

# SMALL BUSINESS LOAN APPLICATION



Thank you for your application! If you have questions or need assistance during the application process, please contact us at 256.355.4515 or paula.garrett@adss.alabama.gov

## APPLICANT COMPANY

Company Name _____	Business Phone _____
Contact Person _____	Business E-mail _____
Address _____	Date Established _____
City, State _____	Federal Tax ID _____
Zip _____	DUNS # _____
Franchise Name (if applicable) _____	Website _____
How were you referred to NARCOG? _____	

Type of Entity: (check one)

<input type="checkbox"/> Corporation "S" or "C"	<input type="checkbox"/> Limited Partnership
<input type="checkbox"/> Sole Proprietorship (d/b/a)	<input type="checkbox"/> General Partnership
<input type="checkbox"/> LLC (# of members):	<input type="checkbox"/> Other:

### Start-Up Business

- Complete History and Description of Business. If you already have a business plan, it can be provided in place of this information.
- Cash flow projections for at least the first 24 months.
- Personal tax returns with all schedules for the past 3 years for all owners.

### Existing Business

- Complete History and Description of Business. If you already have a business plan, it can be provided in place of this information.
- Cash flow projections for at least the next 12 months.
- Current financial statements for the business (Balance Sheet and Income Statement)
- Business tax returns with all schedules for the past 3 years.
- Personal tax returns with all schedules for the past 3 years for all owners.

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*Microloan Application Fee: \$50*  
*Traditional Loan Application Fee: \$100*  
*Origination Fee: Greater of 1% of the loan amount or \$300*  
*Other fees may apply. Contact NARCOG at 256.355.4515 for details.*

**ESTIMATED PROJECT COSTS**

Land Purchase	\$	_____
New Building Construction	\$	_____
Purchase Existing Land & Building	\$	_____
Building Improvements / Repairs	\$	_____
Purchase Machinery / Equipment	\$	_____
Purchase Furniture / Fixtures	\$	_____
Purchase Inventory	\$	_____
Working Capital (including Accounts Payable)	\$	_____
Acquisition of an Existing Business (all or part)	\$	_____
<b>Total Estimated Project Costs</b>	<b>\$</b>	<b>_____</b>
Less Total Owner Injection	\$	_____
<b>Total Loan Requested for Project</b>	<b>\$</b>	<b>_____</b>

**BORROWER INJECTION**

Provide the source and amount of your cash contribution to the project.

Personal Cash	\$	_____
Business Cash	\$	_____
Other:	\$	_____
	\$	_____
	\$	_____
<b>Total Injection</b>	<b>\$</b>	<b>_____</b>

**PROJECT COST DOCUMENTATION-- printouts showing items to be purchased w/price**

Please provide the following project cost documentation, as applicable.

- |   |  |
|---|--|
| <input type="checkbox"/> Purchase Agreement (proposed or final) | <input type="checkbox"/> Furniture and/or fixtures       |
| <input type="checkbox"/> Real Estate Purchase Agreement         | <input type="checkbox"/> Machinery and/or equipment bids |
| <input type="checkbox"/> Contractor Bids (if applicable)        | <input type="checkbox"/> Other: _____                    |

**SCHEDULE OF COLLATERAL**

List all collateral to be used as security for this loan.

**SECTION I - REAL ESTATE**

**List Parcels of Real Estate**

Address	Year	Original Price	Market Value	Amount of Lien	Name of Lienholder	Total Available

Give a brief description of the improvements, such as size, type of construction, number of stories, and present condition (use additional sheet if more space is required.)




**OWNER AND KEY MANAGEMENT INFORMATION**

**To be completed for each owner of the applicant company with 20% or more ownership interest. Use a separate page for each individual. Please fill in all spaces, use full first, middle, and maiden names. If an item is not applicable, please indicate.**

Legal Name  SS#:   
First Full Middle Name Maiden Last

Ownership Percentage  Corporate Title:

Are you a U.S. Citizen?  Permanent Resident Alien?  **If Resident Alien, please provide Resident Alien Card or Permanent Resident Card (front & back copies)**

Date of Birth  Place of Birth   
MM/DD/YY City, State, Country

If at current residence less than 10 years, provide previous residence.

