

**NORTH CENTRAL WASHINGTON BUSINESS LOAN FUND**

P.O. Box 3032

Chelan, WA 98816

**Application for Financing**

Date: \_\_\_\_\_

Loan Amount Requested: \$ \_\_\_\_\_

Application for:	1 <sup>st</sup> Loan	2 <sup>nd</sup> Loan	3 <sup>rd</sup> Loan	4 <sup>th</sup> Loan
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**SECTION A – CREDIT INFORMATION REGARDING APPLICANT**

Name: \_\_\_\_\_ Birthdate: \_\_\_/\_\_\_/\_\_\_ SS# \_\_\_\_\_  
(Last, First, Middle Initial)

Spouse: \_\_\_\_\_ Birthdate: \_\_\_/\_\_\_/\_\_\_ SS# \_\_\_\_\_  
(Last, First, Middle Initial)

Phone: \_\_\_\_\_ Business Name: \_\_\_\_\_

Email Address: \_\_\_\_\_ Website: \_\_\_\_\_

Present Address: \_\_\_\_\_ Years There: \_\_\_\_\_  
(Street Address, City, State, Zip Code)

Present Employer: \_\_\_\_\_ Years There: \_\_\_\_\_

Position or Title: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Spouse's Employer: \_\_\_\_\_ Spouse's Employer's Address: \_\_\_\_\_

Present Salary or Commission: \$ \_\_\_\_\_ per \_\_\_\_\_

Spouse's Salary or Commission: \$ \_\_\_\_\_ per \_\_\_\_\_

Other Income: \$ \_\_\_\_\_ per \_\_\_\_\_

Sources of Other Income: \_\_\_\_\_

Is any income listed in this section likely to be reduced in the next two years?  
\_\_\_\_\_ Yes \_\_\_\_\_ No (If yes, explain in detail on a separate sheet.)

Have you ever received credit from a bank? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, when? \_\_\_\_\_ Bank/Office \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Checking Account # \_\_\_\_\_ Institution/Branch \_\_\_\_\_

Savings Account # \_\_\_\_\_ Institution/Branch \_\_\_\_\_

Number of Dependents: \_\_\_\_\_ Ages: \_\_\_\_\_

Name of nearest relative not living with you: \_\_\_\_\_

Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_ Address: \_\_\_\_\_

Other Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

This institution is an equal opportunity provider.

**SECTION B – PERSONAL BALANCE SHEET: ASSET AND DEBT INFORMATION**

**ASSETS OWNED** (Use separate sheet if necessary.)

<i>Description of Assets</i>	<i>Value</i>	<i>Subject to Debt? Y/N</i>	<i>Name(s) of Owner(s)</i>
Cash (On hand, checking, savings)			
Automobiles (Make, Model, Year) 1. 2. 3.			
Cash Value of Life Insurance (Issuer, Face Value)			
Real Estate (Location, Date Acquired) 1. 2.			
Other (List) 1. 2.			
<b>TOTAL ASSETS</b>			

**LIABILITIES** (Outstanding debts: Include charge accounts, installment contracts, trade accounts, credit cards, rent, outstanding taxes, mortgages, etc. Use separate sheet if necessary.)

<i>Creditor</i>	<i>Type of Debt/ Account #</i>	<i>Name in Which Account Carried</i>	<i>Original Amount</i>	<i>Present Balance</i>	<i>Monthly Payments</i>	<i>Past Due? Y/N</i>
1.	Landlord or Mortgage Holder _____ Rent _____ Mortgage					
2.	Credit Card(s)					
3.	Personal Loan(s)					
4.	Car Loan					
5.	Bank Loan, Student Loan					
6.	Other (including taxes)					
<b>TOTAL DEBTS</b>						

<b>NET WORTH (ASSETS MINUS LIABILITIES):</b>	\$ _____
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**SECTION C: COST OF LIVING BUDGET**

(Please provide information for household income)

**MONTHLY EXPENSES**

REGULAR MONTHLY PAYMENTS:

Rent or mortgage: \_\_\_\_\_  
 Car (including insurance) \_\_\_\_\_  
 Appliances/TV \_\_\_\_\_  
 Home improvement \_\_\_\_\_  
 Personal Loan \_\_\_\_\_  
 Health plan \_\_\_\_\_  
 Life insurance premiums \_\_\_\_\_  
 Other insurance \_\_\_\_\_  
 Miscellaneous \_\_\_\_\_  
**TOTAL** \$ \_\_\_\_\_

HOUSEHOLD OPERATING EXPENSES:

Telephone \_\_\_\_\_  
 Gas & electricity \_\_\_\_\_  
 Water \_\_\_\_\_  
 Other household expenses  
 (repairs, maintenance, etc.) \_\_\_\_\_  
**TOTAL** \$ \_\_\_\_\_

FOOD EXPENSES:

Food at home \_\_\_\_\_  
 Food away from home \_\_\_\_\_  
**TOTAL** \$ \_\_\_\_\_

PERSONAL EXPENSES:

