

Business Loan Fund of Mesa County, Inc.

2591 Legacy Way

Grand Junction, CO 81503

(970) 243-5242 Phone (970) 241-0771 Fax

www.gjincubator.org

BUSINESS LOAN APPLICATION

(Proprietor, partners, officers, directors and all shareholders of outstanding stock – 100% of ownership must be shown).

| | | |
|---|---|---------------------------|
| Name | | Phone # () |
| | | Cell # () |
| Residence | | |
| Name of Business | | Tax ID# |
| Business Street Address | | Telephone # () |
| City | County | State |
| | | Zip |
| | | Date Established |
| E-Mail Address: | | Web Site: |
| | | Dunn & Bradstreet Number: |
| Structure: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> S Corporation <input type="checkbox"/> C Corporation | Type: <input type="checkbox"/> Agriculture <input type="checkbox"/> Transportation <input type="checkbox"/> Finance, <input type="checkbox"/> Mining <input type="checkbox"/> Wholesale Trade Insurance, & <input type="checkbox"/> Construction <input type="checkbox"/> Retail Trade Real Estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Services <input type="checkbox"/> Other | |

MANAGEMENT

Use a separate sheet if necessary.

| Name | Social Security Number | Address & Telephone | % Owned | Military Service From ---- To | Race | Sex |
|------|------------------------|---------------------|---------|----------------------------------|------|-----|
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PROJECT DESCRIPTION

JOB CREATION / RETENTION FOR FULL TIME EQUIVALENT EMPLOYEES (FTE)

How many FTE's are currently employed by your business? _____
 How many new FTE jobs will be created? _____
 How many FTE jobs will be retained? _____
 How many of the FTE jobs created will be filled by low/moderate income persons? _____
 How many of the FTE jobs retained will be filled by low/moderate income persons? _____

Mesa County's classification for low / moderate income persons:
 (determined by household income at the time of hiring)

| <u>Household Size:</u> | <u>Moderate Income Limit:</u> |
|------------------------|-------------------------------|
| 1 person | \$52,750 |
| 2 persons | \$60,300 |
| 3 persons | \$67,850 |
| 4 persons | \$75,350 |
| 5 persons | \$81,400 |
| 6 persons | \$87,450 |
| 7 persons | \$93,450 |
| 8 persons | \$99,500 |

(Revised 04/01/2024)

BUSINESS CREDIT REFERENCES

(include name, address, telephone, contact person, # of years associated, & high credit limits)

| |
|--------------|
| Banks |
| Trades |
| Credit Cards |

LOAN FEES

Origination Fee and Application Fee Assessed at Closing **2.0%** + **\$65.00** + Related Filing Fees

I authorize Lender to make inquires as necessary to verify the accuracy of the statements made and to determine my credit worthiness. I certify the above information and 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.

Signed: _____ Date: _____

By: _____

Signed: _____ Date: _____

By: _____

Section 3. Stocks and Bonds. (Use attachments if necessary. Each attachment must be identified as a 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 Owned. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed).

| | Property A | Property B | Property C |
|-----------------------------------|------------|------------|------------|
| Type of Property | | | |
| Name & Address of Title Holder | | | |
| Date Purchased | | | |
| Original Cost | | | |
| Present Market Value | | | |
| Name & Address of Mortgage Holder | | | |
| Mortgage Account Number | | | |
| Mortgage Balance | | | |
| Amount of Payment per Month/Year | | | |

Section 5. Other Personal Property & Other Assets.

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

| |
|--|
| |
|--|

Section 6. Unpaid Taxes. (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches).

| |
|--|
| |
|--|

Section 7. Other Liabilities. (Describe in detail).

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Section 8. Life Insurance Held. (Give face amount and cash surrender value of policies – name of Insurance company and beneficiaries).

| |
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|--|

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 and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001).

| Signature: | Date: | Social Security Number: |
|------------|-------|-------------------------|
| | | |
| | | |

COST OF LIVING BUDGET

Regular Monthly Payments

| | |
|--|----------|
| House payments (principal, interest, taxes, insurance) or rent | \$ _____ |
| Car Payments (including insurance) | \$ _____ |
| Appliance, TV payments | \$ _____ |
| Home improvement loan payments | \$ _____ |
| Personal loan, credit card payments | \$ _____ |
| Health plan payments | \$ _____ |
| Life Insurance premiums | \$ _____ |
| Other Insurance premiums | \$ _____ |
| TOTAL | \$ _____ |

Household Operating Expenses

| | |
|--|----------|
| Telephone | \$ _____ |
| Gas & Electricity | \$ _____ |
| Water | \$ _____ |
| Other household expenses, repairs, maintenance | \$ _____ |
| TOTAL | \$ _____ |

