

Central Oregon Intergovernmental Council (COIC)
Oregon Certified Business Development Corporation
2363 SW Glacier Place
Redmond, OR 97756

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www.coic.org



Business Loan Application

Company Information

Company Name _____
Address _____ City _____ State _____ Zip _____
Principal in charge _____ Phone _____ Fax _____
Other contact person _____ Phone _____ Fax _____
Type of business _____ Date Established _____
Type of entity (check one): Proprietorship Partnership LLC Corporation

Company Ownership

If a corporation, please indicate who is President and who is Secretary

Name _____ Title _____ Ownership % _____
Name _____ Title _____ Ownership % _____
Name _____ Title _____ Ownership % _____
Name _____ Title _____ Ownership % _____
Name _____ Title _____ Ownership % _____

Affiliate Business

If applicable, another business owned 20% or more by any of the applicants

Business Name _____ Owner _____ Ownership % _____
Business Name _____ Owner _____ Ownership % _____

References

Bank Name _____ Acct officer _____ Phone _____
Accountant _____ Firm name _____ Phone _____
Attorney _____ Firm name _____ Phone _____
Realtor _____ Firm name _____ Phone _____
Other _____ Firm name _____ Phone _____

Project Information	Please call if you have questions
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Purchase land & building \$ _____	Purchase existing business \$ _____
Purchase land \$ _____	Tenant improvements \$ _____
New construction \$ _____	Inventory \$ _____
Equipment \$ _____	Working capital \$ _____
Architect, engineer, etc \$ _____	Refinance existing debt \$ _____
Other \$ _____	TOTAL PROJECT \$ _____

Proposed Down Payment	Please call if you have questions
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Total project \$ _____	TOTAL PROJECT COST FROM ABOVE
Minus down payment \$ _____	Source _____
Other proposed financing \$ _____	Source _____
LOAN REQUEST \$ _____	NET LOAN REQUEST

Checklist	Check if attached or N/A if not applicable
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Completed Loan Application	_____	Personal information (for all 20% or more owners)
Equal Credit Stmt (keep for your records)	_____	Current financial statement (form attached)
Loan Information Sheet	_____	Personal tax returns for last 3 years
Loan Application Agreement	_____	Management resume (form attached)
Business tax returns for last 3 years	_____	Stmt of Personal History (form attached)
Interim income statement within 60 days	_____	
Interim balance sheet for same date	_____	Affiliate businesses
Debt schedule (form attached)	_____	Business tax returns for last 2 years
Summary aging of A/R and A/P	_____	Interim financial statement within 60 days
Information for start-up businesses		Information for business acquisitions
Business plan	_____	Purchase agreement (if available)
Income stmt projection (form attached)	_____	Income stmt projection (form attached)
List of key financial assumptions	_____	List of financial assumptions/changes

Other required information (as applicable)

Construction estimate/equip bids	_____	Corp, LLC, Assumed Name documents	_____
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Employees

Number of current FTE employees _____ Number of employees two years after project completion _____

Type of new jobs to be created due to project _____

Key Employee Name	Title	Responsibilities	Years with Co	Years in Industry

Business Profile

Attach additional sheets if necessary

How will this project and loan help your business? _____

What product does the business make or what service does it provide? _____

Who are your customers, what are your primary markets? _____

Who is the competition (please be specific)? _____

What is your market niche and competitive advantage? _____

Explain any unusual market or competitive risks. _____

List and explain key suppliers. _____

What is your business strategy? Explain any new products or new markets. _____

What is your outlook concerning your business? _____

Describe management experience. _____

Please add any other information to explain your business or the project, including past accomplishments. _____

Who runs the day-to-day operation? _____

Who are the decision-makers and who are the successors? _____

Describe any pending lawsuits (attach any pertinent documentation). _____

Certification/Authorization

I/We certify that the information provided in this application is true and correct. I/We hereby authorize the release of any and all credit report and other information required in the processing of my loan application and as required for servicing during the term of the loan. I/We further authorize COIC and Oregon Certified Business Development Corporation to release such information to any entity as required in the processing of the loan application. I/We hereby certify that the enclosed information, including any attachments or exhibits provided now or at a later date, is valid and correct to the best of my/our knowledge. Also, I/we acknowledge receipt of the Equal Credit Opportunity Act Statement.

Signature of applicant _____ Date _____

Signature of applicant _____ Date _____

Signature of applicant _____ Date _____

Signature of applicant _____ Date _____



**Central Oregon Intergovernmental Council
Oregon Certified Business Development Corporation**

EQUAL CREDIT OPPORTUNITY ACT STATEMENT

The Federal Equal Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, or age (provided that the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The Federal agency that administers compliance with this law is the Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580.

Applicant: Retain for your records



Loan Applicant Information Sheet

This section must be completed. If there are more than two applicants, please fill out an additional Information Sheet.

Date _____

Applicant _____ Co-Applicant _____

Business Name _____

Address _____

City _____

State _____ Zip _____

Phone Number _____ Fax Number _____

The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way.

