



Region 10 League for Economic Assistance & Planning

Loan Application Document Checklist

Borrower(s): _____ Date: _____

Document	Sent	Received
Loan Application	_____	_____
Job Development Statement	_____	_____
Business Federal Tax Return	_____	_____
Colorado Secretary of State Certificate of Good Standing	_____	_____
Business Plan	_____	_____
Business License (This requirement may be waived at BLF administrator's discretion)	_____	_____
Driver's License	_____	_____
Financial Projections		
1. Three years of profit and loss Income Statement (P&L) Year one on a monthly basis and year two and 3 on an annual basis	_____	_____
2. Monthly cash flow forecast for the first year	_____	_____
3. Three year-end historical and current Balance Sheet	_____	_____
All owners with a 20% or greater ownership, or any additional guarantor, must provide the following:		
1. Personal financial statement	_____	_____
2. Personal tax returns for previous 3 years	_____	_____
Copy of existing lease or purchase agreement		
<input type="checkbox"/> Business Facility	_____	_____
<input type="checkbox"/> Land Acquisition	_____	_____
<input type="checkbox"/> Purchase of Existing Business	_____	_____
Corporation/LLC		
<input type="checkbox"/> Articles of Incorporation/Organization	_____	_____
<input type="checkbox"/> By-Laws or Operating Agreement	_____	_____
<input type="checkbox"/> S-Corp Election	_____	_____
Partnership		
<input type="checkbox"/> Partnership Agreement	_____	_____
<input type="checkbox"/> Partnership Agreement to Borrow Funds	_____	_____
<input type="checkbox"/> State Approval of Limited Partnership	_____	_____
Sole Proprietor		
Trade Name Affidavit	_____	_____



Region 10 League for Economic Assistance & Planning

Business Loan Fund Application

CONTACT INFORMATION

Business Name: _____
Contact Person: _____
Mailing Address: _____

City State Zip

Physical Address: _____

City State Zip

County: _____ Phone: _____ Email: _____
Type of Business: _____
Loan Amount Request: _____ Loan Term: _____
EIN: _____ DUNS #: _____

BUSINESS OWNERSHIP

- Sole Proprietor Partnership LLC S-Corporation C-Corporation

Date Business Established: _____
From Colorado Secretary of State Certificate of Good Standing

Name of Insurance Company: _____

Type of Insurance:

Liability Property Business Interruption
 Vehicle Product Liability Life

Business Ownership List:

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

EMPLOYEES

Full Time: # _____ Part Time: # _____

BUSINESS DEBT

Please list all current debts of the business. Be sure to indicate any debts to be repaid by the requested funding.

Debt 1

Debt Type:	_____	Debt Repaid by Requested Funds:	<input type="radio"/> Yes	<input type="radio"/> No	Origination Date:	_____
Debt Amount:	\$ _____	Current Balance:	\$ _____		Interest Rate:	_____ %
Monthly Payment:	\$ _____	Maturity Date:	_____		Collateral:	_____

Debt 2

Debt Type:	_____	Debt Repaid by Requested Funds:	<input type="radio"/> Yes	<input type="radio"/> No	Origination Date:	_____
Debt Amount:	\$ _____	Current Balance:	\$ _____		Interest Rate:	_____ %
Monthly Payment:	\$ _____	Maturity Date:	_____		Collateral:	_____

Debt 3

Debt Type:	_____	Debt Repaid by Requested Funds:	<input type="radio"/> Yes	<input type="radio"/> No	Origination Date:	_____
Debt Amount:	\$ _____	Current Balance:	\$ _____		Interest Rate:	_____ %
Monthly Payment:	\$ _____	Maturity Date:	_____		Collateral:	_____

Debt 4

Debt Type:	_____	Debt Repaid by Requested Funds:	<input type="radio"/> Yes	<input type="radio"/> No	Origination Date:	_____
Debt Amount:	\$ _____	Current Balance:	\$ _____		Interest Rate:	_____ %
Monthly Payment:	\$ _____	Maturity Date:	_____		Collateral:	_____

Debt 5

Debt Type:	_____	Debt Repaid by Requested Funds:	<input type="radio"/> Yes	<input type="radio"/> No	Origination Date:	_____
Debt Amount:	\$ _____	Current Balance:	\$ _____		Interest Rate:	_____ %
Monthly Payment:	\$ _____	Maturity Date:	_____		Collateral:	_____

