

The Corporation for Economic Development in Des

Company Information

Company name _____

Address _____ City _____ State _____ Zip _____

Principal in charge _____ Phone () _____ Fax () _____

Secondary contact person _____ Phone () _____ Fax () _____
(IN-HOUSE CONTROLLER OR BOOKKEEPER)

Type of business _____ Date established _____

Type of entity (check one): Proprietorship Partnership Corporation LLC

Company Ownership

Name _____ Title _____ % of Ownership _____

Name _____ Title _____ % of Ownership _____

Name _____ Title _____ % of Ownership _____

Affiliate Businesses

IF APPLICABLE

Name _____ Owner _____ % of Ownership _____
(APPLICANT COMPANY OR INDIVIDUALS)

Name _____ Owner _____ % of Ownership _____
(APPLICANT COMPANY OR INDIVIDUALS)

If a corporation, please indicate who is President and Secretary

Existing Business Locations

Address _____ Square feet _____ Lease payment _____ Lease expiration _____

Address _____ Square feet _____ Lease payment _____ Lease expiration _____

Replaced by new facility? _____

Replaced by new facility? _____

References

Bank name _____ Acct. no. _____ Acct. officer _____ Phone _____

Accountant _____ Firm name _____ Phone _____

Attorney _____ Firm name _____ Phone _____

Trade references _____ Contact Person _____ Phone _____

Nature of Your Business

Nature of your business _____

Type of products or services (include any catalogs or brochures) _____

Geographic market area _____

List key customers _____

List major competitors _____

Project Information

Street address of project _____

City _____ State _____ Zip _____ County _____

What is the square footage of the new building? _____ What is the square footage your company will occupy?*

* Please note -- We require your company to occupy 51% of an existing building and 60% of a new building.

Escrow closing date _____ Realtor's name _____ Phone _____

If known, how will the property be vested (i.e. individually, husband and wife, partnership, LLC, corporation, trust ...) _____

Please provide appropriate document (i.e. Partnership Agreement, LLC documents, Articles of Incorporation, Trust Agreement ...)

Total Project Costs

Purchase existing building

Purchase price \$ _____

Improvements \$ _____

Equipment* \$ _____

Other \$ _____

Total..... \$ _____

Construction Project

Land acquisition \$ _____

Construction bid \$ _____

Architects, permits, other soft costs \$ _____

Equipment* \$ _____

Other..... \$ _____

Total..... \$ _____

* Please note -- equipment to be financed must have a useful life of 10 years or greater.

If there are any tenants that will remain in the building, please provide the following information: Also, please have your realtor provide copies of all existing leases.

Tenant name	Square footage	Lease expiration	Rent amount

Business Debt Schedule

Indebtedness: Furnish the following information on all installment debts, contracts, notes, and mortgages payable. Do not include accounts payable or accrued liabilities.

Company Name _____ Date _____ *

Creditor Name/address	Original amount	Original date	Present balance	Interest rate	Maturity date	Monthly payment	Security	Current or delinquent
Total present balance**				Total monthly payment				

* Should be the same date as current financial statement.

** Total must agree with balance shown on current financial statement.

Employee Questionnaire

Number of current employees _____

Estimated number of new employees within the next two years as a result of this project _____

Key employees

Name	Title	Responsibilities	Years with company	Years in the industry

Miscellaneous Questions

Have you or any officer of your company ever been involved in bankruptcy or insolvency proceedings? _____

Are you or your business involved in any pending or prior lawsuits? _____ *If yes, please provide details on a separate sheet.*

Have you ever received a SBA loan? _____ *If yes, please provide a copy of the SBA Loan Authorization Document and the following:*

Original Amount \$ _____ Date of the loan _____

Current Balance \$ _____ Status _____

Has the applicant business or businesses owned or controlled by the applicant or any of it's associates which previously owned, operated or controlled a business defaulted on a Federal loan, causing a loss to the government (including SBA, FHA,USDA, student loans, etc?) _____

If yes, please provide details including name of agency, loan amount, original date and amount, and the amount of the loss to the government.

Checklist

Business Information

<input type="checkbox"/> Business financial statements for the last three years
<input type="checkbox"/> Projections (if business is less than three years old)
<input type="checkbox"/> Interim financial statement dated within the last 45 days
<input type="checkbox"/> Business debt schedule (form attached)
<input type="checkbox"/> Federal tax returns for the last three years
<input type="checkbox"/> Articles of Incorporation, Amendments thereto, and By-Laws (if corporation)
<input type="checkbox"/> Articles of Organization and Operating Agreement (if LLC)
<input type="checkbox"/> Partnership Agreement (if partnership)
<input type="checkbox"/> Business License <i>and</i> Fictitious Business Name Statement (if proprietorship)
<input type="checkbox"/> Franchise Agreement

Personal information (for each owner of 20% or greater)

<input type="checkbox"/> Personal tax returns for the last three years
<input type="checkbox"/> Personal resume (form attached)
<input type="checkbox"/> Personal financial statement (form attached)
<input type="checkbox"/> Photocopy of driver's license/I.D. card

Real estate information

<input type="checkbox"/> Real Estate Purchase Agreement or settlement sheet
<input type="checkbox"/> Construction cost budget and/or equipment invoices
<input type="checkbox"/> Existing environmental studies

Authorization to Release Information

I/We hereby authorize the release to The Corporation for Economic Development in Des Moines of any information they may require at any time for any purpose related to my/our credit transaction with them.

I/We further authorize The Corporation for Economic Development in Des Moines to release such information to any entity they deem necessary for any purpose related to my/our credit transaction with them.

