



**SUBJECT: APPLICATION PACKAGE**

Dear Entrepreneur:

We appreciate your inquiry about the Program. The goal of our Program is to provide loans to start-up and expanding small businesses in Washington, Fayette, Greene and Westmoreland Counties in Pennsylvania and Monongalia, Harrison and Marion County in West Virginia.

Once you have reviewed this information and are ready to make a formal application for a loan under the Program we need the following, which is also listed in the application, from you:

- A.) THIS COMPLETED APPLICATION FORM AND ALL APPLICABLE ATTACHMENTS
- B.) THREE YEARS CASH FLOW PROJECTION (PRESUMING THIS LOAN)
- C.) A COPY OF YOUR BUSINESS PLAN (Free help with your plan is available; see the list in our loan brochure).
- D.) YOUR PERSONAL FEDERAL INCOME TAX RETURNS FOR THE PAST THREE YEARS

**If you are an existing business, we also need copies of:**

- A.) BUSINESS - FEDERAL TAX RETURNS FOR THE PAST THREE YEARS
- B.) PROFIT AND LOSS STATEMENT
- C.) BALANCE SHEET

**So that we may pull a credit report on you:** (copy attached and must be completed by all applicants) Sign the attached permission form and attach a \$25 check for each applicant (excluding spouses) to cover the credit inquiry(s).

**If you are applying for a loan of \$20,000 or more:** A certification that you were unable to obtain credit through other financial sources

**If the business is a corporation:** A copy of your state acknowledgement of articles on incorporation.

**If the business is a partnership:** A copy of your Partnership Agreement.

**If you plan to offer collateral:** Documentation must be available to demonstrate ownership.

Mail the completed package to:

**Washington County Council on Economic Development  
40 South Main Street, Lower Level  
Washington, Pa 15301**

Our most successful applicants supply complete application packages, demonstrate a strong potential for job creation, and show the ability to repay the loan in a timely manner. Since every business venture involves a degree of risk, an approved loan applicant may be expected to share the risk by pledging additional collateral, or in appropriate cases, a mortgage on their residence.

Once we have received your completed application and required documentation, we will arrange a site visit as quickly as possible. We look forward to working with you in the near future!

Daniel M. Reitz  
Executive Director  
(724)225-8223  
Enclosures

**APPLICATION FORM**  
**WCCED MICROLOAN PROGRAM**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**AMOUNT REQUESTED/ YEARS**

\_\_\_\_\_  
**FILE NUMBER**

If there is more than one applicant, please copy & fill out application forms for each applicant

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
BORROWER'S LAST NAME FIRST MIDDLE SOCIAL SECURITY No.      \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
DATE OF BIRTH      \_\_\_\_\_  
DAY TELEPHONE

\_\_\_\_\_  
PRESENT RESIDENCE ADDRESS      CITY      COUNTY      STATE      ZIP      \_\_\_\_\_  
HOW LONG LIVED THERE      \_\_\_\_\_  
HOME TELEPHONE

\_\_\_\_\_  
CURRENT EMPLOYER      ADDRESS      ZIP      \_\_\_\_\_  
HOW LONG WORKED THERE

\_\_\_\_\_  
PREVIOUS ADDRESS (PAST 5 YRS)      CITY      COUNTY      STATE      ZIP      \_\_\_\_\_  
NO. OF DEPENDENTS  
(Incl. self & spouse)

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
SPOUSE'S LAST NAME FIRST MIDDLE SOCIAL SECURITY No.      \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
PRESENT RESIDENCE ADDRESS      CITY      COUNTY      STATE      ZIP      \_\_\_\_\_  
EMPLOYER

\*\*\*\*\***BUSINESS INFORMATION**\*\*\*\*\*

\_\_\_\_\_  
BUSINESS NAME      TYPE OF BUSINESS      PRODUCT/SERVICE      PRIMARY LOCATION(TOWN)      \_\_\_\_\_  
MARKETING AREA

