

**REGION 9 ECONOMIC DEVELOPMENT DISTRICT  
LOAN APPLICATION DOCUMENT CHECK LIST**

Borrower (s) \_\_\_\_\_ Date \_\_\_\_\_

| <u>DOCUMENT</u>   | <u>RECEIVED</u> |
|---|-----------------|
| Region 9 Loan Application   | _____           |
| Region 9 Job Development Statement  | _____           |
| Business Federal Tax Returns for previous 3 years   | _____           |
| Three years annual and current year to date Income Statement (P&L)  | _____           |
| Three year-end historical and current Balance Sheet   | _____           |
| Business Plan (This requirement may be waived at BLF administrators discretion)                             | _____           |
| Business License  | _____           |
| <b>Financial Projections:</b>   |                 |
| 1. Three years of profit and loss and balance sheet projections   | _____           |
| Year one on a monthly basis, and year two and three annual  | _____           |
| 2. Monthly cash flow forecast for the first year  | _____           |
| <i>**The SBDC (970) 903-5424 has a good template if you sign up as a client</i>                             |                 |
| <b>All owners with a 20% or greater ownership, or any additional guarantor, must provide the following:</b> |                 |
| 1. Personal financial statement (on Region 9 or bank form)  | _____           |
| 2. Personal tax returns for previous 3 years  | _____           |
| <b>Copy of existing lease or purchase agreement</b>   | _____           |
| _____ Business Facility   |                 |
| _____ Land acquisition  |                 |
| _____ Purchase of existing business   |                 |
| <b>Corporation/LLC</b>  | _____           |
| _____ Articles of Incorporation/Organization  |                 |
| _____ By-Laws or Operating Agreement  |                 |
| _____ S-Corp Election   |                 |
| <b>Partnership</b>  | _____           |
| _____ Partnership Agreement   |                 |
| _____ Partnership agreement to borrow funds   |                 |
| _____ State approval of Limited Partnership   |                 |
| <b>Sole Proprietor</b>  | _____           |
| _____ Trade Name Affidavit  |                 |
| <b>Major business contracts</b>   | _____           |
| <b>List of major business equipment to be purchased</b>   | _____           |
| <b>Resumes of key personnel</b>   | _____           |
| <b>Other (as identified below)</b>  | _____           |
| <b>Appraisal and/or Equipment List (Collateral Value)</b>   | _____           |
| <b>UEI Number</b>   | _____           |
| <b>Resume</b>   | _____           |

I understand that the documents requested above must be submitted in order to have a complete loan package for review by the BLF Loan committee. Additional information may be requested by Region 9 during the loan underwriting process.



**BUSINESS LOAN FUND APPLICATION**

**1. PRELIMINARY INFORMATION**

DATE: \_\_\_\_\_

|  |  |
|--|--|
| Business Name (specify dba)                    |  |
| Contact Person / Title                         |  |
| Mailing Address – include city and zip code    |  |
| Physical Address – include city and zip code   |  |
| Phone  |  |
| Email Address                                  |  |
| County (business location)                     |  |
| Employer ID #                                  |  |
| UEI# - if applicable                           |  |
| Type of Business (manufacturing, retail, etc.) |  |
| Bank of Business Account                       |  |
| Bank Contact Person                            |  |
| Bank Account #                                 |  |
| Amount of BLF Request                          |  |
| Repayment Schedule                             |  |

**2. BUSINESS OWNERSHIP**

|   |  |
|---|--|
| Business Structure (sole proprietor, partnership, corporation, LTD, LLC, etc.)  |  |
| Date of Established   |  |
| Name of Insurance Company/Agent   |  |
| Type of Insurance / Liability   |  |
| Type of Insurance / Hazard  |  |
| Business Ownership List – include information below for proprietor(s), all partners, stockholders (owning 5% or more), title/position, SS #, gender |  |
|   |  |
|   |  |
|   |  |
|   |  |

**BUSINESS OWNERSHIP continued**

|  |
|--|
| Names of Corporate Officers – list name, % owned, title/position, and SS # |
|  |
|  |
|  |
|  |
|  |

**3. EMPLOYMENT - number of employees at time of Application:** \_\_\_\_\_

**4. BUSINESS DEBT – indicate any loans to be paid by proposed RLF funding with an asterisk (\*).**

|  |
|--|
| List current business debts – include origination date, amount, current outstanding balance, interest rate, monthly payment, maturity date, collateral |
|  |
|  |
|  |
|  |
|  |

