



Humboldt Child Care Stabilization Fund

A Program of AEDC

SMALL BUSINESS LENDING CENTER BUSINESS LOAN APPLICATION

(PLEASE SUBMIT ANY PAMPHLETS OR LITERATURE ON YOUR BUSINESS)

NAME OF OWNER(S), PARTNERS, OR OFFICERS: _____ NAME OF BUSINESS: _____

PHONE #: _____ EMAIL: _____ SSN or Federal Employer ID#: _____

MAILING ADDRESS: _____

BUSINESS ADDRESS: _____

TYPE/NATURE OF BUSINESS: _____

INSURANCE COMPANY: _____ Do you have a financial contact? ____Y ____N If yes, Name: _____

THIS BUSINESS IS A: Sole Proprietorship LLC Non-Profit Corporation Partnership Corporation Government

IS THIS A START-UP? DATE BUSINESS STARTED: _____ ANY AFFILIATES OR SUBSIDIARIES? _____ CURRENT # FULL TIME EQUIVALENT (FTE) _____ #OF NEW JOBS TO BE CREATED _____

Yes No _____ Yes No _____ EMPLOYEES: (30 hrs. / wk.) _____

Please complete the following for the TOTAL number of full-time (including owners) employees currently working for you:

ETHNICITY	GENDER and #		ETHNICITY	GENDER and #	
Asian:	Male _____	Female _____	American Indian /Alaska Native:	Male _____	Female _____
Black/African American:	Male _____	Female _____	Caucasian:	Male _____	Female _____
Decline to State:	Male _____	Female _____	Latino/Hispanic:	Male _____	Female _____

GRAND TOTAL MALE _____ FEMALE _____

TOTAL ESTIMATED COST OF PROJECT: (attach estimates) _____ AMOUNT OF LOAN FUNDS REQUESTED: _____

LOAN PROCEEDS TO BE USED AS FOLLOWS:

Purchase Equipment: _____ Leasehold Improvements: _____ Expansion: _____
 \$ _____ \$ _____ \$ _____

AUTHORIZED SIGNATURES

 APPLICANT SIGNATURE TITLE PERCENT OWNERSHIP DATE

 APPLICANT SIGNATURE TITLE PERCENT OWNERSHIP DATE



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EMPLOYMENT AND CREDIT AUTHORIZATION

Primary Applicant:

NAME: _____ SOCIAL SECURITY #: _____ BIRTHDATE: _____

Male Female Race: African American Puerto Rican Native American Indian Hispanic Asian/Pacific Islander Eskimo Aleuts Caucasian Other

RESIDENCE ADDRESS _____ HOW LONG? _____

HOME PHONE _____ BUSINESS PHONE _____

SPOUSE _____ SOCIAL SECURITY # _____ BIRTH DATE _____

EMPLOYER'S NAME _____ CONTACT PERSON _____ MONTHLY INCOME _____

EMPLOYER'S ADDRESS _____

Co-Applicant

NAME _____ SOCIAL SECURITY # _____ BIRTHDATE _____

Male Female Race: African American Puerto Rican Native American Indian Hispanic Asian/Pacific Islander Eskimo Aleuts Caucasian Other

RESIDENCE ADDRESS _____ HOW LONG? _____

HOME PHONE _____ BUSINESS PHONE _____

SPOUSE _____ SOCIAL SECURITY # _____ BIRTH DATE _____

EMPLOYER'S NAME _____ CONTACT PERSON _____ MONTHLY INCOME _____

EMPLOYER'S ADDRESS _____

I/We do hereby authorize Arcata Economic Development Corporation to obtain employment and credit verification for the above listed persons.

DATE _____ SIGNATURE OF PRIMARY APPLICANT _____

DATE _____ SIGNATURE OF CO-APPLICANT _____



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PROJECT INFORMATION SHEET

Please provide information regarding the planned use of funds, including borrower's cash injection. Please be as accurate as possible when breaking out anticipated use of funds.

