



real estate loan application

borrower

Name

operating company

Name														
Mailing Address														
City	State	Zip												
		County												
Phone	Fax													
Email														
Tax ID	SS#													
Date Established	NAICS Code	D&B Number												
Business Description	Amount Requested	Purpose												
<p>Legal Status of Company</p> <table border="0"> <tr> <td><input type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Nonprofit Corp</td> <td><input type="checkbox"/> General Partnership</td> </tr> <tr> <td><input type="checkbox"/> Sub S-Corp</td> <td><input type="checkbox"/> Limited Liability Corp</td> <td><input type="checkbox"/> Limited Liability Partner</td> </tr> <tr> <td><input type="checkbox"/> Professional Corp</td> <td><input type="checkbox"/> Sole Proprietorship</td> <td><input type="checkbox"/> Other: _____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Limited Partnership</td> <td></td> </tr> </table>			<input type="checkbox"/> Corporation	<input type="checkbox"/> Nonprofit Corp	<input type="checkbox"/> General Partnership	<input type="checkbox"/> Sub S-Corp	<input type="checkbox"/> Limited Liability Corp	<input type="checkbox"/> Limited Liability Partner	<input type="checkbox"/> Professional Corp	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Other: _____		<input type="checkbox"/> Limited Partnership	
<input type="checkbox"/> Corporation	<input type="checkbox"/> Nonprofit Corp	<input type="checkbox"/> General Partnership												
<input type="checkbox"/> Sub S-Corp	<input type="checkbox"/> Limited Liability Corp	<input type="checkbox"/> Limited Liability Partner												
<input type="checkbox"/> Professional Corp	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Other: _____												
	<input type="checkbox"/> Limited Partnership													
Ownership/Partners Name		Ownership %												

project plan

- a. Does the project include the financing of any county or municipal public facilities beyond the boundaries of the project?
 Yes No
- If YES, are the facilities adjacent to and do they support the operations of the project? Yes No
- b. How will the project promote economic development or maintain employment in the area where the project is or will be located?
- c. How will the project promote the reduction of unemployment or underemployment in that area?
- d. Is your organization a state agency, county, municipality, or other public body? Yes No
- e. Has the project site been acquired through eminent domain during the two years immediately preceding this project plan application?
 Yes No

property

a. Briefly describe the project and the proposed timetable

b. Project Address

Address		County
City	State	Zip

c. Purchase Price

land use

- a. What is the plan's relationship to officially adopted objectives of the county or municipality?
- b. Describe proposed changes/variances from the master plan, official map, or zoning regulations or other land use regulations, codes, or ordinances.

c. Summarize current and proposed land uses, such as manufacturing, and briefly describe any proposed construction or rehabilitation.

d. Describe land uses currently prevailing in the area surrounding the proposed project site (i.e., within one-half mile of the project boundaries).

e. Discuss the impact of the project on those surrounding areas, including specific differences between land uses on the project site and land uses in surrounding areas.

f. Briefly describe any plans for the demolition and removal of existing structures.

g. Briefly describe any plans for the temporary or permanent relocation of any persons displaced by the project.

costs

description	cost \$	equipment description	new / used	
			<input type="checkbox"/> new	<input type="checkbox"/> used
Land			<input type="checkbox"/> new	<input type="checkbox"/> used
Acquisition/Construction			<input type="checkbox"/> new	<input type="checkbox"/> used
Rehabilitation			<input type="checkbox"/> new	<input type="checkbox"/> used
Equipment (describe at right)			<input type="checkbox"/> new	<input type="checkbox"/> used
Total			<input type="checkbox"/> new	<input type="checkbox"/> used
Less Equity (minimum 10%)			<input type="checkbox"/> new	<input type="checkbox"/> used
Loan Request			<input type="checkbox"/> new	<input type="checkbox"/> used

personnel

description	total number		benefits		
	full-time	part-time	<input type="checkbox"/> full-time	<input type="checkbox"/> part-time	
Minority employees			Medical	<input type="checkbox"/> full-time	<input type="checkbox"/> part-time
Women employees			Dental	<input type="checkbox"/> full-time	<input type="checkbox"/> part-time
Current employees			Savings/401k	<input type="checkbox"/> full-time	<input type="checkbox"/> part-time
Average annual wage of employees			Paid Vacation	<input type="checkbox"/> full-time	<input type="checkbox"/> part-time
Total new positions to be added			Tuition Reimbursement	<input type="checkbox"/> full-time	<input type="checkbox"/> part-time
Average wage of new positions			Paid Sick Leave	<input type="checkbox"/> full-time	<input type="checkbox"/> part-time
			Other: _____	<input type="checkbox"/> full-time	<input type="checkbox"/> part-time

Briefly describe the firm's recruitment, interviewing, and hiring practices. What efforts, if any does the firm make to assure that the applicant pool for job openings is diverse?

owners/partners		ethnicity	gender
<input type="checkbox"/> American Indian/ Alaskan Native	<input type="checkbox"/> Native Hawaiian/ Other Pacific Islander	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Female
<input type="checkbox"/> Asian	<input type="checkbox"/> White	<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Male
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Other		

legal

Have you or any officer of your company ever been involved in bankruptcy or insolvency proceedings?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you or any officer of your company even been convicted of a financial crime?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you or any officer of your company ever defaulted on a loan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you, any officer of your company, or your business involved in any pending lawsuits?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

application checklist

<input type="checkbox"/> Most recent three years' historical financial statements and tax returns (including balance sheets and income statements)	<input type="checkbox"/> An interim financial statement no more than 90 days old
<input type="checkbox"/> Most recent tax return from all individuals with an ownership interest of 20% or greater	<input type="checkbox"/> Personal Financial Statement (one is provided with the application)
<input type="checkbox"/> Business plan may be required (must include business description, products or services, business production plan, market analysis or marketing plan, organization/management plan, and financial plan)	<input type="checkbox"/> Projected financial statements for two (2) years may be required (including balance sheets and income statements)
	<input type="checkbox"/> Name and phone number of insurance agent

signatures

Electronic Signature. The electronic signature included in this Agreement, in any form, is intended to authenticate this writing, bind the parties hereto, and to otherwise have the same force and effect as a manual signature. Delivery of a copy of this Agreement bearing an original or electronic signature by electronic mail in portable document format (.pdf) form, or by any other electronic means intended to preserve the original form of the document, will have the same effect as physical delivery of the paper document bearing an original or electronic signature.

Borrower Signature

Co-borrower Signature (if applicable)

Borrower Title

Co-borrower Title (if applicable)

Date

Date