\_\_\_\_\_  
PRESENT RESIDENCE ADDRESS      CITY      COUNTY      STATE      ZIP      \_\_\_\_\_  
HOW LONG IN BUSINESS THERE?      \_\_\_\_\_  
RENT/OWN

TYPE OF BUSINESS:      Sole Proprietorship \_\_\_\_\_      \*Partnership \_\_\_\_\_      \*Corporation \_\_\_\_\_  
PRINCIPALS:      NAME:      ADDRESSES:      SPOUSES NAMES:

DESCRIPTION OF BUSINESS ACTIVITY: \_\_\_\_\_

PURPOSE OF LOAN: \_\_\_\_\_

COLLATERAL TO BE OFFERED \_\_\_\_\_

TYPES OF JOBS TO BE CREATED: \_\_\_\_\_ NO. FULL TIME: \_\_\_\_\_ NO. PART TIME: \_\_\_\_\_

EMPLOYER I.D. NO. \_\_\_\_\_ START UP? (UNDER 6 MOS) \_\_\_\_\_ EXISTING (OVER 6 MOS) \_\_\_\_\_ DATE ESTAB. \_\_\_\_\_

**THE FOLLOWING DOCUMENTS ARE REQUIRED:** (at a minimum)

- \_\_\_\_ THIS COMPLETED APPLICATION FORM AND ALL APPLICABLE ATTACHMENTS
- \_\_\_\_ THREE YEARS CASH FLOW PROJECTION (Presuming this loan)
- \_\_\_\_ A COPY OF YOUR BUSINESS PLAN (Free help with your plan is available; see the list in our loan brochure)
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\_\_\_\_\_ A certification that you were unable to obtain credit through other financial sources (copy attached)

**If the business is a corporation:**

\_\_\_\_\_ A copy of your state acknowledgement of articles on incorporation.

**If the business is a partnership:**

\_\_\_\_\_ A copy of your Partnership Agreement.

**Name, Address and phone number of three relatives not living with you:**

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

**If you plan to offer collateral:**

\_\_\_\_\_ Documentation must be available to demonstrate ownership. (If there are more items, please attach additional sheets)

Item \_\_\_\_\_ Serial Number \_\_\_\_\_

Item \_\_\_\_\_ Serial Number \_\_\_\_\_

Item \_\_\_\_\_ Serial Number \_\_\_\_\_

Item \_\_\_\_\_ Serial Number \_\_\_\_\_

Item \_\_\_\_\_ Serial Number \_\_\_\_\_

Item \_\_\_\_\_ Serial Number \_\_\_\_\_

**SBA DEMOGRAPHIC INFORMATION**

BUSINESS OWNED BY FEMALE \_\_\_\_\_ MALE \_\_\_\_\_ JOINTLY \_\_\_\_\_

VETERAN STATUS: NON-VET \_\_\_\_\_ VIET-NAM ERA \_\_\_\_\_ OTHER VET \_\_\_\_\_

RACE/ETHNICITY: WHITE \_\_\_\_\_ BLACK \_\_\_\_\_ NATIVE AMERICAN \_\_\_\_\_ HISPANIC \_\_\_\_\_

ESKIMO OR ALEUT \_\_\_\_\_ PUERTO RICAN \_\_\_\_\_ ASIAN OR PACIFIC IS \_\_\_\_\_ MULTI-GROUP \_\_\_\_\_

**TECHNICAL ASSISTANCE: (TO BE COMPLETED BY TECHNICAL ASSISTANCE PROVIDER)**

TECHNICAL ASSISTANCE PROVIDER NAME: \_\_\_\_\_ ORGANIZATION: \_\_\_\_\_

/\_/Business Plan Assistance Hrs. \_\_\_\_\_ /\_/Peer Group Training \_\_\_\_\_ /\_/Classroom Instruction Hrs \_\_\_\_\_

