



Washington County  
Government  
Unorganized Territories  
Revolving Loan Fund

**INSTRUCTIONS**

Please complete this application. Financing needs are reviewed by the loan committee. Initial response to a request is made within 10 days; closing may take up to 90 days.  
*All materials submitted to the loan committee in connection with your loan application shall become the property of Sunrise County Economic Council (SCEC), loan fund agent for the Washington County Government's (WCG) Unorganized Territories Revolving Loan Fund, unless otherwise requested, and shall be retained or destroyed in accordance with SCEC & WCG file retention policies.*

**APPLICATION FOR FINANCING**

**I. INFORMATION ABOUT YOU**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ County: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Soc. Sec. #: \_\_\_\_\_ Year of Birth: \_\_\_\_\_

How did you hear about this loan program? \_\_\_\_\_

**II. INFORMATION ABOUT YOUR BUSINESS**

Name of Business: \_\_\_\_\_

Business Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

County: \_\_\_\_\_ Telephone: \_\_\_\_\_

Business Structure: Sole Proprietorship \_\_\_ Partnership \_\_\_ S Corp \_\_\_ C Corp \_\_\_  
LLC \_\_\_ Nonprofit \_\_\_ Other \_\_\_\_\_

Date Established: \_\_\_\_\_ IRS Employer I.D. #: \_\_\_\_\_

**III. INFORMATION ABOUT MANAGEMENT**

List the names of all owners (having 20% or greater interest), officers, and/or partners.  
Provide the percent of ownership and annual compensation. (Attach additional pages if necessary)

Name and Title: \_\_\_\_\_ % of Ownership: \_\_\_\_\_

Address: \_\_\_\_\_ Annual Compensation: \_\_\_\_\_

Name and Title: \_\_\_\_\_ % of Ownership: \_\_\_\_\_

Address: \_\_\_\_\_ Annual Compensation: \_\_\_\_\_

Name and Title: \_\_\_\_\_ % of Ownership: \_\_\_\_\_

Address: \_\_\_\_\_ Annual Compensation: \_\_\_\_\_

**IV. PROPOSED SOURCES AND USES OF FINANCING (Please be specific)**

Sources	Uses
Bank _____	Land _____
SCEC _____	Buildings _____
Equity _____	Equipment _____
Owner Cash Contribution _____	Working Capital _____
Other _____	Other _____
Total Project \$ _____	Total Project \$ _____
Total loan requested \$ _____	Term for loan _____
	Payment frequency _____

**V. SUMMARY OF COLLATERAL**

<u>Present Market Value</u>	<u>Outstanding Debt or Leases</u>
Land & Buildings _____	_____
Inventory _____	_____
Accts. Receivable _____	_____
Machinery/Equipment _____	_____
Furniture & Fixtures _____	_____
Other _____	_____
Total Collateral \$ _____	_____

**VI. BUSINESS EMPLOYMENT AND BENEFITS**

Current Employment:	# Full-Time _____	# Part-Time _____
Minimum Starting Wage:	Full-Time \$ _____	Part-Time \$ _____
Projected Employment Increases:	# Full-Time _____	# Part-Time _____
Monthly Company Contribution to Health Insurance:	% of Employee Benefits _____ %	% of Dependent Benefits _____ %

F/T Worker Benefits:  
(check if applicable)

Paid Holidays \_\_\_\_\_

Paid Vacation \_\_\_\_\_

Paid Sick Days \_\_\_\_\_

S/T Disability \_\_\_\_\_

L/T Disability \_\_\_\_\_

Pension/  
Profit-Sharing \_\_\_\_\_

Health Ins. \_\_\_\_\_

Dental Ins. \_\_\_\_\_

Child Care \_\_\_\_\_

Education \_\_\_\_\_

Life Insurance \_\_\_\_\_

The processing of your loan may require that an investigative consumer report be made. You may request and receive from us any name, address, and telephone number of each consumer reporting agency issuing an investigative consumer report about you. If we receive such a request from you, we will provide this information to you within five (5) business days. You may then request and promptly receive from all such consumer reporting agencies copies of any such investigative consumer reports.

I/We understand that by signing this application I/we authorize to make inquiries as needed to verify the accuracy of the information and to determine creditworthiness. I/We certify the information is true and accurate and is provided for the purpose of obtaining a loan. The TIF program will maintain the confidentiality of this information and it will not be released without authorization.

We also give permission to the Sunrise County Economic Council and the Washington County Commissioners to share information contained in this loan application with participating financial institutions and/or non-profit community development corporations, to obtain underwriting assistance.

If Applicant is proprietor or general partner:

Sign here: \_\_\_\_\_ Date: \_\_\_\_\_

If Applicant is a corporation:

Company Name: \_\_\_\_\_

\_\_\_\_\_  
Signature of President or duly authorized officer

\_\_\_\_\_  
Date

Certifications:

The undersigned certifies that the business applying for funds from the Washington County Revolving Loan Fund is at least 51% owned by those who are citizens of the United States or reside in the United States after being legally admitted for permanent residence. If business is a sole proprietorship, the undersigned is a citizen of the United States or resides in the United States after being legally admitted for permanent residence.

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

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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The undersigned (Borrower and Lender) agree that there is no conflict of interest between the two parties.

Borrower Lender  
Signed: \_\_\_\_\_ Date: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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The undersigned agrees that there is no other credit available at reasonable rates and terms or from applicant's own resources.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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Pursuant to the Debt Collection Improvement Act of 1996, the undersigned applicant agrees to the following:

Neither the applicant nor any stockholder or partner owning 20% or more in the applicant are delinquent on any federal indebtedness.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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

**ALL INFORMATION IN THIS DOCUMENT IS STRICTLY  
CONFIDENTIAL**