Personal Expense

| | |
|------------------------------|----------|
| Clothing, cleaning, laundry | \$ _____ |
| Prescription medication | \$ _____ |
| Physicians, dentists | \$ _____ |
| Education | \$ _____ |
| Dues | \$ _____ |
| Gifts & contributions | \$ _____ |
| Travel | \$ _____ |
| Newspapers, magazines, books | \$ _____ |
| Auto upkeep & gas | \$ _____ |
| Spending money & allowances | \$ _____ |
| Miscellaneous | \$ _____ |
| TOTAL | \$ _____ |

Food Expense

| | |
|-----------------------|----------|
| Food – at home | \$ _____ |
| Food – away from home | \$ _____ |
| TOTAL | \$ _____ |

Tax Expense

| | |
|--------------------------------|----------|
| Federal and State Income taxes | \$ _____ |
| Other taxes not included above | \$ _____ |
| TOTAL | \$ _____ |

TOTAL MONTHLY EXPENSES \$ _____

BUDGET SUMMARY

| | |
|---|----------|
| Monthly Total Income (Gross) | \$ _____ |
| Less Total Monthly Expenses: | \$ _____ |
| Excess/Deficiency of Income over Expenses | \$ _____ |

PERSONAL FINANCIAL STATEMENT

I (we) understand that the following questions are addressed to me (us) and I (we) have answered them as appropriate.

Yes No

- ___ ___ 1. Are you named as beneficiary of a trust, will, or estate?
- ___ ___ 2. Are any of the assets listed herein held under a trust agreement of any type, held in an estate, or any other name or capacity? Please detail in "Additional Remarks" below.
- ___ ___ 3. Are any of the assets listed herein on deposit, located, or otherwise held outside the United States of America?
- ___ ___ 4. Do any of your assets secure any debts that have not been reported on the following schedules?
- ___ ___ 5. Are any of the assets listed herein located in the community property states of Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, or Washington?
- ___ ___ 6. Are any of your real estate properties used by you in your business?
- ___ ___ 7. Have you ever filed for personal bankruptcy, had property you owned foreclosed, or made a settlement or an assignment for the benefit of creditors?
- ___ ___ 8. Has any corporation or partnership in which you are (were) a major owner or a general partner ever filed bankruptcy, had property it owned foreclosed, or made a settlement or assignment for the benefit of creditors?
- ___ ___ 9. Are you, or any corporation or partnerships in which you are a major owner or general partner, a party to any suit or legal action, or are there any unsatisfied judgments against you?
- ___ ___ 10. Personal income tax returns have been filed through 20___. Are any income tax returns, whether personal or that of any corporation or major partnership that you are a major owner of or a general partner, currently being audited or contested?
- ___ ___ 11. Are you an officer, director, or principal shareholder of a financial institution?
- ___ ___ 12. Are you a U.S. Citizen?

I (we) have explained fully under "Additional Remarks" on this page (or an attachment) my (our) "Yes" answers to the foregoing questions.

Additional Remarks

Signed: _____

Date: _____

Signed: _____

Date: _____

Revolving Loan Fund of Mesa County Resume Form

Print or Write Neatly

A very important consideration for RLF, as part of the loan application review process, is the management background and experience of the principals involved with the major business applying for financing. Please provide/attach resumes for any key managers/owners who are involved with the active business involved with this loan application OR complete this fill-in-the-blanks form.

Please make additional copies of this form if needed.

Name:

Address:

Telephone :

Email Address:

Military Service Background: n/a

Branch: _____ From: _____ To: _____

Rank at Discharge: _____

Are you employed by the US Government? Yes No

If "yes" give the name of agency and position: _____

Race

- African American _____
- Puerto Rican _____
- Native American _____
- Hispanic _____
- Asian/Pacific Islander _____
- Eskimo/Aleut _____
- Undetermined _____
- Caucasian _____
- Multi-Ethnic _____

Education (College or Technical Training):

| Name/Location | Dates Attended | Major | Degree or Certificate |
|---------------|----------------|-------|-----------------------|
| | | | |

| Name/Location | Dates Attended | Major | Degree or Certificate |
|---------------|----------------|-------|-----------------------|
| | | | |

Work Experience (list chronologically, beginning with present employment):

| Name of Company | City/State | From | To | Title/Duties |
|-----------------|------------|------|----|--------------|
| | | | | |

| Name of Company | City/State | From | To | Title/Duties |
|-----------------|------------|------|----|--------------|
| | | | | |

| Name of Company | City/State | From | To | Title/Duties |
|-----------------|------------|------|----|--------------|
| | | | | |

| Name of Company | City/State | From | To | Title/Duties |
|-----------------|------------|------|----|--------------|
| | | | | |