	Applicant	Co-Applicant
Hispanic/Latino	_____	_____
Non Hispanic/Latino	_____	_____

	Applicant	Co-Applicant
Male	_____	_____
Female	_____	_____

	Applicant	Co-Applicant
American Indian/ Alaskan Native	_____	_____
Asian	_____	_____
Black/ African American	_____	_____
Native Hawaiian or Other Pacific Islander	_____	_____
White	_____	_____

OFFICE USE ONLY

Date _____



Loan Application Agreement

Central Oregon Intergovernmental Council, its members, officers, agents, and attorneys are hereinafter referred to collectively as "COIC." Oregon Certified Business Development Corporation, an SBA Certified Development Company and COIC affiliate, is also hereinafter referred to as "COIC." The loan applicant, including all individuals, partners, partnerships, corporations, limited liability companies, and other affiliated entities, is hereinafter referred to collectively as "Applicant."

1. Loan Application.

Applicant agrees to promptly and accurately supply all information requested in the loan application. However, additional information beyond that listed in the loan application may also be required by COIC, depending upon project circumstances. Applicant understands and agrees that a loan cannot be considered if Applicant does not provide COIC with all requested information.

2. Project Financing.

COIC will seek financing for Applicant if it determines, in its sole discretion, that Applicant's project is within COIC's eligibility criteria, the project is likely to be approved by the appropriate governing body(s), and other elements of the complete project can also be financed.

3. No COIC Liability.

Project financing is dependent upon many factors which COIC cannot control. Accordingly, COIC does not promise that Applicant will obtain a loan. Applicant agrees that COIC shall not be responsible in any manner or liable to the Applicant or any other person in the event that financial assistance is not obtained from COIC or from any private or public financing sources.

Applicant further agrees that it will hold COIC harmless and pay all costs and expenses, including attorney's fees, in the event any claim is made or lawsuit is filed by or against COIC concerning any transaction with, or assistance to, Applicant.

4. Loan Fees.

If a loan is approved, Applicant agrees to pay COIC a Loan Processing Fee equal to one and one-half percent (1.5%) of the loan amount, due at loan closing (loan fee may be included in the loan proceeds). If a loan is approved and Applicant does not accept the loan, Applicant agrees to pay COIC a Loan Fee equal to one percent (1.0%) of the loan amount, due immediately. If a loan is approved and Applicant does not accept the loan, Applicant also agrees to pay COIC for all other costs billed to COIC in connection with the loan approval (lien searches, title reports, credit reports, etc.).

Applicant agrees to pay all costs of closing the loan (which may be included in the loan proceeds), including but not limited to title insurance, recording fees, credit report fees, lien search fees, package

Personal Resume Form

For each owner of 20% or more of the business and/or key managers

General Information

Name _____

Home address _____ City, State, ZIP _____

Residence phone _____ Business phone _____

College

Include technical training

School _____ Dates attended _____

Major _____ Degree _____

School _____ Dates attended _____

Major _____ Degree _____

School _____ Dates attended _____

Major _____ Degree _____

Work Experience

Begin with present employment

Employer/Address _____

From _____ To _____ Title _____

Responsibilities _____

Employer/Address _____

From _____ To _____ Title _____

Responsibilities _____

Employer/Address _____

From _____ To _____ Title _____

Responsibilities _____

Employer/Address _____

From _____ To _____ Title _____

Responsibilities _____

Military Service

Branch _____ From _____ To _____

Honorable Discharge? _____ Rank at Discharge _____

Major assignment/accomplishment _____



PERSONAL FINANCIAL STATEMENT

U.S. SMALL BUSINESS ADMINISTRATION

As of _____, _____

Complete this form for: (1) each proprietor, or (2) each limited partner who owns 20% or more interest and each general partner, or (3) each stockholder owning 20% or more of voting stock, or (4) any person or entity providing a guaranty on the loan.

Name	Business Phone
Residence Address	Residence Phone
City, State, & Zip Code	
Business Name of Applicant/Borrower	

ASSETS	(Omit Cents)	LIABILITIES	(Omit Cents)
Cash on hand & in Banks	\$ _____	Accounts Payable	\$ _____
Savings Accounts	\$ _____	Notes Payable to Banks and Others	\$ _____
IRA or Other Retirement Account	\$ _____	(Describe in Section 2)	
Accounts & Notes Receivable	\$ _____	Installment Account (Auto)	\$ _____
Life Insurance-Cash Surrender Value Only	\$ _____	Mo. Payments \$ _____	
(Complete Section 8)		Installment Account (Other)	\$ _____
Stocks and Bonds	\$ _____	Mo. Payments \$ _____	
(Describe in Section 3)		Loan on Life Insurance	\$ _____
Real Estate	\$ _____	Mortgages on Real Estate	\$ _____
(Describe in Section 4)		(Describe in Section 4)	
Automobile-Present Value	\$ _____	Unpaid Taxes	\$ _____
Other Personal Property	\$ _____	(Describe in Section 6)	
(Describe in Section 5)		Other Liabilities	\$ _____
Other Assets	\$ _____	(Describe in Section 7)	
(Describe in Section 5)		Total Liabilities	\$ _____
Total	\$ _____	Net Worth	\$ _____
		Total	\$ _____

Section 1. Source of Income	Contingent Liabilities
Salary	As Endorser or Co-Maker
Net Investment Income	Legal Claims & Judgments
Real Estate Income	Provision for Federal Income Tax
Other Income (Describe below)*	Other Special Debt

Description of Other Income in Section 1.

*Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.

Section 2. Notes Payable to Banks and Others. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

Name and Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed Type of Collateral

Section 3. Stocks and Bonds. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed).

Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

Section 4. Real Estate Owned. (List each parcel separately. Use attachment if necessary. Each attachment must be identified as a part of this statement and signed.)

	Property A	Property B	Property C
Type of Property			
Address			
Date Purchased			
Original Cost			
Present Market Value			
Name & Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment per Month/Year			
Status of Mortgage			

Section 5. Other Personal Property and Other Assets. (Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment and if delinquent, describe delinquency)

Section 6. Unpaid Taxes. (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)

Section 7. Other Liabilities. (Describe in detail.)

Section 8. Life Insurance Held. (Give face amount and cash surrender value of policies - name of insurance company and beneficiaries)

I authorize SBA/Lender to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. I understand FALSE statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001).

Signature: _____ Date: _____ Social Security Number: _____

Signature: _____ Date: _____ Social Security Number: _____

PLEASE NOTE: The estimated average burden hours for the completion of this form is 1.5 hours per response. If you have questions or comments concerning this estimate or any other aspect of this information, please contact Chief, Administrative Branch, U.S. Small Business Administration, Washington, D.C. 20416, and Clearance Officer, Paper Reduction Project (3245-0188), Office of Management and Budget, Washington, D.C. 20503. **PLEASE DO NOT SEND FORMS TO OMB.**

NOTICES REQUIRED BY LAW

The following is a brief summary of the laws applicable to this solicitation of information.

Paperwork Reduction Act (44 U.S.C. Chapter 35)

SBA is collecting the information on this form to make a character and credit eligibility decision to fund or deny you a loan or other form of assistance. The information is required in order for SBA to have sufficient information to determine whether to provide you with the requested assistance. The information collected may be checked against criminal history indices of the Federal Bureau of Investigation.

Privacy Act (5 U.S.C. § 552a)

Any person can request to see or get copies of any personal information that SBA has in his or her file, when that file is retrievable by individual identifiers, such as name or social security numbers. Requests for information about another party may be denied unless SBA has the written permission of the individual to release the information to the requestor or unless the information is subject to disclosure under the Freedom of Information Act.

Under the provisions of the Privacy Act, you are not required to provide your social security number. Failure to provide your social security number may not affect any right, benefit or privilege to which you are entitled. Disclosures of name and other personal identifiers are, however, required for a benefit, as SBA requires an individual seeking assistance from SBA to provide it with sufficient information for it to make a character determination. In determining whether an individual is of good character, SBA considers the person's integrity, candor, and disposition toward criminal actions. In making loans pursuant to section 7(a)(6) the Small Business Act (the Act), 15 USC § 636 (a)(6), SBA is required to have reasonable assurance that the loan is of sound value and will be repaid or that it is in the best interest of the Government to grant the assistance requested. Additionally, SBA is specifically authorized to verify your criminal history, or lack thereof, pursuant to section 7(a)(1)(B), 15 USC § 636(a)(1)(B). Further, for all forms of assistance, SBA is authorized to make all investigations necessary to ensure that a person has not engaged in acts that violate or will violate the Act or the Small Business Investment Act, 15 USC §§ 634(b)(11) and 687b(a). For these purposes, you are asked to voluntarily provide your social security number to assist SBA in making a character determination and to distinguish you from other individuals with the same or similar name or other personal identifier.

When this information indicates a violation or potential violation of law, whether civil, criminal, or administrative in nature, SBA may refer it to the appropriate agency, whether Federal, State, local, or foreign, charged with responsibility for or otherwise involved in investigation, prosecution, enforcement or prevention of such violations. See 56 Fed. Reg. 8020 (1991) for other published routine uses.

PROJECTED INCOME/EXPENSES

MONTH / YEAR																					TOTAL	%	
SALES																							
COST OF SALES																							
GROSS PROFIT																							
EXPENSES																							
ACCTING, LEGAL, PROFESSIONAL																							
ADVERTISING EXPENSE																							
AUTO & TRUCK EXPENSE																							
BAD DEBT																							
ENTERTAINMENT, TRAVEL																							
EQUIPMENT RENTAL																							
INSURANCE																							
OFFICE EXPENSE																							
OFFICER, OWNER SALARIES																							
RENT, PROPERTY EXPENSE																							
REPAIRS, MAINTENANCE																							
SUPPLIES																							
TAXES, LICENSES																							
TELEPHONE, UTILITIES																							
WAGES																							
MISCELLANEOUS																							
TOTAL EXPENSES																							
NET OPERATING PROFIT																							
OTHER INCOME <EXPENSES>																							
PROFIT BEFORE TAXES																							

SIGNATURE _____ DATE _____