/\_/One-on-One Counseling Hrs. \_\_\_\_\_ /\_/ Related Issues Assistance Hrs. \_\_\_\_\_(attached) /\_/Other-Describe Hrs. \_\_\_\_\_

Signature of Applicant(s): \_\_\_\_\_ Date: \_\_\_\_\_ Email: \_\_\_\_\_

Signature of Applicant(s): \_\_\_\_\_ Date: \_\_\_\_\_ Email: \_\_\_\_\_

Signature of Applicant(s): \_\_\_\_\_ Date: \_\_\_\_\_ Email: \_\_\_\_\_

**PERMISSION FOR CREDIT INQUIRIES**

I/We authorized the Washington County Council on Economic Development (Lender) to make whatever credit inquiries are required in support of this loan application and at any time during the loan period. I/We authorize and instruct any person or consumer reporting agency to comply and furnish to Lender any information it may have or obtain in response to such credit inquiries and agree that the same will remain Lender's property whether or not a loan is granted.

I/We recognize that we are seeking a loan from a non-profit organization composed of volunteers working to help our community. In consideration of Lender reviewing this application, we hereby expressly release, waive and discharge the Washington County Council on Economic Development and its directors, officers, employees and agents from any and all claims arising out of or related to this loan application or any loan we may or may not receive, as well as any subsequent dealings we may have with the Washington County Council on Economic Development, especially with respect to any consultation and Technical Assistance which might be provided. We understand that, without this release, the Washington County Council on Economic Development will not consider our loan request.

All information set forth in this application is declared to be a true representation of the facts for the purpose of obtaining this loan, and I/We recognize that any willful misrepresentation on this application could result in criminal action.

\_\_\_\_\_  
Business Name

\_\_\_\_\_  
Borrower's Signature

\_\_\_\_\_  
Print Borrower's Name & S.S. Number

\_\_\_\_\_  
Partner or Co-signer

\_\_\_\_\_  
Print Partner or Co-signer's Name & S.S. Number

\_\_\_\_\_  
\*Suretyship Signer (Print & Sign Name)

\_\_\_\_\_  
Address

\_\_\_\_\_  
S.S. Number

\_\_\_\_\_  
\*Suretyship Signer (Print & Sign Name)

\_\_\_\_\_  
Address

\_\_\_\_\_  
S.S. Number

**WITNESS**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\*Often, in order to grant an applicant the loan requested, it is necessary for WCCED to ask for a Suretyship Signer- someone who will guarantee the loan if the Borrower is unable to pay or if the collateral offered is jointly owned.

In order for us to assure ourselves that this Surety Signer has the financial substance to back the Borrower's pledge, it is necessary for us to request a credit report on the surety Signer(s).

Therefore, if you, the Borrower, can *foresee* the need for a Surety Signer, it can measurably shorten the time to loan closing if you get their signature(s) address(s) and Social Security number(s) early in the application process.

**Please attach a check to cover the cost of credit investigations**  
**Make check payable to: WCCED**  
**Thank you**

**LOAN REQUEST CERTIFICATION FORM**

Washington County Council on  
Economic Development  
40 South Main Street; Lower Level  
Washington, PA 15301

**RE: APPLICATION**

I hereby certify that I am unable to obtain sufficient credit elsewhere to finance my actual needs at reasonable rates and terms, taking into consideration prevailing private and cooperative rates and terms in my community area.