Current Residence:  Previous Residence:   
Street Street  
       
City State Zip City State Zip

From:  to  From:  to   
MM/DD/YY MM/DD/YY MM/DD/YY MM/DD/YY

Home Phone  Cell Phone

Spouse's Name  SS#:   
First Middle Maiden Last

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have a trust? If "yes", provide an executed copy of the Trust(s).  |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you, any of your children, your parents or your spouse employed by, director of, officers of or affiliated with the North Central Alabama Regional Council of Governments in any capacity? If yes, please provide the name and contact information of the person and define the relationship.                         |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever filed for corporate or personal bankruptcy or been involved in insolvency proceedings? If so, please provide a copy of the bankruptcy documentation.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you or your business involved in any pending lawsuits?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have ownership, stock ownership, management control, previous relationships with or ties to another business or contractual relationship in any other businesses?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you or any of your affiliated businesses have any existing debt with SBA guarantees?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you or any of your affiliate businesses ever caused a loss to the Government from prior federal assistance?  |
| <input type="checkbox"/> | <input type="checkbox"/> | A current credit report will be requested on each borrower. Are there entries on this report which will require an explanation? If so, please attach a sheet explaining the circumstances of these entries.   |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you presently behind in any court ordered child support obligation?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you presently subject to an indictment, criminal information, arraignment, or other means by which formal criminal charges are brought in any jurisdiction? If YES, furnish details on separate sheet.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been arrested in the past six months for any criminal offense. If YES, all arrests and charges must be disclosed and explained on an attached sheet.  |
| <input type="checkbox"/> | <input type="checkbox"/> | For any criminal offense – other than a minor vehicle violation – have you ever: 1) been convicted; 2) pled guilty; 3) pled nolo contendere; 4) been placed on pretrial diversion; or 5) been placed on any form of parole or probation (including probation before judgment)? If YES, furnish details on separate sheet. |

\_\_\_\_\_  
 Signature

**PERSONAL RESUME**



Please fill in all spaces, use full first, middle, and maiden names. If an item is not applicable, please indicate. Use a separate page for each individual. Resume must be completed by each owner of the applicant business with 20% or more ownership interest. You may substitute a recent resume in place of this questionnaire.

<b>Name</b>				<b>Title</b>
First	Full Middle Name	Maiden	Last	

List all former names used and the dates each name was used. Use separate sheet if necessary.

First	Full Middle Name	Last	Dates Name Used

**Education**

Type of Degree	Name & Location of Institution	Dates Attended From/To	Major	Degree or Certificate

**Military Service Background**

Branch  From  to   
MM/DD/YY MM/DD/YY

Honorable Discharge?  Rank at Discharge

Work Experience (List chronologically beginning with present employment to cover a 10 year period. Attach separate sheet if necessary.)

Company Name	Title	Dates Employed From - To	Duties & Accomplishments

Other Business Related interest or Activities (List any training, certification, or business related interest or activities)




**PERSONAL INCOME & EXPENSES ANALYSIS**

To be completed for each owner of the applicant business with 20% of more ownership interest;  
 Use a separate page for each individual.

NAME(S) \_\_\_\_\_

<b>INCOMES:</b>		<b>MONTHLY</b>
Available Draw	(NP + Depreciation)	_____
Gross Salary	(Principal)	_____
Gross Salary	(Spouse)	_____
Rental Income	(Gross)	_____
Interest Income	(Recurring)	_____
Alimony	(Recurring)	_____
Other Income: _____	(Recurring)	_____
<b>TOTAL INCOME</b>		<b>\$ _____</b>

