



## LOAN APPLICATION FOR ASSISTANCE

In order to properly review your loan request, please submit the following items:

1. Attached Loan Application along with the \$250 non-refundable application fee.
2. Federal Tax Returns for three most recent years. Provide entire copy for primary business applicant, and any other affiliated companies. Note: If the business has not yet filed most recent tax returns, submit year-end statements including income statement and balance sheet.
3. Audited, Reviewed, or Compiled financial statements for most recent three years, as available.
4. Interim financial statements no more than 60 days old including:
  - a. Income Statement and Balance Sheet for primary business applicant, and any other affiliated companies.
  - b. A/R Aging report
  - c. A/P Aging report
5. Personal tax return for any 20% or greater owner or owners of the primary business applicant, and any other affiliated companies for most recent year end, and completed form 4506-T.
6. Current debt schedule (**template attached**)
7. Personal Financial Statement for any owner with 20% or greater ownership.
8. Credit Release Form & Copy of Driver's License
9. Information relating to the project (i.e.: construction proposals/quotes, equipment cost estimates, purchase agreements, letter of intent, etc.).
10. Three years projections for the business operation.

The information contained in this Loan Application is true and correct. The Applicant is aware that any material misrepresentation made in this Application constitutes an act of fraud.

11. Applicant: \_\_\_\_\_

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

12. Title: \_\_\_\_\_



	Date:
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**Applicant Information**

Name:	Phone:	U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
Business Legal Name:	DBA:	
Business Street Address:		
City:	State:	Zip:
Email:	Website:	

**Business Characteristics**

Industry: <input type="checkbox"/> Manufacturer <input type="checkbox"/> Distributor <input type="checkbox"/> Retail <input type="checkbox"/> Services <input type="checkbox"/> Food/Restaurant <input type="checkbox"/> Other _____	
Entity Type: <input type="checkbox"/> C-Corp <input type="checkbox"/> S-Corp <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Nonprofit <input type="checkbox"/> Other _____	
Brief Description of Business:	
Year Business Est.:	Owner (Optional): <input type="checkbox"/> Minority <input type="checkbox"/> Woman <input type="checkbox"/> Veteran
Previous Years Gross Revenue: \$	YTD Revenue: \$ _____ Months
Net Income: \$	Current Full Time Employees: _____ Projected Employees: _____

**Credit and Loan Information**

Use of Funds	Amounts	Sources of Funds	Amounts
Real Property Acquisition	\$	Bank Financing	\$
Leasehold Improvements	\$	Seller Financing:	\$
Machinery & Equipment	\$	Equity:	\$
Working Capital	\$	Requested Loan Amount:	\$
Other _____	\$		\$
<b>TOTAL</b>	<b>\$</b>	<b>TOTAL</b>	<b>\$</b>



Brief Description of Loan Request:

Business Ownership:

% Ownership

Name

Title (If any)

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

Is this business subject to any suits, liens, or judgements? If yes, describe below.





**PERSONAL FINANCIAL STATEMENT**

As of

Complete this form for: (1) each proprietor; (2) general partner; (3) managing member of a limited liability company (LLC); (4) each owner of 20% or more of the equity of the Applicant (including the assets of the owner's spouse and any minor children); and (5) any person providing a guaranty on the loan

<b>Name</b>		<b>Business Phone</b>	
<b>Home Address</b>		<b>Home Phone</b>	
<b>City, State, &amp; Zip Code</b>			
<b>Business Name of Applicant</b>			
<b>ASSETS</b>		<b>LIABILITIES</b>	
(Omit Cents)		(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)	
(Describe in Section 5)		Installment Account (Auto)	\$ _____
Accounts & Notes Receivable	\$ _____	Mo. Payments	\$ _____
(Describe in Section 5)		Installment Account (Other)	\$ _____
Life Insurance - Cash Surrender Value Only	\$ _____	Mo. Payments	\$ _____
(Describe in Section 8)		Loan(s) Against Life Insurance	\$ _____
Stocks and Bonds	\$ _____	Mortgages on Real Estate	\$ _____
(Describe in Section 3)		(Describe in Section 4)	
Real Estate	\$ _____	Unpaid Taxes	\$ _____
(Describe in Section 4)		(Describe in Section 6)	
Automobiles	\$ _____	Other Liabilities	\$ _____
(Describe in Section 5, and include		(Describe in Section 7)	
Year/Make/Model)		Total Liabilities	\$ _____
Other Personal Property	\$ _____	Net Worth	\$ _____
(Describe in Section 5)			
Other Assets	\$ _____		
(Describe in Section 5)		<b>Total Liabilities &amp; Net Worth</b>	<b>\$ _____</b>
<b>Total Assets</b>	<b>\$ _____</b>	<b>*Must equal total in assets column.</b>	
<b>Section 1. Source of Income.</b>		<b>Contingent Liabilities</b>	
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	\$ _____

<b>Description of Other Income in Section 1.</b>

\*Alimony or child support payments should 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 part of this statement and signed.)

Names and Addresses 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 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 Real Estate (e.g., Primary Residence, Other Residence, Rental Property, Land, etc.)			
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 the Village of Fairport Local Development Corporation to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness.

**CERTIFICATION:** (to be completed by each person submitting the information requested on this form)

By signing this form, I certify under penalty of criminal prosecution that all information on this form and any additional supporting information submitted with this form is true and complete to the best of my knowledge. I understand that the Village of Fairport Local Development Corporation will rely on this information when making decisions regarding an application for a loan or a surety bond.

Signature \_\_\_\_\_

Date \_\_\_\_\_

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

Social Security No. \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

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

Social Security No. \_\_\_\_\_



**AUTHORIZATION FOR RELEASE OF PERSONAL BACKGROUND INFORMATION**

I, the undersigned, authorize Innovative Credit Solutions and/or any and all financial institutions, credit bureaus, credit processing companies or other credit assembling entities to provide documentation of my current credit status on a credit report as needed in connection with a credit application to:

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**FAIRPORT LOCAL DEVELOPMENT CORPORATION**

Person reports are requested on:

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

Signature: \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Present Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP (required): \_\_\_\_\_

PHONE 1-800-345-2746 FAX 1-888-571-7222  
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Lexington, SC 29071  
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