Debt 6

Debt Type:	_____	Debt Repaid by Requested Funds:	<input type="radio"/> Yes	<input type="radio"/> No	Origination Date:	_____
Debt Amount:	\$ _____	Current Balance:	\$ _____		Interest Rate:	_____ %
Monthly Payment:	\$ _____	Maturity Date:	_____		Collateral	_____

Debt 7

Debt Type:	_____	Debt Repaid by Requested Funds:	<input type="radio"/> Yes	<input type="radio"/> No	Origination Date:	_____
Debt Amount:	\$ _____	Current Balance:	\$ _____		Interest Rate:	_____ %
Monthly Payment:	\$ _____	Maturity Date:	_____		Collateral	_____

Debt 8

Debt Type:	_____	Debt Repaid by Requested Funds:	<input type="radio"/> Yes	<input type="radio"/> No	Origination Date:	_____
Debt Amount:	\$ _____	Current Balance:	\$ _____		Interest Rate:	_____ %
Monthly Payment:	\$ _____	Maturity Date:	_____		Collateral	_____

USE OF FUNDS

Total project costs from all sources of funding including borrower funds. Please note the exact use or uses of the loan request.

Purchase of Real Estate	\$ _____
New Construction or Building Fixed Assets	\$ _____
Building Expansion or Repair	\$ _____
Acquisition of Existing Business	\$ _____
Purchase of Machinery & Equipment	\$ _____
Purchase of Furniture & Fixtures	\$ _____
Purchase of Inventory	\$ _____
Debt Payment	\$ _____
Working Capital or Operating Expense	\$ _____
Other (explain): _____	\$ _____
Total:	\$ _____

SOURCE OF FUNDS

Show all sources of financing for the project.

Bank Loan:	\$
Borrower Equity: Cash	\$
Borrower Equity: Non-Cash	\$
Other (explain):	\$
Requested Funds from Region 10	\$
Total:	\$

Should match the Total from "Use of Funds"

CERTIFICATION

A. Does your business have any subsidiaries or affiliates (including owner or leasing arrangements)?

Yes

No

If yes, please provide current financial statements for each as an attachment.

B. Does your business have any licensing agreements or royalty payments required for any of the business products?

Yes

No

If yes, please provide their names and relationship with your company.

C. Have you or any officers of your company ever been involved in bankruptcy or insolvency proceedings?

Yes

No

If yes, please provide details in an attached letter.

D. Are you or your business involved in any potential or pending lawsuits?

Yes

No

If yes, please provide details in an attached letter.

This Loan Application form should be attached to other supporting documents as described in the loan documentation checklist.

By signing below, I certify that the information included in this application is true and complete to the best of my knowledge. By my signature, I acknowledge that I agree to comply with the requirements that Region 10, League for Economic Assistance and Planning, Inc., makes in connection with the approval of my loan request. I also grant permission to Region10 LEAP, Inc., to obtain information from my bank, creditors, credit bureau, reporting agency or other necessary sources to research and evaluate this application.

Authorized Business Official

Title

Date

Authorized Business Official

Title

Date



Region 10 League for Economic Assistance & Planning

Job Development Statement

A national objective for Region 10 LEAP, Inc. funding is to provide employment opportunities for low- and moderate-income persons. Job creation is not a requirement to qualify for funding, but we do require this form for our files. If there is not any job creation expected, please fill in with “0”.

- Business Description:** Briefly describe your business, including your products, services, and production methods.

- Current Employment Description:** List all the job positions and numbers of persons in those positions currently employed by your business. *FTE = Full Time Equivalentents

JOB TITLE	BRIEF DESCRIPTION OF DUTIES & TASKS	AVERAGE HOURLY WAGE	# OF FTE*

- Future Employment Retention and Creation:** Describe all of the new employment positions to be created as a result of this loan.

JOB TITLE	BRIEF DESCRIPTION OF DUTIES & TASKS	AVERAGE HOURLY WAGE	# OF FTE*

4. **Job Justification:** Give a brief explanation of how and why these jobs will be created as a result of this loan.