I/We hereby certify that the enclosed information, including any attachments or exhibits provided here within or at a later date, is valid and correct to the best of my/our knowledge.

Name of applicant(s) _____

Signature of applicant(s) _____ Date _____

Name of applicant(s) _____

Signature of applicant(s) _____ Date _____

Personal Resume Form

TO BE COMPLETED BY EACH PRINCIPAL INVOLVED IN THE LOAN.

Name _____
FIRST MIDDLE MAIDEN LAST

Date of birth* _____ Place of birth _____ Race* _____ Social Security No. _____

U.S. Citizen -- if not, please provide alien registration number _____

Home address _____ City _____ State _____ Zip _____

From _____ To _____ Home phone _____ Business phone _____

Immediate past address _____ City _____ State _____ Zip _____

From _____ To _____

Are you employed by the U.S. Government? _____ If so, give the name of the agency and position _____

Spouse's name _____
FIRST MIDDLE MAIDEN LAST

Date of birth _____ Place of birth _____ Race _____ Social Security No. _____

Personal information

Be sure to answer the next three questions correctly because they are important. The fact that you have an arrest or conviction record will not necessarily disqualify you; an incorrect answer will probably cause your application to be turned down.

Are you presently under indictment, on parole or probation? Yes No

Have you ever been charged with or arrested for any criminal offense other than a minor vehicle violation? Include offenses which have been dismissed, discharged, or nolle prosequi. (All arrests and charges must be disclosed and explained on an attached sheet) Yes No

Have you ever been convicted, placed on pretrial diversion, or placed on any form of probation, including adjudication withheld pending probation, for any criminal offense other than a minor motor vehicle violation? Yes No

If yes to any of the above, furnish details in a separate exhibit. List name(s) under which held.

Military service background

Branch _____ From _____ To _____

Rank at discharge _____ Honorable? _____

Job description _____

* This data is collected for statistical purposes only. It has no bearing on the credit decision. Disclosure is voluntary.

Work experience

List chronologically, beginning with present employment

Name of company _____ % of business owned _____

Full address _____ City _____ State _____ Zip _____

From _____ To _____ Title _____ Duties _____

Name of company _____ % of business owned _____

Full address _____ City _____ State _____ Zip _____

From _____ To _____ Title _____ Duties _____

Name of company _____ % of business owned _____

Full address _____ City _____ State _____ Zip _____

From _____ To _____ Title _____ Duties _____

Education (College or Technical Training)

Name and Location	Dates Attended	Major	Degree or Certificate
1. _____	_____	_____	_____
Comments _____			
2. _____	_____	_____	_____
Comments _____			
3. _____	_____	_____	_____
Comments _____			
4. _____	_____	_____	_____
Comments _____			

Personal Financial Statement

As of _____, 20__

Complete this form for: (1) each proprietor, or (2) each limited partner who owns 20% or more interest and each general partner, or (3) each stockholder owning 20% or more of voting stock and each corporate officer and director, or (4) any other person or entity providing a guaranty on the loan.

Name _____ Home phone _____ Business phone _____

Home address _____ City _____ State _____ Zip _____

Business name of applicant/borrower _____

Assets	OMIT CENTS	Liabilitie	OMIT CENTS
Cash on hand and in banks.....	\$ _____	Accounts payable	\$ _____
Savings accounts	\$ _____	Notes payable to banks and others..... (Describe in Section 2)	\$ _____
IRA or other retirement account	\$ _____	Installment account (Auto)	\$ _____
Accounts and notes receivable	\$ _____	Monthly payments	
Life insurance-cash surrender value only..... (Complete Section 8)	\$ _____	Installment account (Other).....	\$ _____
Stocks and bonds.....	\$ _____	Monthly payments	
(Describe in Section 3)		Loan on life insurance	\$ _____
Real estate	\$ _____	Mortgages on real estate	\$ _____
(Describe in Section 4)		(Describe in Section 4)	
Automobile-present value	\$ _____	Unpaid taxes.....	\$ _____
Other personal property	\$ _____	(Describe in Section 6)	
(Describe in Section 5)		Other liabilities	\$ _____
Other assets	\$ _____	(Describe in Section 7)	
(Describe in Section 5)		Total liabilities	\$ _____
		Net worth	\$ _____
Total	\$ _____	Total	\$ _____

Section 1. Source of Income	Contingent Liabilities
Salary.....	As endorser or co-maker
Net investment income	Legal claims & judgments.....
Real estate income.....	Provision for federal income tax
Other income (Describe below)*	Other special debt.....

Description of Other Income in Section 1.

*Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.

Section 2. Notes Payable to Banks and Others USE ATTACHMENTS IF NECESSARY. EACH ATTACHMENT MUST BE IDENTIFIED AS A PART OF THIS STATEMENT AND SIGNED.

Name and address of noteholders	Original balance	Current balance	Payment amount	Frequency (monthly, etc.)	How secured or endorsed type of collateral

Section 3. Stock 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 LIST EACH PARCEL SEPERATELY. 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			
Owner			
Property address			
Date purchased			
Original cost			
Present market value			
Mortgage holder			
Address of mortgage holder			
Mortgage account number			
Mortgage balance			
Amount of payment per month/year			
Status of mortgage			

Section 5. Other Personal Property and Other 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.

Section 8. Life Insurance Held GIVE FACE AMOUNT AND CASH SURRENDER VALUE OF POLICIES--NAME OF INSURANCE COMPANY AND BENEFICIARIES.

I authorize SBA/Lender to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above 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 FA statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 10001).

Signature _____ Date _____ Social Security Number _____

Signature _____ Date _____ Social Security Number _____