**5. USES OF FUNDS – total project cost from all sources of funding including borrower fund. Please note the exact use or uses of the RLF loan request with RLF written to the side.**

|   |    |
|---|----|
| 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 / Operating expense       | \$ |
| Other – explain                           | \$ |
| Total Project Amount                      | \$ |

**6. SOURCE OF FUNDS – show all sources of financing for the project.**

|  |    |
|--|----|
| Bank Loan (non-SBA)                        | \$ |
| Bank Loan (SBA Guarantee)                  | \$ |
| Mortgage (other than Bank)                 | \$ |
| Equipment Finance                          | \$ |
| Borrower Equity – Cash                     | \$ |
| Borrower Equity – Non-Cash                 | \$ |
| Other - specify                            | \$ |
| Region 9 Request                           | \$ |
| Total Sources (should equal total from #5) | \$ |

**7. OVERALL BORROWER EQUITY – what amount will borrower have invested in business? Note if investment is cash, equipment, real estate, etc.**

|  |    |
|--|----|
|  | \$ |
|  | \$ |
|  | \$ |
|  | \$ |
|  | \$ |

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

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

|     |    |
|-----|----|
| Yes | No |
|-----|----|

**B. Does your business have any licensing agreements or royalty payments required for any of the business products? If yes, please provide their name and the relationship with your company.**

|                   |    |
|-------------------|----|
| Yes               | No |
| Name/Relationship |    |

**C. Have you or any officers of your company ever been involved in bankruptcy or insolvency proceedings? If yes, please provide details in an attached letter.**

|     |    |
|-----|----|
| Yes | No |
|-----|----|

**D. Are you or your business involved in any potential or pending lawsuits? If yes, please provide details in an attached letter.**

|     |    |
|-----|----|
| Yes | No |
|-----|----|

E. Have you or a principal associated with this business is or has been incarcerated, on probation, on parole, or has been indicted for a felony or a crime of moral turpitude? If yes, please provide an explanation. This is not a deciding factor, and all applications are considered regardless of status.

An SBA [regulation](#) could make some applicants ineligible for some of Region 9’s funding program(s) –

“businesses with an associate who is incarcerated, on probation, on parole, or has been indicted for a felony or a crime of moral turpitude.” SBA’s [policy statement](#) is applicable to certain programs and imposes additional blanket restrictions, also making ineligible businesses with an associate currently under specified forms of diversionary or conditional dispositions, an order of protection, registered with a sex offense registry, or facing any criminal charges in any jurisdiction.

SBA regulation - [13 CFR § 120.110 - What businesses are ineligible for SBA business loans? | Electronic Code of Federal Regulations \(e-CFR\) | US Law | LII / Legal Information Institute \(cornell.edu\)](#)

|     |    |
|-----|----|
| Yes | No |
|-----|----|

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

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 the Region 9 Economic Development District of Southwest Colorado, Inc., makes in connection with the approval of my loan request. I also grant permission to the Region 9 Economic Development District of Southwest Colorado, Inc. to obtain information from my bank, creditors, credit bureau, reporting agency or other necessary sources to research and evaluate this application.

\_\_\_\_\_  
Authorized Official / Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Official / Title

\_\_\_\_\_  
Date

**REGION 9 ECONOMIC DEVELOPMENT DISTRICT OF SOUTHWEST COLORADO,  
INC.**

**BUSINESS LOAN FUND  
JOB DEVELOPMENT STATEMENT**

A National Objective for BLF funding is to provide employment opportunities for low and moderate income persons. Job creation is not a requirement to qualify for Region 9 funding, but we do require this form for our files. If there is not any job creation expected, please fill in with "0".

**1. Business Description:** (Please give a brief description of your business including your products, services and production methods.)

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**2. Current Employment Description:** (List all the job positions and numbers of persons in those positions currently employed by your business.) \*FTE = Full Time Equivalents

| <u>JOB TITLE</u> | <u>BRIEF DESCRIPTION OF<br/>DUTIES AND TASKS</u> | <u>AVG. HR.<br/>WAGE</u> | <u># OF<br/>*FTE</u> |
|------------------|--|--------------------------|----------------------|
| <hr/>            | <hr/>  | <hr/>                    | <hr/>                |
| <hr/>            | <hr/>  | <hr/>                    | <hr/>                |
| <hr/>            | <hr/>  | <hr/>                    | <hr/>                |

