolvency proceedings? If so, provide details. If not applicable, initial here \_\_\_\_\_

Are you or your business involved in any pending lawsuits? If yes, provide details. If not applicable, initial here \_\_\_\_\_

Are you buying machinery or equipment with your loan money? If so, you must include a list of the equipment and cost as quoted by the seller and his name and address. (Attach invoices if available). If not applicable, initial here \_\_\_\_\_

Description	Make	Model	Seller	Quantity	Cost





# PERSONAL HISTORY STATEMENT

THE FOLLOWING FORMS MUST BE ENTIRELY COMPLETED, BY EACH PRICIPAL, BEFORE APPLICATION WILL BE PROCESSED

Name \_\_\_\_\_  
First Middle Maiden Last

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Social Security # \_\_\_\_\_ If you are not a U.S. Citizen – Alien Registration Number \_\_\_\_\_

Home Address \_\_\_\_\_  
Street City State Zip

How Long \_\_\_\_\_ Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Immediate Past Address \_\_\_\_\_  
Street City State Zip

How Long \_\_\_\_\_

Martial Status \_\_\_\_\_ Number of Children \_\_\_\_\_

Spouse's Name \_\_\_\_\_  
First Middle Maiden Last Social Security Number/  
Alien registration Number

Race \_\_\_\_\_

Are you employed by the U.S. Government?

If so, give name of agency and position \_\_\_\_\_

## MILITARY SERVICE BACKGROUND

Branch \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Rank at Discharge \_\_\_\_\_ Honorable? \_\_\_\_\_

Job Description \_\_\_\_\_

BE SURE TO ANSWER THE NEXT 3 QUESTIONS CORRECTLY BECAUSE THEY ARE IMPORTANT.  
THE FACT THAT YOU HAVE AN ARREST OR CONVICTION RECORD WILL NOT NECESSARILY DISQUALIFY YOU,  
BUT AN INCORRECT ANSWER WLL PROBABLY CAUSE YOUR APPLICATION TO BE TURNED DOWN.

Are you presently under indictment, on parole or probation? Yes \_\_\_ No \_\_\_

Have you ever been charged with or arrested for any criminal offense other than a minor vehicle violation? Yes \_\_\_ No \_\_\_

Have you ever been convicted of any criminal offense other than a minor vehicle violation? Yes \_\_\_ No \_\_\_

If yes to any of the above, furnish details in a separate exhibit. List name(s) under which held.

**EDUCATION**

College or Technical Training Name and Location	Date Attended From	To	Major	Degree or Certificate
1				
Comments				
2				
Comments				
3				
Comments				
4				
Comments				

**WORK EXPERIENCE**

List chronologically, beginning with present employment.

1 Name of Company	Percentage of Business Owned _____		
Full Address			
From	To	Title	
Duties			
2 Name of Company			
Full Address			
From	To	Title	
Duties			
3 Name of Company			
Full Address			
From		Title	
Duties			
4. Name of Company			
Full Address			
From	To	Title	
Duties			
5. Name of Company			
Full Address			
From	To	Title	
Duties			



**EMPLOYEE QUESTIONNAIRE**

Number of Existing Employees \_\_\_\_\_

The number of new employees anticipated as a result of this project within the next two years:

Number of New Employees

Job Type

Salary total for all employees combined: \_\_\_\_\_

**BUILDING SIZE AND OCCUPANTS**

What is the square footage of this building? \_\_\_\_\_

Are there any existing tenants that will remain in the building? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you intend to lease out any space? Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered yes to either question, complete the information below:

Tenant

Square Footage

Lease Expires

**BANK REFERENCES**

Bank

Account Number

Account Officer

Phone

**TRADE REFERENCES**

Company

Contact Person

Phone

## **HISTORY AND NATURE OF YOUR BUSINESS**

When was your company established and by whom?

When did you gain control of the business?

What products or services do you sell? (Enclose any catalogs or brochures)

What is your geographic market area?

How do you market your product or service? (i.e., type of advertising, direct mail, salesmen, etc.)

What is the size in square feet of your current facility?

When does your present lease expire?

**EXPECTED BENEFITS FROM THE LOAN**

What will be the size in square feet of your new or enlarged facility?

How will this new or remodeled facility specifically help your business? (Increase sales, add new product/services, improve efficiency, etc.)

If you are moving to a new location, how will this affect your business?

**CERTIFICATION**

I, \_\_\_\_\_, certify that the information presented in this application and all attachments is true and complete to the best of my knowledge. I also understand that the information submitted to the Kerr-Tar Regional Council of Governments will not be returned whether my application is approved or declined.

I authorize you to check with financial institutions and other companies or organizations necessary to establish character and credit standing.

If you have any questions, please call our office at (252) 436-2040.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)