Clothing, cleaning, laundry \_\_\_\_\_  
 Prescriptions \_\_\_\_\_  
 Doctors & dentists \_\_\_\_\_  
 Education \_\_\_\_\_  
 Dues \_\_\_\_\_  
 Gifts & contributions \_\_\_\_\_  
 Travel \_\_\_\_\_  
 Newspapers, books, mags \_\_\_\_\_  
 Auto upkeep, gas \_\_\_\_\_  
 Spending money \_\_\_\_\_  
**TOTAL** \$ \_\_\_\_\_

TAX EXPENSES:

Federal income taxes \_\_\_\_\_  
 Personal property taxes \_\_\_\_\_  
 Other taxes \_\_\_\_\_  
**TOTAL** \$ \_\_\_\_\_

BUDGET SUMMARY:

Regular Monthly Payments \_\_\_\_\_  
 Household Operating Expenses \_\_\_\_\_  
 Food Expenses \_\_\_\_\_  
 Personal Expenses \_\_\_\_\_  
 Tax Expenses \_\_\_\_\_  
**TOTAL EXPENSE** \$ \_\_\_\_\_

CREDIT OBLIGATIONS (List regular credit obligations such as: credit cards, other regular loan payments **not shown above.**)

<i>Credit Obligation</i>	<i>Balance Owed</i>	<i>Mo. Payments</i>
1.		
2.		
3.		
4.		
<b>TOTAL</b>		

MONTHLY INCOME (List all sources of monthly household income, including yourself, and business income)

<i>Name/Relationship</i>	<i>Type/source of income</i>	<i>\$ Amount</i>
1. Self		
2.		
3.		
<b>TOTAL INCOME</b>		

**SECTION D – REFERENCES & HISTORIAL INFORMATION**

**CREDIT REFERENCES:**

List Name, Address, City, State, Phone	Amount	Date Paid
1. _____ _____		
2. _____ _____		
3. _____ _____		

**PERSONAL REFERENCES:**

List Name, Address, City, State, Phone	How Known
1. _____ _____	
2. _____ _____	
3. _____ _____	

**BANK REFERENCES:**

Bank	Branch/City	Telephone	Contact	Account Number
a. _____				
b. _____				

Are you a co-maker, endorser, or guarantor on any loan or contract? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, for whom? \_\_\_\_\_ To whom? \_\_\_\_\_

Are there any unsatisfied judgments against you? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, for whom? \_\_\_\_\_ Amount \$ \_\_\_\_\_

Have you declared bankruptcy in the last 10 years? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, where? \_\_\_\_\_ Year \_\_\_\_\_

Other obligations:  
(e.g. liability to pay alimony, child support, separate maintenance. Use separate sheet if necessary.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION E – PURPOSE OF LOAN**

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**Please give a brief description of the project:**

_____
_____
_____
_____

**FINANCING DETAILS:**

How much money do you need? _____ For how long? _____ To be used for:
Equipment (describe) _____
Working capital _____
Rent _____ Leasehold improvements _____
Inventory _____ Other _____
Where will the money to pay for the project come from (list all sources/collateral):
You: _____ Other Investors/Shareholders (List name and address):
Investor 1: _____
Investor 2: _____
Bank/Financial Institution: _____
NCWBLF Participation (sought): _____

**COLLATERAL DETAILS:**

Designate what you can offer as collateral or security if you receive this loan: Value: \$ _____
_____
_____
List any liens on this collateral: _____

**ELIGIBILITY:**

Have you been denied a loan or other financing for this project? _____ Yes _____ No
By whom: _____ Reason: _____
Does Applicant have loans/leases/commitments from other sources? _____ Yes _____ No
If yes, list date(s), lender(s), collateral and repayment terms on separate sheet.
Is Applicant involved in or threatened with any lawsuit or litigation? _____ Yes _____ No
If yes, describe on separate sheet.
Has Applicant or its principals ever been involved in bankruptcy proceedings? _____ Yes _____ No
List details: _____

**SECTION F – BUSINESS INFORMATION**

**Trade Name(s):** \_\_\_\_\_

Has business name changed, or has merger, consolidation or other substantial business change occurred during the last five years?  
 \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, describe on separate sheet.

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Principle office (if different from address): \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ State of Incorporation: \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_

Federal Employer ID# \_\_\_\_\_ WA State UBI# \_\_\_\_\_

Type of organization: \_\_\_\_\_ Proprietorship \_\_\_\_\_ Corporation (C / S) (circle one) \_\_\_\_\_ Partnership (limited/general) (circle one)

Date business was started: \_\_\_\_\_

**Principal product/service line:** \_\_\_\_\_

Market area: \_\_\_\_\_

Company Principals: (List of principal officers, stockholders, or partners)

