

ACDSI Small Business Loan Fund Application Form

Please provide the following. If more space is needed, attach additional sheets to this application.

SECTION I – LOAN APPLICANT INFORMATION

PERSONAL INFORMATION – APPLICANT #1

Name: _____	
Address: _____	
<input type="checkbox"/> Own <input type="checkbox"/> Rent	No. Years: _____ Monthly payment: \$ _____
<i>If fewer than two years at present address, please complete:</i>	
Former Address: _____	
<input type="checkbox"/> Own <input type="checkbox"/> Rent	No. Years: _____ Monthly payment: \$ _____
Social Security # _____ <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated	
Home Phone # _____	Driver License # _____
Work Phone # _____	Email Address: _____
Dependents <input type="checkbox"/> Yes <input type="checkbox"/> No How Many? _____	
<i>The following information is required by the Federal Government for certain types of loans in order to monitor the lenders compliance with Equal Credit Opportunities and Fair Housing Disclosure laws. 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 gender on the basis of visual observation or surname. If you do not wish to furnish the above information, please check the appropriate box below.</i>	
Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	
Race: <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> African American <input type="checkbox"/> American Indian	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
<input type="checkbox"/> Not Offering Information	

PERSONAL INFORMATION – APPLICANT #2

Name: _____	
Address: _____	
<input type="checkbox"/> Own <input type="checkbox"/> Rent	No. Years: _____ Monthly payment: \$ _____
Social Security # _____ <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated	
Home Phone # _____	Driver License # _____
Work Phone # _____	

Applicant #1 initials: _____ Date: _____

EMPLOYMENT INFORMATION FOR LAST 3 YEARS OR LAST 3 POSITIONS HELD – APPLICANT #1

Employer's Name:	
Address: _____ _____	Telephone number: _____
Employment dates: _____	Last position: _____
Supervisor: _____	Monthly income: \$ _____

Employer's Name:	
Address: _____ _____	Telephone number: _____
Employment dates: _____	Last position: _____
Supervisor: _____	Monthly income: \$ _____

Employer's Name:	
Address: _____ _____	Telephone number: _____
Employment dates: _____	Last position: _____
Supervisor: _____	Monthly income: \$ _____

EMPLOYMENT INFORMATION FOR LAST 3 YEARS OR LAST 3 POSITIONS HELD – APPLICANT #2

Employer's Name:	
Address: _____ _____	Telephone number: _____
Employment dates: _____	Last position: _____
Supervisor: _____	Monthly income: \$ _____

EMPLOYMENT INFORMATION FOR LAST 3 YEARS OR LAST 3 POSITIONS HELD – APPLICANT #2 cont'

Employer's Name: _____	
Address: _____ _____	Telephone number: _____
Employment dates: _____	Last position: _____
Supervisor: _____	Monthly income: \$ _____

Employer's Name: _____	
Address: _____ _____	Telephone number: _____
Employment dates: _____	Last position: _____
Supervisor: _____	Monthly income: \$ _____

CORPORATION INFORMATION *(Complete if business is incorporated.)*

Corporation name: _____	
Address: _____ _____	Telephone number: _____
Board of Directors (list): _____	
EIN: _____	
Incorporation Date: _____	

OTHER SOURCES OF INCOME FOR BUSINESS – APPLICANTS #1, 2, 3

Sources of non-employment income (list): _____	
Total monthly amount: \$ _____	Termination dates (if any): _____
Comments: _____ _____ _____	

ASSETS

Checking Balance \$	Account Number	Bank Name	Account Holder(s)	Available for Collateral? No
Savings Balance \$	Account Number	Bank Name	Account Holder(s)	Available for Collateral? No
Checking Balance \$	Account Number	Bank Name	Account Holder(s)	Available for Collateral? No
Savings Balance \$	Account Number	Bank Name	Account Holder(s)	Available for Collateral? No
Other Bank Account \$	Account Number / Type of Account	Bank Name	Account Holder(s)	Available for Collateral? No
Equity in Vehicle \$	Year/Make/Model	Condition	Name(s) on Title / Lienholder(s)	Available for Collateral? <input type="checkbox"/> Y <input type="checkbox"/> N
Equity in Vehicle \$	Year/Make/Model	Condition	Name(s) on Title / Lienholder(s)	Available for Collateral? <input type="checkbox"/> Y <input type="checkbox"/> N
Equity in Equipment \$	Description	Condition	Owner(s)	Available for Collateral? <input type="checkbox"/> Y <input type="checkbox"/> N
Equity in Equipment \$	Description	Condition	Owner(s)	Available for Collateral? <input type="checkbox"/> Y <input type="checkbox"/> N
Other Assets \$	Description	Condition	Owner(s)	Available for Collateral? <input type="checkbox"/> Y <input type="checkbox"/> N
Other Assets \$	Description	Condition	Owner(s)	Available for Collateral? <input type="checkbox"/> Y <input type="checkbox"/> N
Other Assets \$	Description	Condition	Owner(s)	Available for Collateral? <input type="checkbox"/> Y <input type="checkbox"/> N
\$ Total Assets			Total Available for Collateral (must equal at least the requested loan amount) \$	

DEBTS

Creditors (credit cards, bank loans, business loans, etc.)	Balance Owed	Monthly Payment
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$

Applicant #1 initials: _____ Date: _____

SECTION II - LOAN INFORMATION

Amount of loan requested from ACDSI: \$ _____

Proposed repayment term: _____ months.