WCCED's participation in my proposed project is essential in finalizing my overall package.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

PRINTED NAME OF APPLICANT(S) \_\_\_\_\_

SIGNATURE OF APPLICANT(S) \_\_\_\_\_ Date: \_\_\_\_\_

If statement is for both husband and wife, check here  and sign here: \_\_\_\_\_

BUSINESS INFORMATION				INCOME INFORMATION				
PRESENT EMPLOYER	Name of Employer			Salary		\$		
	Address			Bonus		\$		
	Name of Supervisor			Other		\$		
	Telephone (area code)			Other		\$		
Years there:      Position:			Other		\$			
PREVIOUS EMPLOYER	Name of Employer			CHECK ACCOUNT-Name of Bank:		BALANCE:		
	Address			SAVINGS ACCOUNT-Name of Bank		BALANCE:		
	Years there:      Position:      Phone:							
SPOUSE'S EMPLOYER	Name of Employer			SAVINGS ACCOUNT-Name of Bank		BALANCE:		
	Address							
	Years there:      Position:      Phone:							
ASSETS				LIABILITES AND NET WORTH				
Cash and Money on Deposit		\$		Loans Outstanding		\$		
Stocks and Bonds		\$		Margin Accounts		\$		
Notes Receivable		\$		Credit Cards Etc.		\$		
Cash Value Life Insurance		\$		Life Insurance Loans		\$		
Deferred Compensation		\$		Unpaid Taxes		\$		
Pension Funds		\$		Real Estate Owed		\$		
Real Estate Owned-Residence Other		\$		Real Estate Other		\$		
Real Estate Owned-Residence Other		\$		Conusmer Loans		\$		
Vehicle(s) Owned:		\$		Other Debts (itemize)		\$		
Vehicle(s) Owned:		\$				\$		
Other Personal Property		\$		<b>TOTAL LIABILITIES</b>		\$		
Other Assets		\$		<b>NET WORTH</b>		\$		
<b>TOTAL ASSETS</b>		\$		<b>TOTAL LIABILITIES AND NET WORTH</b>		\$		
<b>LEASES OR OBLIGATIONS</b>		\$		Are any of these assets pledged? <input type="checkbox"/> YES <input type="checkbox"/> NO				
More the 60 days in arrears of child support? <input type="checkbox"/> YES <input type="checkbox"/> NO				Any leins against you or your property? <input type="checkbox"/> YES <input type="checkbox"/> NO				
LEGAL CLAIMS		\$		Are you a defendand in any suit or action? <input type="checkbox"/> YES <input type="checkbox"/> NO				
PROVISION FOR FEDERAL INCOME TAX CLAIM		\$		Any judgements unsatisfied against you? <input type="checkbox"/> YES <input type="checkbox"/> NO				
OTHER SPECIAL DEBT		\$						
OUTSTANDING DEBTS (List all obligations including installment loans, mortgages, credit cards, etc.)								
CREDITOR		DEBT TYPE OR ACCOUNT NUMBER		NAME(S) IN WHICH ACCOUNT IS CARRIED		ORIGINAL AMOUNT	PRESENT BALANCE	MONTHLY PAYMENT
(1) Landlord or Mortgage Holder		<input type="checkbox"/> RENT <input type="checkbox"/> MORTGAGE		Market Value		\$	\$	\$
(2) Automobile Loan		Year      Make				\$	\$	\$
(3) Automobile Loan		Year      Make				\$	\$	\$
(4)						\$	\$	\$
(5)						\$	\$	\$
(6)						\$	\$	\$
<b>TOTAL DEBTS</b>		\$				\$	\$	\$
REAL ESTATE OWNED								
LOCATION & DESCRIPTION OF PROPERTY AND IMPROVEMENTS					TITLE IN NAME (exact) OF			
(A)								
(B)								
(C)								
MORTGAGE								
COST		PRESENT VALUE		MORTGAGEE		CURRENT BALANCE	MATURITY	TOTAL MO. PMT.
(A)								
(B)								
(C)								
ARE YOU A CO-MAKER, ENDORSER, OR GUARANTOR ON ANY LOANS OR CONTRACTS?				<input type="checkbox"/> YES <input type="checkbox"/> NO    If yes for whom?		To Whom?		
HAVE YOU DECLARED BANKRUPTCY IN THE LAST 7 YEARS?				<input type="checkbox"/> YES <input type="checkbox"/> NO    If yes when and where?				

If additional space is needed, use a second signed sheet