Name	Address	Phone	% Ownership
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Employment Creation:**

a. Present employment \_\_\_\_\_

Average number of employees in past 12 months \_\_\_\_\_

Number of employees who are minority group members \_\_\_\_\_

Number of female employees \_\_\_\_\_

b. Projected employment \_\_\_\_\_

Projected number of new employees \_\_\_\_\_

Over next 12 months \_\_\_\_\_

Over next 24 months \_\_\_\_\_

**Insurance:** Name, address and phone number of insurance company \_\_\_\_\_

Owner's name: \_\_\_\_\_ Spouse: \_\_\_\_\_

Social Security # \_\_\_\_\_ Social Security # \_\_\_\_\_

Birthdate: \_\_\_\_\_ Birthdate: \_\_\_\_\_

*\*Note: This information is requested by the Credit Bureau to accurately identify persons when checking credit status.*

**Suppliers:**

Trade Supplier	Telephone	Contact
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____
d. _____	_____	_____

I certify for the purpose of obtaining credit that the information and representations contained in this application and any supplementary information are true, complete, accurate, and current, to the best of my knowledge. I also acknowledge that the loan application procedure has been reviewed with me and I understand that a loan application will not be sent to NCWBLF Loan Committee until I have submitted the completed application and additional data requested. I understand that the NCW Business Loan Fund will retain this application whether or not it is approved. NCW Business Loan Fund is authorized to check my credit and employment history and to answer questions regarding the NCWBLF's credit experience with me.

Applicant: \_\_\_\_\_  
(Name of Business)

By: \_\_\_\_\_  
(Authorized Signature)

Title: \_\_\_\_\_

The following information is requested by the Federal Government in order to monitor compliance with equal credit opportunity. You are not required to furnish this information, but are encouraged to do so. The law provides that a Lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations this Lender is required to note race and sex on the basis of visual observation or surname. If you do not wish to furnish the following information, check the box below.

**APPLICANT #1**

Race/Nation Origin: (Select one or more)

- American Indian or Alaskan Native (not Alaskan)
- Native Hawaiian or Other Pacific Islander
- Black or African American
- Other (Specify) \_\_\_\_\_

I do not wish to furnish this information

- Asian
- Hispanic or Latino
- White

Sex:  Female  Male

**APPLICANT #2**

Race/Nation Origin: (Select one or more)

- American Indian or Alaskan Native (not Alaskan)
- Native Hawaiian or Other Pacific Islander
- Black or African American
- Other (Specify) \_\_\_\_\_

I do not wish to furnish this information

- Asian
- Hispanic or Latino
- White

Sex:  Female  Male

**To be completed by interviewer:**

This application was taken by:  face-to-face interview  
 by mail  
 by telephone

\_\_\_\_\_  
Interviewer's Name (Print or type)

\_\_\_\_\_  
Interviewer's Signature

\_\_\_\_\_  
Interviewer's Phone Number

\_\_\_\_\_  
Date

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, religion, political beliefs, or disability. If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Civil Adjudication, 1400 Independence Avenue SW, Washington, D.C. 20250-9410 or call (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov).

### SUPPLEMENTAL INFORMATION TO BE SUBMITTED

In connection with this application, please submit the following information, if not already on file. Your application cannot be processed until necessary information has been received. If you have questions, call (509) 860-4330 for assistance.

- A. Articles of Incorporation, Partnership Agreement, or other organizational documents
- B. A copy of Applicant's Bylaws currently in effect, with all amendments to date
- C. Business plan
- D. Copy of latest interim balance sheet and income statement
- E. Fiscal year-end balance sheets and income statements for previous three (3) years
- F. Balance sheet and income statement as of the time of the application; a pro-forma balance sheet as of the closing of the loan; and a pro-forma balance sheet for the end of the first year of operations
- G. Cash-flow forecast for next 12 months and pro-forma statement and budgets (with assumptions)
- H. List of all affiliates, subsidiaries, parent or sponsoring organizations
- I. Appraisals and tax assessment information on any real estate offered as collateral
- J. Copy of equipment/furniture/fixture listing (including model and serial numbers) for items offered as collateral
- K. Copy of aging accounts receivable, if offered as collateral
- L. Detailed breakdown of inventory, if offered as collateral
- M. Personal financial statement of owner(s) or principal(s)
- N. Two most recent personal income tax returns for owner(s) or principal(s) with Schedule C for existing proprietorships
- O. Copy of agreement of sale, earnest money agreement, option, etc. (if loan proceeds are to be used as purchase money) or copy of lease
- P. Contractor estimates and schedule (if loan proceeds are to be used for remodel or renovation) and a detailed breakdown of construction costs
- Q. If the applicant is a franchise, a copy of the Franchise Agreement and a copy of the Federal Trade Commission Disclosure Report on the Franchiser
- R. Schedule of officer compensation (including salaries, fees, dividends, and withdrawals if not clearly stated on financial statements)
- S. If request is for purchase of existing business, financial statements and/or tax returns for last three (3) fiscal years and a current financial statement is required from the business being acquired
- T. Prior business tax returns, if a business
- U. Bank statements (if applicable)
- V. Utility, rent/mortgage, credit card, car loan or other payment receipts (if applicable)