

EAST CENTRAL PLANNING AND DEVELOPMENT DISTRICT CONSOLIDATED LOAN APPLICATION PACKAGE

1. APPLICANT INFORMATION

A. NAME OF BUSINESS ENTERPRISE		B. DATE OF APPLICATION	
C. BUSINESS MAILING ADDRESS		D. BUSINESS LOCATION (If different)	
Street		Street	
City		City	
County		County	
State		State	
Zip Code		Zip Code	
Phone (voice)		Phone (voice)	
Phone (fax)		Phone (fax)	
E. DATE BUSINESS ESTABLISHED: (indicate below the date business started and check either New or Existing)			
<div style="display: flex; justify-content: space-between;"> _____ <input type="checkbox"/> NEW BUSINESS <input type="checkbox"/> EXISTING BUSINESS </div>			
F. TYPE OF BUSINESS: (check one)			
<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> OTHER _____ </div>			
G. CURRENT NUMBER OF EMPLOYEES: (Include owners if employed in business)			
H. DESCRIPTION OF BUSINESS: (Describe below the major product or service - included SIC code if possible)			
BUSINESS TAX ID #- _____ <input type="checkbox"/> APPLIED FOR		STANDARD INDUSTRIAL CLASSIFICATION # _____	
I. CONTACT PERSONS FOR THIS APPLICATION:			
PRIMARY CONTACT PERSON		SECONDARY CONTACT PERSON (optional)	
Name		Name	
Title		Title	
Street		Street	
City		City	

2. LIST OF OWNERSHIP: (List all persons who own 10% or more of the business)

NAME	ADDRESS/ CITY, ST, ZIP	PHONE	SSN	% OWNED	SEX	RACE

3. LIST OF KEY MANAGEMENT: (Include owners. If key positions are not yet filled, list position and compensation and leave other fields blank)

NAME/ SOCIAL SECURITY NUMBER	POSITION	ANNUAL COMPENSATION	SEX	RACE

4.CURRENT BUSINESS INDEBTEDNESS

CURRENT BUSINESS INDEBTEDNESS (List all existing business debts, contracts, notes, and mortgages payable)								
To Whom Payable	Original Amount	Original Date	Present Balance	Interest Rate	Maturity Date	Monthly Payment	Secured By	Current or Past Due
		TOTAL			TOTAL			

5. PROJECT INFORMATION

A. PURPOSE OF PROJECT: (Describe specifically what will be done, how the loan proceeds will be used, and how this will aid the business)	
B. NUMBER OF JOBS CREATED, WITHIN TWO YEARS, AFTER PROJECT COMPLETION:	
C. TOTAL NUMBER OF EMPLOYEES AFTER PROJECT: (Current employees plus new jobs created)	
D. ESTIMATED PROJECT COSTS:	AMOUNT
LAND (Purchase of land including existing buildings located on the property to be purchased)	
BUILDING (Construction of new buildings)	

RENOVATION (improvements to real property already owned or to be purchased)	
MACHINERY & EQUIPMENT (Purchase and installation)	
FURNITURE & FIXTURES	
INVENTORY	
WORKING CAPITAL	
OTHER (Specify) _____	
OTHER (Specify) _____	
OTHER (Specify) _____	
OTHER (Specify) _____	
TOTAL PROJECT COSTS	

E. BASIS FOR COST ESTIMATES (Indicate how project costs were determined, i.e., bids, purchase agreements, catalog prices, etc.)

6. LOAN REQUEST

A. LOAN REQUEST SUMMARY

	OWNER EQUITY INJECTION	COMMERCIAL LENDER	OTHER LENDER	ECPDD	TOTAL
AMOUNT REQUESTED					
% OF TOTAL PROJECT					100%
REQUESTED TERM (Years)					
REQUESTED INTEREST RATE					
MONTHLY PAYMENT					
ANNUAL DEBT SERVICE					

B. DESCRIPTION OF OWNER INJECTION (Describe the source and value of owner injection, i.e., cash, land, machinery, etc.)

<div></div>

C. COMMERCIAL LENDER (Provide information on bank or another commercial lender)

Have you requested financing for this project from commercial lender(s) such as a bank, credit union, or other source of financing?
☐ Yes ☐ No If yes, has the lender agreed to finance some or all the project? ☐ Yes ☐ No

D. PROVIDE THE FOLLOWING INFORMATION ON ANY LENDER(S) THAT HAVE AGREED TO PARTICIPATE,

Name and Address of commercial lender

Name of Institution		Loan Officer	
Branch		Title	
Address		Phone	
City, State Zip Code		Fax	
Amount Committed to Project	\$	Interest Rate/Term	% ——— years

Name and Address of any other lender.

