East Liverpool (OH) Community Improvement Corporation Revolving Loan Fund Application

Applicant Information

Name of Applicant	SS#
	SS#
0 1 1 ·	
Address	
Phone	Cell
Number in Family	Monthly Household Income \$
Nearest Relative	Phone
recarest netative	THORE
Personal References – wi	th phone numbers. Please list three.
	Phone
* · · · · · · · · · · · · · · · · · · ·	THORE
	Dlagona
	Phone
29	
3	Phone
Are you over 60 days deli	nquent in child support? Yes No
•	
dave vou ever heen convi	icted of a felony? Explain.

BUSINESS OVERVIEW

Business name					
Business address					
Business phone					
Description of business					
Business statusStart up-New or under 12 months Existing business over 12 months					
Business structureSole Proprietorship Partnership Limited Liability Co Corporation S Corporation C					
What percent of the business is owned by a US citizen or legal resident?					
Type of business Service Retail Wholesale Other Agricultural Manufacturing Green product/service					
Gross Annual Sales \$ # of employees					

Have you ever owned or been involved in a small business before?						
Explain						
LOAN REQUEST & COLLATERIAL						
Loan Uses		Collateral (Market Value)				
Real Estate Purchase	\$	Appraisal	\$			
Purchase Equipment	\$	New Equipment	\$			
Repair Equipment	\$	New Inventory	\$			
Leasehold improvements	\$	New furn/fixtures	\$			
Furniture/fixtures	\$	New supplies	\$			
Purchase of inventory	\$	Existing equipment	\$			
Purchase of supplies	\$	Existing Inventory	\$			
nsurance premiums	\$	Existing furniture	\$			
ees/Licenses	\$	Existing supplies	\$			
Norking capital		Land	\$			
Rent	\$	Building	\$			
Advertising	\$	Vehicles (no liens)	\$			
Deposits/Fees	\$	Real Estate	\$			
Salaries	\$	Other	\$			
otal Working Capital	\$	TOTAL Collateral	\$			
Other	\$					
TOTAL Loan Request	\$					

REQUIRED RLF APPLICATION ATTACHMENTS

- Business Plan
- Proof of Workers Compensation
- Profit & Loss statements (2 yrs)
- DUNS Number see instructions on Page 5
- * Cash flow (2 years)
- * Current balance sheet (personal & business)
- * Tax Returns (1 yr personal & business)
- * NAICS Code

APPLICATION AGREEMENT

- (a) All information in this application and the attached exhibits are true and complete to the best of my/our knowledge and is submitted to the Revolving Loan Fund Committee for its recommendation to the East Liverpool Community Improvement Corporation in order that the EL CIC may decide whether to grant a loan or to participate with a lending institution in a loan for my/our proposed project.
- (b) I/We authorize disclosure of all information submitted in connection with this application to the Revolving Loan Fund Committee and the East Liverpool Community Improvement Corporation. I/We understand that all information may be subjected to public review under public disclosure laws.
- (c) As consideration for any management and technical assistance which may be provided, I/we waive all claims against the Revolving Loan Fund Committee and the East Liverpool Community Improvement Corporation.
- (d) I/we agree to pay for any appraisal/legal costs and/or filing fees to complete my/our application.
- (e) I/we agree that the Revolving Loan Fund Committee or the East Liverpool Community Improvement Corporation may compile information through the credit bureau about my/our creditworthiness. I/we hereby submit a non-refundable application fee in the amount of \$150 with this application.

Signature	Date	-
Signature	Date	

This institution is an equal opportunity provider and employer.

The following information is requested by the Federal Government for certain types of loans, in order to monitor the lender's compliance with equal credit opportunity. You are not required to furnish this information, but are encouraged to do so. The law requires 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/ethnicity on the basis of visual observation or surname. If you do not wish to furnish the above information, please check below and initial on the line.

ETHNICITY

GENDER

Hispanic or Latino

Female

Male

Male

RACE

Asian ____

White ____

American Indian/Alaskan Native ____

Native Hawaiian or other Pacific Islander _____

Black or African American

Initials

1 choose not to furnish this information _____

In accordance with Federal Law and US Department of Agriculture policy, this institution is prohibited from discrimination on the basis of race, color, national origin, sex, age or disability. (Not all prohibited bases apply to all programs.) To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TDD).