PROJECT ITEMS	PROJECT COST
Machinery/Equipment Acquisition	_____
Inventory	_____
Furniture	_____
Fixtures/Leasehold Improvements	_____
Working Capital	_____
Other: _____	_____
Other: _____	_____
Total Project Cost:	_____
Total Loan Requested	_____
State Source of Borrower's Cash Injection:	_____

Borrower Signature

Date

Borrower Signature

Date



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PERSONAL FINANCIAL STATEMENT

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 other person or entity providing a guaranty on the loan.

NAME _____ BUSINESS PHONE _____

RESIDENCE _____ RESIDENCE PHONE _____

CITY, STATE _____ ZIPCODE _____

BUSINESS NAME OF APPLICANT/BORROWER _____

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

Section 1.	Source of Income	Contingent Liabilities	
Salary.....	\$ _____	As Endorser or Co-Maker.....	\$ _____
Net Investment.....	\$ _____	Legal Claims & Judgements.....	\$ _____
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 to be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.*



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PERSONAL FINANCIAL STATEMENT PAGE 2

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

Name & Address of Noteholders	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	Number of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Section 4. Real Estate Owned *(Use attachments if necessary. Each attachment must be identified as 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).



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

If the answer to any of the following is yes, attach a written explanation:

Have you ever declared personal bankruptcy?

Yes No

If Yes: Chapter Filed _____ Date Filed _____ Case Number _____

Present Status: Case Dismissed Payment Plan Debts Discharged (amt: \$ _____) Pending

Have you ever experienced foreclosure, repossession, debt judgement or criminal penalty within the last seven years? Yes No

Are there any legal actions (claims, lawsuits, etc.) pending against you? Yes No

I authorize Arcata Economic Development Corporation to make inquires 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.



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PERSONAL BUDGET INFORMATION

Borrower Name:

Income

Monthly

Gross Salary

Spouse's Gross Salary

Owner's Draw from Business

Rental Income

Interest/Dividend Income

Other: _____

Other: _____

Total Monthly Income:

Expenses

Monthly

Mortgage/Rent Payment

Auto Payment

Installment Payments

Credit Line/Card Payments

Utilities and Telephone

Insurance

Food

Clothing

Child Care

Contingent Liabilities

Other: _____

Other: _____

Total Monthly Expenses:

I/We hereby certify that the above information is valid and correct to the best of my/our knowledge.

DATE

SIGNATURE OF PRIMARY APPLICANT

DATE

SIGNATURE OF CO-APPLICANT



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BUSINESS DEBT SCHEDULE

PLEASE LIST ALL EXISTING BUSINESS DEBTS

Date: _____

Should be the same date as current financial statement

CREDITOR NAME/ADDRESS	ORIGINAL AMOUNT	ORIGINAL DATE	PRESENT BALANCE	INTEREST RATE	MATURITY DATE	MONTHLY PAYMENT	SECURITY	CURRENT OR DELINQUENT
TOTAL PRESENT BALANCE <i>Total must agree with balance shown on current financial statement</i>				TOTAL MONTHLY PAYMENT				

DATE SIGNATURE OF PRIMARY APPLICANT

DATE SIGNATURE OF CO-APPLICANT



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MANAGEMENT RESUME

Please fill in all spaces. If an item is not applicable, please indicate as such. You may include additional relevant information on a separate exhibit. SIGN/DATE where indicated.

PERSONAL INFORMATION:

Name: _____ SS#: _____
First Middle Last

Date of Birth: _____ Place of Birth: _____

Residence Telephone: _____ Business Telephone: _____

Residence Address: _____

From: _____ To Present Date: _____

Previous Address: _____

From: _____ To: _____

Spouse's Name: _____ SS#: _____
First Middle Last

Are You Employed by the U.S. Government? Yes No Agency / Position: _____

Are you a U.S. Citizen? Yes No If No, give Alien Registration Number: _____

EDUCATION:

College/Technical Training - Name/Location	Dates Attended	Major	Degree/Certificate
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

MILITARY SERVICE BACKGROUND:

Branch of Service: _____ Dates of Service: _____

WORK EXPERIENCE:

Company Name/Location: _____

From: _____ To: _____ Title: _____

Duties: _____

Company Name/Location: _____

From: _____ To: _____ Title: _____

Duties: _____

DATE

SIGNATURE