

MICRO LOAN PROGRAM APPLICATION



A. Business Profile

LEGAL NAME	DATE ESTABLISHED	TAX ID NUMBER	ANNUAL SALES	NATURE OF BUSINESS
# OF EMPLOYEES	# OF JOBS PROJECTED	CONTACT NAME/TITLE	PHONE NUMBER	
STREET ADDRESS		CITY	STATE	ZIP
<input type="checkbox"/> S CORP <input type="checkbox"/> C CORP <input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> LLC <input type="checkbox"/> LIMITED PARTNERSHIP <input type="checkbox"/> DBA				

B. Credit Request

\$	\$	\$	How will the money be used?
TOTAL PROJECT COSTS	YOUR CONTRIBUTION	LOAN REQUEST	<input type="checkbox"/> EQUIPMENT <input type="checkbox"/> BUSINESS ASSETS <input type="checkbox"/> WORKING CAPITAL
DESCRIPTION	COST		

C. Collateral

Please list the assets you wish to use as collateral: REAL ESTATE EQUIPMENT A/R INVENTORY OTHER

DESCRIPTION	VALUE	(IF REAL ESTATE) STREET ADDRESS	CITY	STATE	ZIP
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If the collateral being used to secure a loan is real estate, please attach a copy of the property deed.

D. Personal/Guarantor(s) Information

#1

NAME	TITLE			DATE OF BIRTH	
HOME ADDRESS	CITY	STATE	ZIP	HOME PHONE	WORK PHONE
SOCIAL SECURITY #	HOW LONG AS OWNER?	GROSS INCOME	MONTHLY MORTGAGE/RENT PMT.	% OF OWNERSHIP	
\$	\$	\$	\$ /mo.	\$	
PERSONAL ASSETS	PERSONAL LIABILITIES		PERSONAL NET WORTH		

#2

NAME	TITLE			DATE OF BIRTH	
HOME ADDRESS	CITY	STATE	ZIP	HOME PHONE	WORK PHONE
SOCIAL SECURITY #	HOW LONG AS OWNER?	GROSS INCOME	MONTHLY MORTGAGE/RENT PMT.	% OF OWNERSHIP	
\$	\$	\$	\$ /mo.	\$	
PERSONAL ASSETS	PERSONAL LIABILITIES		PERSONAL NET WORTH		

E. Business Financial Information

\$	\$	\$
TOTAL CASH	AS OF	TOTAL ASSETS
		AS OF
		TOTAL LIABILITIES
		AS OF

F. Brief Description of Your Business

MICRO LOAN PROGRAM APPLICATION (CONTINUED)

G. Attorney

ATTORNEY		FIRM				
STREET ADDRESS	CITY	STATE	ZIP	PHONE	FAX	

H. Insurance Company or Broker

INSURANCE COMPANY		BROKER OR CONTACT				
STREET ADDRESS	CITY	STATE	ZIP	PHONE	FAX	

I. Miscellaneous

Please check yes or no for each statement or question.

- YES NO The Company or the principals are an endorser, guarantor or co-maker for obligations (including any lease obligation, e.g. vehicle, equipment, or real estate) not listed on the financial statement.
- YES NO The Company or its principals or guarantors are a party to any lawsuit (whether pending or threatened).
- YES NO Has the Company or its principals or guarantors ever filed bankruptcy? Chapter _____ Date _____ Amount \$ _____
- YES NO Are the Company, its principals', or any proposed guarantor's real property and/or personal and/or employment taxes past due?
- YES NO Are there assets pledged or mortgaged other than as stated on the business and personal financial statements?
If so, what assets? Asset _____ Value \$ _____
- YES NO The company or the principal or guarantors have outstanding judgment(s). Amount \$ _____

J. Applicant's Statement

Authorization I hereby authorize the ECIDA to request, verify and review all data you require about the Company and its principals and guarantors, including credit reports from agencies, now and for all future reviews of this application or for collection of loans. I authorize you to give credit information about me and the Company to others. I affirm that all the information in this Application and other materials furnished by the Company for your review are true and accurate and that there are currently no material adverse changes which may affect said information.

K. Submission Items

Please submit the following supporting application materials with your application.