<b>EXPENSES:</b>		
Residence Expense	(Rent or P&I)	_____
Rental Mortgages	(P&I)	_____
Rental Expenses	(Cash Exp. Less P&I)	_____
Auto Loan(s)	(All)	_____
Installment Loan(s)	(All)	_____
Revolving Credit		_____
Utilities/Phone	(Estimate)	_____
Insurance	(All Personal)	_____
Food	(Estimate)	_____
Clothing	(Estimate)	_____
Medical Expenses	(3 Yr. Average)	_____
Income Taxes	(Historical Rate)	_____
Property Taxes	(Historical Rate)	_____
Alimony	(If Applicable)	_____
Child Care	(If Applicable)	_____
Other Expenses _____		_____
Miscellaneous _____		_____
<b>TOTAL EXPENSES</b>		<b>\$ _____</b>





**Section 2. Stocks and Bonds**

Number of Shares	Name of Securities	Name of Exchange	Current Quotation	Date of Quotation	Market Value

**Section 3. Real Estate Owned** (List each parcel separately. If necessary, attach supplemental sheets and date and sign.)

Type of Property/ Address of Property	Title in Name of	Date Purchased	Original Cost	Present Value	Mortgage Balance	Payment Amt. Current? (Y/N)

**Section 4. Other Personal Property** (Describe)


**Section 5. Other Assets** (Describe)


**Section 6. Unpaid Taxes** (Describe as to type, to whom payable, when due, amount, and if any liens have been filed)


**Section 7. Other Liabilities** (Describe)


**Section 8. Life Insurance Held** (Give face amount of policies, name of company and beneficiaries)


I/We hereby certify that all statements in this application are true and complete and are made for the purpose of obtaining credit. I/We fully understand that it is a federal crime punishable by fine or imprisonment or both to knowingly make any false statements concerning any of the above facts, as applicable under the provisions of Title 18, United States Code, Section 1014. I/We authorize and request all persons listed and all credit reporting agencies to furnish the North Central Alabama Regional Council of Government(NARCOG) with opinions and credit information on or affecting me for this application, and I/we authorize NARCOG to report opinions and credit information on or affecting me to all credit reporting agencies or other financial institutions, and I/we agree to hold NARCOG harmless from any claims, direct or indirect, that may result from receiving or reporting such information.

Signature:	Date:
Signature:	Date:



**SCHEDULE OF BUSINESS DEBT**

Please list all business liabilities - contracts, notes, lines of credit, and mortgages payable.

As of: \_\_\_\_\_, 20\_\_\_\_

Loan No.	Creditor	Original Amount	Original Date	Current Balance	Loan Status *	Maturity Date	Interest Rate	Monthly Payment	Collateral	
<b>Total Current Balance</b>				\$ -	<b>Total Monthly</b>				\$ -	

\* Loan Status: Current, Delinquent, Paid In Full, or Charged Off



**HISTORY OF BUSINESS** (You may substitute a current business plan).



**Nature of business:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Types of products and services offered / description of business activity:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Customer profile:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**List key customers:** \_\_\_\_\_  
\_\_\_\_\_

**Who are your suppliers and what are their credit sales terms?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**How do you determine the price of your products/services?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**How do you or will you advertise? Do you/will you offer promotions to generate sales?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**List major competitors:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**List advantages your business has or will have over its competitors:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Approximate distance of your competitors in relation to your current or proposed location:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Major accomplishments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Future plans for growth and/or expansion:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**How will the proposed loan benefit your company?** \_\_\_\_\_  
\_\_\_\_\_

**Will the funding of this loan create new employment opportunities? If so, how?** \_\_\_\_\_  
\_\_\_\_\_

**How many employees will you hire?** \_\_\_\_\_

**Describe the type and conditions of the subject building or premises the business occupies or will occupy:** \_\_\_\_\_  
\_\_\_\_\_

**If the subject building is existing, are any improvements needed? Describe:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FINANCIAL REFERENCES**

**Business References: Individuals who are aware of your business and the services you/it can provide.**

<b>Name</b> _____	<b>Name</b> _____
<b>Address</b> _____	<b>Address</b> _____
<b>Telephone</b> _____	<b>Telephone</b> _____
<b>Relationship</b> _____	<b>Relationship</b> _____

**Personal References: Anyone who has known you for several years that is not a relative.**

<b>Name</b> _____	<b>Name</b> _____
<b>Address</b> _____	<b>Address</b> _____
<b>Telephone</b> _____	<b>Telephone</b> _____
<b>Relationship</b> _____	<b>Relationship</b> _____