5. **Projected Schedule for Job Creation:** Describe the estimated time frame for creating these jobs.

JOB TITLE	ESTIMATED # OF MONTHS TO FILL JOB	AVERAGE HOURLY WAGE	# OF FTE*

6. **Education & Training:** Briefly describe training methods and programs for current and future employees.

Would you like further information about the State of Colorado's programs and assistance available for hiring and training low to moderate income persons?

Yes

No

With my signature, I hereby certify that the information provided is accurate to the best of my knowledge:

Authorized Business Official

Title

Date

Authorized Business Official

Title

Date



Region 10 League for Economic Assistance & Planning

Race/Ethnicity/Citizenship Reporting Form

We are requesting the following information to monitor our compliance with the Federal Equal Credit Opportunity Act, which prohibits unlawful discrimination. You are not Required to provide information. We will not take this information (or your decision not to provide this information) into account in connection with your application or credit transaction. The law provides that a creditor may not discriminate based on this information or based on whether or not you choose to provide it.

Borrower: _____

Us Citizen

Yes

No

If no, what are the owner's legal, permanent residence status?

Evidenced By: _____

Ethnic Category

Hispanic or Latino

Not of Hispanic or Latin Orgin

Race Category

American Indian or Alaska Native

Asian

Black or African American

White

Native Hawaiian or Other Pacific Islander

Borrower Signature

Date

Co-Borrower: _____

Us Citizen

Yes

No

If no, what are the owner's legal, permanent residence status?

Evidenced By: _____

Ethnic Category

Hispanic or Latino

Not of Hispanic or Latin Orgin

Race Category

American Indian or Alaska Native

Asian

Black or African American

White

Native Hawaiian or Other Pacific Islander

Co-Borrower Signature

Date



Region 10 League for Economic Assistance & Planning

Personal Financial Statement

Complete the 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 and each corporate officer and director, or (4) any other person or entity providing a guarantee on the loan.

Section 1

Statement of Condition as of: _____ (Date)

Amount Requested: \$ _____ Loan Purpose: _____

Name: _____

SSN: _____ Date of Birth: _____

Address: _____ No. of Years: _____

City/State/ZIP: _____

Phone: _____ Email: _____

Employer: _____ No. of Years: _____

Address: _____

City/State/ZIP: _____ Business Phone: _____

Spouse: (or Registered Partner) _____

SSN: _____ Date of Birth: _____

Address: _____ No. of Years: _____

City/State/ZIP: _____

Phone: _____ Email: _____

Employer: _____ No. of Years: _____

Address: _____

City/State/ZIP: _____ Business Phone: _____

Section 2

ASSETS		LIABILITIES	
Cash on Hand & in Banks: (List Institutions)	\$	Accounts Payable: (List Accounts including Credit Cards)	\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
IRA or Retirement Accounts:	\$		
Accounts Receivable – Cash Surrender Value (Complete Section 4)	\$	Notes Payable to Banks and Others (Describe in Section 11)	\$
Life Insurance (Complete Section 5)	\$	Loan on Life Insurance	\$
Stocks & Bonds and Other Securities (Complete Section 6)	\$	Unpaid Taxes (Describe in Section 12)	\$
Real Estate (Complete Section 7)	\$	Mortgages on Real Estate (Describe in Section 7)	\$
Automobile – Present Value	\$	Installment Account (Auto) Monthly Payment: \$	\$
Other Personal Property (Complete Section 8)	\$	Installment Account (Other) Monthly Payments: \$	\$
Partnerships/LLC's (Complete Section 9)	\$	Other Liabilities (Describe in Section 13)	\$
Other Assets (Complete Section 10)	\$	TOTAL LIABILITIES	\$
TOTAL ASSETS	\$	Total Assets less Total Liabilities =	\$
		NET WORTH	\$

Section 3: Source of Income

SOURCE OF INCOME		CONTINGENT LIABILITIES	
Salary (Annual)	\$	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 3 Please describe any recurring income not reflected on previous tax returns.			