- Copies of incorporation papers, partnership papers or business certificates.
- Your most recent two (2) years' business financial statements.
- Your most recent two (2) years' tax returns.
- Personal Financial Statement for each principal owning 20% or more of the Business.
- Business Plan, including 3 years' of financial projections.
- If you are a **Sole Proprietor**, remit with this application \$30.00 (Cost of Credit Report), or,
- If you are a **Partnership**, remit with this application \$30.00 for every one of the Principals owning 20% or more of the Business (cost of credit reports) plus \$51.00 for a D&B report TOTAL \$ _____, or,
- If you are a **Corporation**, remit with this application \$30.00 for every one of the Principals owning 20% or more of the Business (cost of credit reports) plus \$51.00 for a D&B report, plus \$25.00 for a Good Standing Certificate from NYS. TOTAL \$ _____

Make all checks payable to Buffalo & Erie County RDC and mail to Micro Loan Program, 275 Oak Street, Buffalo, NY 14203.

L. Signatures of Owners and Business Principals

Upfront cost requirements I understand that the Credit Report, D&B, and NYS Good Standing Certificate costs remitted with this application are non-refundable. I agree that I or the Company will pay all your expenses, including, but not limited to, attorney's fees and expenses, mortgage taxes, recording and filing fees and collection or workout costs of any kind you may incur in negotiating with or extending credit to the Company.

PERSONAL/GUARANTOR #1	TITLE	DATE	PERSONAL/GUARANTOR #2	TITLE	DATE
PERSONAL/GUARANTOR #3	TITLE	DATE	PERSONAL/GUARANTOR #4	TITLE	DATE

PERSONAL FINANCIAL STATEMENT



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; or (4) any person or entity providing a guaranty on the loan. Duplication of this form for this purpose is permissible.

NAME	DATE	RESIDENCE PHONE	
RESIDENCE ADDRESS	CITY	STATE	ZIP
BUSINESS NAME OF APPLICANT/BORROWER		BUSINESS PHONE	

Assets

Cash on hand and in Banks\$ _____

Savings Accounts.....\$ _____

IRA or other Retirement Account(s)\$ _____

Accounts and Notes Receivable.....\$ _____

Life Insurance - cash surrender value only\$ _____
Complete Section 8

Stocks and Bonds *Describe in Section 3*\$ _____

Real Estate *Describe in Section 4*.....\$ _____

Automobile - present value\$ _____

Other Personal Property *Describe in Section 5*\$ _____

Other Assets *Describe in Section 5*.....\$ _____

TOTAL ASSETS \$ _____

Liabilities

Accounts Payable\$ _____

Notes Payable to Banks and Others.....\$ _____
Describe in Section 2

Installment Account (Auto)\$ _____
Monthly Payment \$ _____

Installment Account (Other)\$ _____
Monthly Payment \$ _____

Loan on Life Insurance\$ _____

Mortgages on Real Estate *Describe in Section 4*\$ _____

Unpaid Taxes *Describe in Section 6*\$ _____

Other Liabilities *Describe in Section 7*\$ _____

TOTAL LIABILITIES \$ _____

NET WORTH (Total Assets -Total Liabilities)\$ _____

Additional Liabilities

As Endorser or Co-Maker\$ _____

Legal Claims & Judgments\$ _____

Provision for Federal Income Tax\$ _____

Other Special Debt\$ _____

Section 1 - Source of Income

Salary\$ _____

Net Investment Income.....\$ _____

Real Estate Income\$ _____

Other Income *Describe below*\$ _____

Description of other income. 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 part of this statement and signed.

NAME OF NOTE HOLDER	ADDRESS	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 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

List each parcel separately. Use attachment if necessary. Each attachment must be identified as part of this statement and signed.

	PROPERTY A	PROPERTY B	PROPERTY C
TYPE OF PROPERTY			
ADDRESS			
DATE PURCHASED			
ORIGINAL COST			
PRESENT MARKET VALUE			
NAME & ADDRESS OF MORTGAGE HOLDER			
MORTGAGE ACCOUNT #			
MORTGAGE BALANCE			
AMOUNT OF PAYMENT PER MONTH/YEAR			
STATUS OF MORTGAGE			

Section 5 - Other Personal Property & Assets

Describe. If any is pledged as security, state name and address of lien holder, amount of lien, terms of payment and, if delinquency, describe delinquency.

Section 6 - Unpaid Taxes

Describe in detail. Specify type, to whom payable, when due, amount and to what property, if any, tax lien is attached.

Section 7 - Other Liabilities

Describe in detail.

Section 8 - Life Insurance Held

List face amount and cash surrender value of policies, name of insurance company(ies) and beneficiaries.

Authorization

I authorize Lender to make inquiries 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. I understand FALSE statements may result in forfeiture of benefits.

SIGNATURE	DATE	SOCIAL SECURITY NUMBER
SIGNATURE	DATE	SOCIAL SECURITY NUMBER