## JOBS CREATED AND/OR RETAINED

(For the purposes of this form, the following are considered to be minority persons: Blacks, Hispanics, Asian, Pacific Islanders, American Indian/Alaskan Natives)

### Present Employees (if now in operation)

TOTAL		MINORITY	
Male		Black	
Female		Hispanic	
Total		Asian/Pacific Islander/American Indian/Alaskan Natives	

### Projection: Twelve (12) Months After Loan Disbursement

TOTAL		MINORITY	
Male		Black	
Female		Hispanic	
Total		Asian/Pacific Islander/American Indian/Alaskan Natives	

### Projection: Twenty-Four (24) Months After Loan Disbursement

TOTAL		MINORITY	
Male		Black	
Female		Hispanic	
Total		Asian/Pacific Islander/American Indian/Alaskan Natives	

Estimate average wage per job created or saved:    \$\_\_\_\_\_

## RACE & ETHNICITY SURVEY (OPTIONAL)

The following information is tracked by our federal funding partners for certain types of loans in order to monitor the lender's compliance with equal credit opportunity. **You are not required to furnish this information.** The law requires that a lender may neither discriminate on the basis of this information nor on whether you choose to furnish it. If you do not wish to furnish the requested information, please check the box below.

I do not wish to furnish this information.

### Ethnicity:

Hispanic or Latino     Not Hispanic or Latino

### Race: (Mark one or more)

- White  
 Black or African American  
 American Indian/Alaska Native  
 Asian  
 Native Hawaiian or Other Pacific Islander

### Gender:

Male     Female

**AUTHORIZATION AND INDEMNIFICATION AGREEMENT**

I/we hereby authorize the North Central Alabama Regional Council of Governments, (hereafter referred to as "NARCOG") or any of its affiliates to make all inquiries it deems necessary to verify the accuracy of the information provided herein, and to determine my/our credit worthiness for any purpose related to our credit transaction with them. I/we hereby certify that the enclosed application information including attachments/exhibits are valid and correct to the best of my/our knowledge.

I/we hereby authorize NARCOG to furnish relevant information to all necessary sources including various federal, state, county, and conventional funding opportunities to obtain the best sources for the project. I/we hereby authorize NARCOG to furnish relevant information to NARCOG's Loan Review Committee(s) for decision; and, to furnish relevant information to the NARCOG Board of Directors and various federal, state, and county agencies, officials and economic development representatives for NARCOG's reporting requirements regarding area economic development.

I/we further agree that I shall indemnify and hold NARCOG harmless from any claim or cause of action arising because of incorrect, inaccurate or incomplete information furnished by me, whether the furnishing of such incorrect, inaccurate or incomplete information was accidental or intentional and in consideration of NARCOG's assistance, I waive all claims against NARCOG, its personnel or counselors arising from this assistance.

The small business applicant and its principals as individuals, agree to indemnify and hold NARCOG and/or its agents and assigns harmless from and against, any damages, cost, liability or expense attributable to release, threatened release, discharge, manufacture, production, storage or disposal or the presence of hazardous toxic substances, on or under borrower's property or property in which borrower has an interest including adjoining real property and based upon claims asserted by local, state, and federal governmental authority or other third parties against NARCOG or its assigns.

This indemnification will specifically survive, and is entirely independent of the debtor's contractual obligation to repay the primary obligation held by NARCOG as amended, extended, or renewed by NARCOG, prepayment in full of the borrower's indebtedness to NARCOG; and release of NARCOG's liens on borrower's real or personal property by payment, foreclosure, or other action including NARCOG's discretionary abandonment of lien.

**Business Applicant:**

_____ Signature / Title	_____ Date
_____ Signature / Title	_____ Date
_____ Signature / Title	_____ Date
_____ Signature	_____ Date

**As Individuals:**

_____ Signature	_____ Date
_____ Signature	_____ Date
_____ Signature	_____ Date
_____ Signature	_____ Date