Name of Institution		Loan Officer	
Branch		Title	
Address		Phone	
City, State Zip Code		Fax	
Amount Committed to Project	\$	Interest Rate/Term	% ——— years

7. COLLATERAL

SOURCE OF COLLATERAL	VALUE	TYPE VALUATION		PRIOR LIENS	COLLATERAL VALUE
		COST/ BOOK VALUE	APPRAISAL		(Value minus Prior Liens)
LAND and BUILDINGS		<input type="checkbox"/>	<input type="checkbox"/>		
MACHINERY & EQUIP		<input type="checkbox"/>	<input type="checkbox"/>		
FURN & FIXTURES		<input type="checkbox"/>	<input type="checkbox"/>		
ACCTS. RECEIVABLE		<input type="checkbox"/>	<input type="checkbox"/>		
INVENTORY		<input type="checkbox"/>	<input type="checkbox"/>		
OTHER _____		<input type="checkbox"/>	<input type="checkbox"/>		
OTHER _____		<input type="checkbox"/>	<input type="checkbox"/>		
OTHER _____		<input type="checkbox"/>	<input type="checkbox"/>		
TOTALS					

8. PERSONAL GUARANTEES

NAME OF OWNER/GUARANTOR/ SOCIAL SECURITY NUMBER	NET WORTH	AMOUNT OF GUARANTEE

9. OTHER PERTINENT INFORMATION

PROVIDE ANY OTHER INFORMATION YOU CONSIDER PERTINENT TO YOUR LOAN APPLICATION:

10. REQUIRED ATTACHMENTS

The following information is required to process your loan application. Please check each item that is attached. If any item cannot be furnished, please provide explanation below.

A. INFORMATION REQUIRED FROM ALL APPLICANTS			
<input type="checkbox"/>	Personal Financial Statement for each owner. (Print Additional Copies if more than one owner)		
<input type="checkbox"/>	Current resume of each owner.		
<input type="checkbox"/>	Signed Credit Consent form for each owner/borrower (attached).		
<input type="checkbox"/>	Projected annualized income (Profit and Loss) statement for two years after completion of project (if applicable). New Business Only		
<input type="checkbox"/>	Cost estimates to support estimated project costs, e.g., real estate purchase agreements, contractor cost estimates, vendor quotes for machinery and equipment, etc.		
<input type="checkbox"/>	Letter of commitment from bank or other lender indicating amount and terms of commercial loan. (Required before loan approval).		
<input type="checkbox"/>	If corporation, resolution from Board of Directors of business authorizing it to borrow.		
B. ADDITIONAL INFORMATION REQUIRED FROM EXISTING BUSINESS APPLICANTS		C.ADDITIONAL INFORMATION REQUIRED FROM NEW BUSINESS APPLICANTS	
<input type="checkbox"/>	Brief history of business including basis for decision to expand.	<input type="checkbox"/>	Business Plan describing the business and basis or decision to establish business.
<input type="checkbox"/>	Current Financial Statement (within 90 days) and Federal Tax Return for previous 2 years.	<input type="checkbox"/>	Projected Balance Sheet and Income Statement for next 2 years including assumptions.
D. EXPLANATION REGARDING EACH ITEM NOT FURNISHED WITH APPLICATION:			

11. APPLICATION SIGNATURES

Signature of Applicant

Date

Signature of Applicant

Date

Signature of Applicant

Date

Signature of Applicant

Date

CREDIT CONSENT FORM

East Central Planning and Development District, Inc., is hereby authorized to obtain credit information deemed necessary in its evaluation of a proposed loan. The credit report will remain on file for the life of the loan. As a part of the application, certain state agencies, federal agencies, or participating organizations may require a copy of the applicant's credit report. The undersigned acknowledges and authorizes East Central Planning and Development District or Qualified Entity to obtain credit information and provide this information to the appropriate agencies, as may be required as part of the application process.

Signed this the ____ day of _____, ____.

Name of Borrower:

Home Address:

Social Security Number:

Date of Birth:

Signature of Applicant:
