Micro Loan Program

Application
MicroLoan Program Application

Please provide the following information. Attach additional sheets to this application, if necessary. We may ask for more specific financing information and may request additional information regarding your business.

SECTION I: BUSINESS INFORMATION  (Use additional paper if necessary)

1. Business Legal Name: ________________________________

2. Owner Name(s)   Title   Ownership Share (%)
______________________________
______________________________
______________________________

3. Business Telephone: ____________ Fax: ____________

4. Business Location (Physical): __________________________________________

5. Briefly Describe Type of Business (Product or Service): _______________________

6. Date Business was Established: ____________  7. Number of Employees: FT____ PT____

8. Type of Business Organization:
   □ Sole Proprietor   □ Partnership   □ S Corporation   □ C Corporation   □ Other

9. Federal Tax ID Number: ________________  10. Annual Sales (projected if first year) $___________

11. Has the business, or any principals of the business, been involved in bankruptcy or insolvency proceedings?  
    □ Yes   □ No   If Yes, Please explain: __________________________________________

12. Has the business, or any principals of the business, been convicted of a felony crime?  
    □ Yes   □ No   If Yes, Please explain: __________________________________________

13. Is the business, or any principals of the business, involved in any unsettled lawsuits or major disputes?  
    □ Yes   □ No   If Yes, Please explain: __________________________________________

14. Does the business use hazardous substances in the normal course of business?  
    □ Yes   □ No   If Yes, Please explain: __________________________________________
SECTION II: LOAN REQUEST

1. Total amount of loan request: $________________________
2. Purpose of loan request: __________________________________________
3. Personal (non-loan) funds available to invest in business/project: $________ Source: __________________________
4. Collateral with estimated value: ______________________________________
5. Is any of the collateral considered community property? □ Yes □ No
6. Have you contacted a bank for financing? □ Yes □ No What Bank? __________________________
   Name of Banker: __________________________ Telephone: __________________________
   Telephone: __________________________
7. Who referred you to the Program? __________________________ Telephone: __________________________

SECTION III: OWNER / CO-BORROWER INFORMATION  (Use additional application if necessary)

Owner

1. Name: __________________________________________ 2. SSN: __________________________
3. Address: __________________________________________ City / State / Zip: __________________________
4. Home Phone: __________________________ 5. Work Phone: __________________________
8. Are you a U.S. Citizen? □ Yes □ No If No, attach copy of Alien Registration Card
9. Do you pay child support? □ Yes □ No If Yes, are you current in your payments? □ Yes □ No
10. Please provide a professional reference that we may contact:
    Name: __________________________________________ Telephone: __________________________
    Address: __________________________________________ Relationship: __________________________

Co-Owner

1. Name: __________________________________________ 2. SSN: __________________________
3. Address: __________________________________________ City / State / Zip: __________________________
4. Home Phone: __________________________ 5. Work Phone: __________________________
8. Are you a U.S. Citizen? □ Yes □ No If No, attach copy of Alien Registration Card
9. Do you pay child support? □ Yes □ No If Yes, are you current in your payments? □ Yes □ No
10. Please provide a professional reference that we may contact:
    Name: __________________________________________ Telephone: __________________________
    Address: __________________________________________ Relationship: __________________________
SECTION IV: CERTIFICATIONS

Please read the following and sign the Application Form below. All owners, officers, or partners must sign this application. If you have any questions, please call us at (907) 283-3335.

The information in this Loan Application is provided for the purpose of applying for funds under the KPEDD MicroLoan Program. I certify under penalty of perjury that all of the information contained in this application, and any attachments, is true, accurate and complete. I agree that if I receive a loan based on this application, and any information contained in this application is later determined to be false, inaccurate or incomplete, that the loan will be cancelled and I will be immediately liable to repay the total amount owed. I understand that personal and/or business information may be requested pursuant to this Loan Application and I hereby give my consent for such information to be provided to Kenai Peninsula Economic Development District. I also understand that the KPEDD MicroLoan Program retains the sole decision as to whether this Loan Application is approved, disapproved, or modified. It is my right to accept or decline the loan amount, rate and terms approved by the Program.

I authorize Kenai Peninsula Economic Development District to obtain a credit report on me at any time through a credit-reporting agency of its choice. I also authorize the investigation, receipt, and exchange of credit information on the guarantors, principals/owners, and the Business. I understand that I must update credit and financial information as requested if my financial information changes.

Signature  ____________________________  Printed Name & Title  ____________________________  Date

Signature  ____________________________  Printed Name & Title  ____________________________  Date

Kenai Peninsula Economic Development District is an Equal Opportunity lender. The Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, or age (provided that the applicant has the capacity to enter into a binding contract); because all or part of the applicant’s income derives from any public assistance program, or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The Federal Agency that administers compliance with this law is the Federal Trade Commission, Equal Credit Opportunity, Washington, D.C. 20580.

