

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.

Washington office: (724) 225-8245 we serve Washington, Fayette, Greene, Beaver, Allegheny, and Westmoreland Counties in Pennsylvania.

Wheeling area: (304) 604-3560 we serve; Barbour, Brooke, Calhoun, Doddridge, Gilmer, Hancock, Harrison, Jackson, Lewis, Marion, Marshall, Monongalia, Ohio, Pleasants, Preston, Randolph, Ritchie, Taylor, Tucker, Tyler, Upshur, Wetzel, Wirt, and Wood Counties in northern West Virginia

Ohio area: (304) 604-3560 we serve; Columbiana, Jefferson, Belmont, Monroe, and Washington Counties in Ohio

Charleston office: (304) 281-0488 we serve; Boone, Braxton, Cabell, Clay, Fayette, Kanawha, Lincoln, Mason, Nicholas, Putnam, Raleigh, Roane, Wayne, and Webster Counties in southern 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
273 South Main Street
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**

FILE NUMBER

AMOUNT REQUESTED/ YEARS

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)

YOUR PERSONAL FEDERAL INCOME TAX RETURNS FOR THE PAST THREE YEARS

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

BUSINESS - FEDERAL TAX RETURNS FOR THE PAST THREE YEARS

PROFIT AND LOSS STATEMENT

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 (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. _____

*Note – if the loan committee recommends the borrower(s) obtain key person life insurance, it must be as an assignment, not as a beneficiary.

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
273 South Main Street
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				
	Years there: _____ Position: _____ Phone: _____	SAVINGS ACCOUNT-Name of Bank	BALANCE:		
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	\$	Consumer Loans	\$		
Vehicle(s) Owned:	\$	Other Debts (itemize)	\$		
Vehicle(s) Owned:	\$		\$		
Other Personal Property	\$	TOTAL LIABILITIES	\$		
Other Assets	\$	NET WORTH	\$		
TOTAL ASSETS	\$	TOTAL LIABILITIES AND NET WORTH	\$		
LEASES OR OBLIGATIONS	\$	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 liens against you or your property? <input type="checkbox"/> YES <input type="checkbox"/> NO			
LEGAL CLAIMS	\$	Are you a defendant 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)			\$	\$	\$
TOTAL DEBTS	\$		\$	\$	\$
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