



*Leadership to enhance, foster
and promote economic development*

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: _____
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: _____
6. Gross Monthly Income: _____
7. Date of Birth: _____
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: _____
6. Gross Monthly Income: _____
7. Date of Birth: _____
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

PERSONAL FINANCIAL STATEMENT AS OF _____

Date

SUBMITTED TO: _____

PERSONAL INFORMATION							
APPLICANT (NAME)				CO-APPLICANT (NAME)			
Employer				Employer			
Address of Employer				Address of Employer			
Business Phone No.	No. of Years with Employer	Title/Position		Business Phone No.	No. of Years with Employer	Title/Position	
Name of previous employer & position (if with current employer less than 3 yrs.)			No. of Yrs.	Name of previous employer & position (if with current employer less than 3 yrs.)			No. of Yrs.
Home Address				Home Address			
Home Phone No.	Social Security No.	Date of Birth		Home Phone No.	Social Security No.	Date of Birth	
Name, Phone No. of your Accountant				Name, Phone No. of your Accountant			
Name, Phone No. of your Attorney				Name, Phone No. of your Attorney			
Name, Phone No. of your Investment Advisor/Broker				Name, Phone No. of your Investment Advisor/Broker			
Name, Phone No. of your Insurance Advisor				Name, Phone No. of your Insurance Advisor			

Cash Income & Expenditures Statement For Year Ended _____ (Omit cents)

ANNUAL INCOME	AMOUNT (\$)
Salary (applicant)	\$
Salary (co-applicant)	
Bonuses & Commissions (applicant)	
Bonuses & Commissions (co-applicant)	
Rental Income	
Interest Income	
Dividend Income	
Capital Gains	
Partnership Income	
Other Investment Income	
Other Income (List)**	
TOTAL INCOME >	\$

ANNUAL EXPENDITURES	AMOUNT (\$)
Federal Income and Other Taxes	\$
State Income and Other Taxes	\$
Rental Payments, Co-op, or Condo Maintenance	
Mortgage Payments	Residential Investment
Property Taxes	Residential Investment
Interest & Principal Payments on Loans	
Insurance	
Investments (including tax shelters)	
Alimony/Child Support	
Tuition	
Other Living Expenses	
Medical Expenses	
Other Expense (List)	
TOTAL EXPENDITURES >	\$

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.