SECTION V: ATTACHMENTS

Before this application is considered complete, the following information will need to be included:

☐ 1. Completed Business Plan (outline available – required for businesses with less than three years history)
☐ 2. Company tax returns & financial statements for the past three years (if applicable).
☐ 3. Current company interim statements
☐ 4. Personal financial statement for all business owners
☐ 5. Personal tax returns for the past two years for all business owners
☐ 6. Bank statements for the past three months – business and/or personal
☐ 7. Resumes for all owners and management
☐ 8. Copies of permits, business licenses, and sales tax compliance
☐ 9. Completed IRS Form 4506 “Request for Copy or Transcript of Tax Form”
☐ 10. Company product/service brochures (if available)

Business Ownership Classification: (enter all that apply)

____ White  ____ Black  ____ American Indian/Alaskan Native  ____ Hispanic
____ Asian/Pacific Islander  ____ Hasidic Jew  ____ Female  ____ Male

Kenai Peninsula Economic Development District, Inc. 14896 Kenai Spur Highway, Suite 103-A, Kenai, Alaska 09911-7014
Phone: (907) 283-3335 Fax: (907) 283-3913 www.kpedd.org
Last updated: 12/2002
# PERSONAL FINANCIAL STATEMENT AS OF _____

**SUBMITTED TO:**

## PERSONAL INFORMATION

<table>
<thead>
<tr>
<th>APPLICANT (NAME)</th>
<th>CO-APPLICANT (NAME)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Employer</strong></td>
<td><strong>Employer</strong></td>
</tr>
<tr>
<td><strong>Address of Employer</strong></td>
<td><strong>Address of Employer</strong></td>
</tr>
<tr>
<td><strong>Business Phone No.</strong></td>
<td><strong>Business Phone No.</strong></td>
</tr>
<tr>
<td><strong>No. of Years with Employer</strong></td>
<td><strong>No. of Years with Employer</strong></td>
</tr>
<tr>
<td><strong>Title/Position</strong></td>
<td><strong>Title/Position</strong></td>
</tr>
<tr>
<td><strong>Name of previous employer &amp; position (if with current employer less than 3 yrs.)</strong></td>
<td><strong>Name of previous employer &amp; position (if with current employer less than 3 yrs.)</strong></td>
</tr>
<tr>
<td><strong>No. of Yrs.</strong></td>
<td><strong>No. of Yrs.</strong></td>
</tr>
<tr>
<td><strong>Home Address</strong></td>
<td><strong>Home Address</strong></td>
</tr>
<tr>
<td><strong>Home Phone No.</strong></td>
<td><strong>Home Phone No.</strong></td>
</tr>
<tr>
<td><strong>Social Security No.</strong></td>
<td><strong>Social Security No.</strong></td>
</tr>
<tr>
<td><strong>Date of Birth</strong></td>
<td><strong>Date of Birth</strong></td>
</tr>
<tr>
<td><strong>Name, Phone No. of your Accountant</strong></td>
<td><strong>Name, Phone No. of your Accountant</strong></td>
</tr>
<tr>
<td><strong>Name, Phone No. of your Attorney</strong></td>
<td><strong>Name, Phone No. of your Attorney</strong></td>
</tr>
<tr>
<td><strong>Name, Phone No. of your Investment Advisor/Broker</strong></td>
<td><strong>Name, Phone No. of your Investment Advisor/Broker</strong></td>
</tr>
<tr>
<td><strong>Name, Phone No. of your Insurance Advisor</strong></td>
<td><strong>Name, Phone No. of your Insurance Advisor</strong></td>
</tr>
</tbody>
</table>

## Cash Income & Expenditures Statement For Year Ended _____

(Omit cents)

<table>
<thead>
<tr>
<th><strong>ANNUAL INCOME</strong></th>
<th><strong>AMOUNT ($)</strong></th>
<th><strong>ANNUAL EXPENDITURES</strong></th>
<th><strong>AMOUNT ($)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Salary (applicant)</strong></td>
<td>$</td>
<td><strong>Federal Income and Other Taxes</strong></td>
<td>$</td>
</tr>
<tr>
<td><strong>Salary (co-applicant)</strong></td>
<td>$</td>
<td><strong>State Income and Other Taxes</strong></td>
<td>$</td>
</tr>
<tr>
<td><strong>Bonuses &amp; Commissions (applicant)</strong></td>
<td>$</td>
<td><strong>Rental Payments, Co-op, or Condo Maintenance</strong></td>
<td>$</td>
</tr>
<tr>
<td><strong>Bonuses &amp; Commissions (co-applicant)</strong></td>
<td>$</td>
<td><strong>Mortgage Payments</strong></td>
<td><strong>Residential Investment</strong></td>
</tr>
<tr>
<td><strong>Rental Income</strong></td>
<td>$</td>
<td><strong>Property Taxes</strong></td>
<td><strong>Residential Investment</strong></td>
</tr>
<tr>
<td><strong>Interest Income</strong></td>
<td>$</td>
<td><strong>Interest &amp; Principal Payments on Loans</strong></td>
<td>$</td>
</tr>
<tr>
<td><strong>Dividend Income</strong></td>
<td>$</td>
<td><strong>Insurance</strong></td>
<td>$</td>
</tr>
<tr>
<td><strong>Capital Gains</strong></td>
<td>$</td>
<td><strong>Investments (including tax shelters)</strong></td>
<td>$</td>
</tr>
<tr>
<td><strong>Partnership Income</strong></td>
<td>$</td>
<td><strong>Alimony/Child Support</strong></td>
<td>$</td>
</tr>
<tr>
<td><strong>Other Investment Income</strong></td>
<td>$</td>
<td><strong>Tuition</strong></td>
<td>$</td>
</tr>
<tr>
<td><strong>Other Income (List)</strong></td>
<td>$</td>
<td><strong>Other Living Expenses</strong></td>
<td>$</td>
</tr>
<tr>
<td><strong>Other Income (List)</strong></td>
<td>$</td>
<td><strong>Medical Expenses</strong></td>
<td>$</td>
</tr>
<tr>
<td><strong>TOTAL INCOME &gt;</strong></td>
<td>$</td>
<td><strong>Other Expense (List)</strong></td>
<td>$</td>
</tr>
</tbody>
</table>

Any significant changes expected in the next 12 months?  □ Yes  □ No (If yes, attach information.)

**Income from alimony, child support, or separate maintenance income need not be revealed if the applicant or co-applicant does not wish to have it considered as a basis for repaying this obligation.**