*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 4: Accounts & Notes Receivable

Name of Debtor _____ Address _____

Equity Value	Payment Terms	Amount	Maturity Date	Current Balance	Collateral Description
		\$		\$	

Name of Debtor _____ Address _____

Equity Value	Payment Terms	Amount	Maturity Date	Current Balance	Collateral Description
		\$		\$	

Name of Debtor _____ Address _____

Equity Value	Payment Terms	Amount	Maturity Date	Current Balance	Collateral Description
		\$		\$	

Name of Debtor _____ Address _____

Equity Value	Payment Terms	Amount	Maturity Date	Current Balance	Collateral Description
		\$		\$	

Section 5: Cash Surrender Life Insurance Held

(Give face amount and cash surrender value of policies – name of insurance and beneficiaries)

Section 6: Stocks & Bonds

Number of Shares	Number of Securities	Cost	Market Value Quotation Exchange	Date of Quotation Exchange	Total Value
		\$	\$		\$
		\$	\$		\$
		\$	\$		\$
		\$	\$		\$

Section 7: Real Estate

	Property A	Property B	Property C
Type of Property			
Property Address			
Name of Property Owner			
% of Ownership	%	%	%
Date Purchased			
Original Cost	\$	\$	\$
Current Market Value	\$	\$	\$
Name of Lender			
Loan Number			
Current Loan Balance	\$	\$	\$
Interest Rate	%	%	%
Loan Maturity Date			
Month Rent Income	\$	\$	\$
Monthly Payment	\$	\$	\$
Status of Loan			

Section 8: Other Personal Property

Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment, and if any delinquent, describe delinquency.

Section 9: Corporations, Partnerships and LLCs

Name	Date of Initial Investment	Percent Owned	Cost	Current Market Value	Obligations Due	Due Date
		%	\$	\$		
		%	\$	\$		
		%	\$	\$		
		%	\$	\$		

Section 10: Other Assets

Describe, and if is pledged as security, state name and address of lien holder, amount of lien, terms of payment, and if any delinquent, describe delinquency.

Section 11: Notes Payable to Bank & Others

Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.

Name and Address of Note Holder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured
	\$	\$	\$		
	\$	\$	\$		
	\$	\$	\$		
	\$	\$	\$		

Section 12: 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 13: Other Liabilities

Describe in detail.

Section 14

Please certify and sign below.

Signature _____ Date _____

Signature of borrowing spouse (If you are applying for credit jointly) _____ Date _____



Region 10 League for Economic Assistance & Planning Borrower's Certification & Authorization

CERTIFICATION:

The Undersigned certify the following:

1. I/We have applied for a commercial loan through the Region 10 Business Loan Fund. In applying for the loan, I/We completed a loan application containing various information on the purpose of the loan, the amount and source of the down payment, employment and income information, and the assets and liabilities. I/We certify that all of the information is true and complete. I/We made no misrepresentations in the loan application or other documents, nor did I/We omit any pertinent information.
2. I/We understand and agreed that the Region 10 Business Loan Fund reserves the right to change the loan review processes to a full documentation program. This may include verifying the information provided on the application with the employer and/or the financial institution.
3. I/We fully understand that it is a Federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements when applying for this loan, as applicable under the provisions of Title 18, United States Code, Section 1014.
4. I/We agree to for all fees incurred during the loan process including, but not limited to, fees for lender, appraisal, title insurance, land surveys, environmental surveys; along with all agree to origination fees payable to the Region 10 Business Loan Fund for the service of placing the loan.

AUTHORIZATION TO OBTAIN INFORMATION:

To Whom It May Concern:

1. I/We have applied for a commercial loan through the Region 10 Business Loan Fund. As part of the application process, the Region 10 Business Loan Fund, may verify information contained in my/our loan application and in other documents required in connection with the loan, either before the loan is closed or as part of its quality control program.
2. I/We authorize you to provide to the Region 10 Business Loan Fund and to any lender with whom the Region 10 Business Loan Fund may collaborate on this loan, any and all information and documentation that they request. Such information includes, but is not limited to, employment history and income; bank, money market and similar account balances; credit history; credit reports; and copies of income tax returns.
3. The Region 10 Business Loan Fund or any lender with whom the Region 10 Business Loan Fund may collaborate on this loan may address this authorization to any party named in the loan application.
4. A copy of this authorization may be accepted as an original.

Signature

Date

Signature of Co-Borrower (If you are applying for credit jointly)

Date