**3. Future Employment Retention and Creation:** (Please describe all of the new Employment positions to be created as a result of this loan.)

| <u>JOB TITLE</u> | <u>BRIEF DESCRIPTION OF<br/>DUTIES AND TASKS</u> | <u>AVG. HR.<br/>WAGE</u> | <u># OF<br/>*FTE</u> |
|------------------|--|--------------------------|----------------------|
| <hr/>            | <hr/>  | <hr/>                    | <hr/>                |
| <hr/>            | <hr/>  | <hr/>                    | <hr/>                |
| <hr/>            | <hr/>  | <hr/>                    | <hr/>                |

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

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**5. Projected Schedule for Job Creation:** (Please describe the estimated time frame for creating these jobs.)

| JOB TITLE | ESTIMATED # OF MONTHS TO FILL JOB | AVG. HR. WAGE | # OF *FTE |
|-----------|-----------------------------------|---------------|-----------|
| _____     | _____                             | _____         | _____     |
| _____     | _____                             | _____         | _____     |
| _____     | _____                             | _____         | _____     |

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**7. Employment Opportunities for Low and Moderate Income Persons:** (Please describe the employer's efforts and programs to provide employment opportunities for low and moderate income persons.)

\*HUD CDBG Maximum Incomes for Low-Moderate Households is available through Region 9.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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 \_\_\_\_\_.

**I hereby certify that the information provided is accurate to the best of my knowledge:**

\_\_\_\_\_  
 Authorized Official Title Date

\_\_\_\_\_  
 Authorized Official Title Date

**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 this 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.

US Citizen

- Yes
- No

Ethnic Category:

- Hispanic or Latino
- Not of Hispanic or Latino Origin

Race Category: *Select One:*

- American Indian or Alaska Native
- Asian
- Black or African American
- White
- Native Hawaiian or Other Pacific Islander

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Signature

Date



**PERSONAL FINANCIAL STATEMENT**

Region 9 Economic Development District of Southwest Colorado, Inc.

As of \_\_\_\_\_, 20 \_\_\_\_

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 owing 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.

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 and 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)                  |              | Loans 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)                    |              |
| Other Assets                             | \$ _____     | Other Liabilities                          | \$ _____     |
| (Describe in Section 5)                  |              | (Describe in Section 7)                    |              |
|  |              | Total Liabilities                          | \$ -         |
|  |              | Net Worth (Total Assets-Total Liabilities) | \$ -         |
| Total \$                                 | -            | Total \$                                   | _____        |

| Section 1. Source of Income  | Contingent Liabilities  |
|--|---|
| Salary <span style="float:right">\$ _____</span>                         | As Endorser or Co-Maker <span style="float:right">\$ _____</span>           |
| Net Investment Income <span style="float:right">\$ _____</span>          | Legal Claims & Judgments <span style="float:right">\$ _____</span>          |
| Real Estate Income <span style="float:right">\$ _____</span>             | Provisions for Federal Income Tax <span style="float:right">\$ _____</span> |
| Other Income (Describe Below)* <span style="float:right">\$ _____</span> | Other Special Debt <span style="float:right">\$ _____</span>                |

Description of Other Income in Section 1.

Name and Address of closest relative not living with you:

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<br>(monthly, etc.) | How Secured or Endorsed<br>Type of Collateral |
|-----------------------------------|------------------|-----------------|----------------|------------------------------|---|
|                                   |                  |                 |                |                              |   |
|                                   |                  |                 |                |                              |   |
|                                   |                  |                 |                |                              |   |

Section 3. Stock 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<br>Quotation/Exchange | Date of<br>Quotation/Exchange | Total Value |
|------------------|--------------------|------|------------------------------------|-------------------------------|-------------|
|                  |                    |      |                                    |                               |             |
|                  |                    |      |                                    |                               |             |
|                  |                    |      |                                    |                               |             |
|                  |                    |      |                                    |                               |             |

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

|                                      | Property A | Property B | Property C |
|--------------------------------------|------------|------------|------------|
| Type of Property                     |            |            |            |
| Name & Address<br>of Property        |            |            |            |
| Date Purchased                       |            |            |            |
| Original Cost                        |            |            |            |
| Present Market Value                 |            |            |            |
| Name & Address<br>of Mortgage Holder |            |            |            |
| Mortgage Account Number              |            |            |            |
| Mortgage Balance                     |            |            |            |
| Amount of Payment<br>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 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: \_\_\_\_\_