(Please refer to the Rate and Fee Schedule on the last page of this application.)

Use the space below to describe your business start-up or expansion project. Please include all pertinent details such as: a complete description of the project, the total cost of the project, how money you have already put into the project, how much money you have available to invest in the business, and how this project will benefit your business.

If the requested loan is for equipment, a vehicle, furniture, fixtures, or inventory, please provide the following information in the list below. Attach proof of the cost of these items per Section III of this application.

EQUIPMENT/VEHICLE/FURNITURE/FIXTURES/INVENTORY

Item	Description	Amount
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
	Total	\$

Applicant #1 initials: _____ Date: _____

Have you contacted an additional lender for financing? Yes No

If yes, Lender #1 name and address: _____

Lender contact: _____ Telephone number: _____

Accepted / Rejected / Pending ? (Circle one)

If rejected, list reason(s) why, as stated by the lending institution:

Lender #2 name and address: _____

Lender contact: _____ Telephone number: _____

Accepted / Rejected / Pending ? (Circle one)

If rejected, list reason(s) why, as stated by the lending institution:

SECTION III - CHECKLIST OF ADDITIONAL INFORMATION REQUIRED

To prevent delays in the processing of your application, please include the following information with your application form.

- Business Plan (start-up business) or Strategy Plan (existing business)
- Start-up business: at least 3 years of projected financial statements showing loan repayment
- Existing business: 3-5 years (or from start of business) of past financial statements and at least 3 years of projected financial statements showing loan repayment
- Prior 3 years of personal and business tax statements for all applicants
- One month's worth of most recent pay stubs for all applicants (if employed)
- Proof of value/accumulated equity for any items being used as collateral
- Proof of cost of any items being purchased with loan funds
- Recent credit report and business credit report for all applicants
- Credit repair plan for any negative credit report items
- Copies of permits, licenses, and certificates necessary for the business
- Thorough understanding of business principles through a business class, previous experience, etc.

Please provide all of the information requested in this application and add any additional information that will assist us and the loan review advisors, noting that we may request additional information or documentation if we deem it necessary to properly evaluate your application. If you have any questions, please contact us at (585) 268-7605.

Applicant #1 initials: _____ Date: _____

SECTION IV – CERTIFICATIONS

Please read the following certifications and sign below. All company owners, officers, or partners must sign.

Non-Discrimination Certification: I (we) certify that this company does not deny services, employment, or membership to persons based on political preference, race, age, religion, sex, sexual preference, handicap, or marital status.

Application Certification: I (we) certify and affirm by my (our) signature(s) below that the information supplied as part of this application is complete and current to the best of my (our) knowledge. I (we) further understand that intentional misrepresentation of facts may be the basis for denial of credit.

Release of Information: I (we) authorize ACDSI, ACCORD Corporation, and other program sponsoring agencies to obtain credit reports, contact the company's financial institution, and perform other related activities for reasonable evaluation of the loan proposal.

Company Name: _____

(Applicant #1) Signature / Print Name Date

(Applicant #2) Signature / Print Name Date

(Applicant #3) Signature / Print Name Date

Applicant #1 initials: _____ Date: _____

Allegany Community Development Services, Inc. (ACDSI)

RATE AND FEE SCHEDULE

Loan Amount	Term
\$3,500	1-2 years
\$5,000	1-3 years
\$7,500	1-4 years
\$10,000	1-5 years
\$15,000	1-5 years
\$25,000	1-5 years

Percentage Rates

12 months	6.5%
24 months.....	6.75%
36 months.....	7.25%
48 months.....	7.5%
60 months.....	8%

Application Fees – Due prior to the evaluation of the application by the ACDSI Loan Committee

Non-refundable fee	1% of loan amount, \$50 minimum
Credit Report fee	\$10 per application

Loan Fees – Due at loan closing

UCC Lien fee	\$20 per lien filed
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Check Return / ACH Insufficient Funds Fee

\$30 per unsuccessful attempt

Late Fee

\$20 per payment more than seven days late

I have read, I understand, and I agree to the above terms:

(Applicant #1) Signature / Print Name Date

(Applicant #2) Signature / Print Name Date

(Applicant #3) Signature / Print Name Date

Revised 01/08/08 (AJ)

Applicant #1 initials: _____ Date: _____

