

### City of Hartington LB840 Loan Application

Please Answer Every Question (if question does not apply, mark NA).

**A. BUSINESS (BORROWER) INFORMATION:**

Name of Business to Receive Assistance: \_\_\_\_\_

Federal ID #: \_\_\_\_\_

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

\_\_\_\_\_  
City State Zip

Contact Person: \_\_\_\_\_ Telephone No.( ) FAX No.( )

Business Classification (Enter Primary SIC Code):  
\_\_\_ Manufacturing \_\_\_ Warehousing & Distribution  
\_\_\_ Service \_\_\_ Research & Development  
\_\_\_ Administrative Management Headquarters

Business Organization: \_\_\_ Proprietorship \_\_\_ Corporation  
\_\_\_ Partnership \_\_\_ Other

Does the Company have a Parent or Subsidiaries? \_\_\_ Yes \_\_\_ No

If Yes, Identify Name: \_\_\_\_\_

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

\_\_\_\_\_  
City State Zip

Business Type \_\_\_ Start-up (0-5 yrs old) \_\_\_ Buy Out  
\_\_\_ Existing If Existing, years in Business \_\_\_

*Ownership Identification: List all officers, directors, partners, owner, co-owners and all stockholders with 20% or more of the stock. Enter under Minority Code, a “1” if the person identified is a woman; a “2” if a member of a minority group; and “3” if a disabled person.*

Name	Title	Ownership %	Male/Female	Minority Code
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**B. PERSONNEL:** (Full-Time-Equivalent, FTE is based upon 2,080 hours per year.)

Existing Number of Full Time Equivalent Positions: \_\_\_\_\_

Full-Time-Equivalent Positions to be Created within 18 months of Application Approval: \_\_\_\_\_

Total Number of Seasonal Full-Time-Equivalent Jobs Created  
(i.e. Jobs which will be available for at least 3 continuous months and recur annually): \_\_\_\_\_

Total Number of Full-Time-Equivalent Jobs Retained: \_\_\_\_\_

Number of Jobs Lost Without Loan Approval: \_\_\_\_\_

**C. FINANCIAL NEED**

TOTAL Project Cost Estimate: \_\_\_\_\_

Date funds are needed: \_\_\_\_\_

Investment to be made by Applicant (Amount & Source): \_\_\_\_\_

List the loan(s) to be obtained for the project (Amount & Funding Name): \_\_\_\_\_  
\_\_\_\_\_

**D. PROJECT INFORMATION**

**USES OF FUNDS:**

**Total Project Cost**

**LB840 Funds Requested**

Land Acquisition

\_\_\_\_\_

\_\_\_\_\_

Building Acquisition

\_\_\_\_\_

\_\_\_\_\_

Renovation

\_\_\_\_\_

\_\_\_\_\_

New Facility Construction

\_\_\_\_\_

\_\_\_\_\_

Acquisition of Machinery/Equipment

\_\_\_\_\_

\_\_\_\_\_

Acquisition of Furniture/Fixtures

\_\_\_\_\_

\_\_\_\_\_

Working Capital (Includes Inventory)

\_\_\_\_\_

\_\_\_\_\_

Other (Specify)

\_\_\_\_\_

\_\_\_\_\_

**TOTAL:**

\_\_\_\_\_

\_\_\_\_\_

**E. SOURCES OF FUNDS:**

*Note: Public sources of financing require the participation of a Bank and/or an injection of equity (non-debt) funds.*

**Participating Lender Information:**

Name of Lending Institution: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Loan Amount: \_\_\_\_\_ Loan Term: (Yrs) \_\_\_\_\_  
Interest Rate: \_\_\_\_\_ % \_\_\_\_\_ Variable \_\_\_\_\_ Fixed  
Collateral Required: \_\_\_\_\_ Equity Required: \_\_\_\_\_

**F. EQUITY INFORMATION:**

Amount available from business or owners for investment: \$ \_\_\_\_\_

Source of owner's equity into project: \_\_\_\_\_

Project Location: \_\_\_\_\_ Within the City Limits and within the Zoning Jurisdiction of 1 mile of (Name of City): \_\_\_\_\_

**G. ATTACH THE FOLLOWING:**

(1) Brief description of the business' history. (may refer to Business Plan if available) \_\_\_\_\_

---

---

---

---

---

---

---

---

(2) Brief description of the proposed project. (may refer to Business Plan if available) \_\_\_\_\_

---

---

---

---

---

---

---

---

- (3)  **Existing Businesses:** Provide two (2) year historical balance sheets and operating statements. Current statements less than 60 days old. (if existing business is being purchased, get these from seller, if possible).  
 **Start-up business:** Provide projected year-end statements for first one (1) year of operation.
- (4)  Business Plan (for new business)
- (5)  Personal Financial Statement for each person owning 20% or more of the business (See attached form)
- (6)  Credit Report from Credit Reporting Agency. Contact your bank for information.
- (7)  Last two (2) years tax returns (Business and Personal).
- (8)  Other documentation maybe requested.
- (9)  Upon loan approval, a Compliance Form will be due biannually.

Once all documents have been received, the Hartington staff will review the application to determine if it meets the eligibility requirements to be considered by the loan committee.

*Signatures – I certify that everything I have stated in this application and on any attachments is correct. By signing below, I authorize you to check my credit and employment history and to answer questions others may ask you about my credit record with you. I understand that I must update credit information at your request if my financial condition changes.*

\_\_\_\_\_  
 Applicant's Signature                      Date

\_\_\_\_\_  
 Other Signature                      Date  
*(If Applicable)*



**PERSONAL FINANCIAL STATEMENT**

**U.S. SMALL BUSINESS ADMINISTRATION**

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

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 person or entity providing a guaranty 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 & 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)		Loan 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)	
(Describe in Section 5)		Other Liabilities .....	\$ _____
Other Assets .....	\$ _____	(Describe in Section 7)	
(Describe in Section 5)		Total Liabilities .....	\$ _____
<b>Total</b>	\$ _____	Net Worth .....	\$ _____
		<b>Total</b>	\$ _____

Section 1. Source of Income	Contingent Liabilities
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 .....

Description of Other Income in Section 1.

---



---



---

\*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 (monthly, etc.)	How Secured or Endorsed Type of Collateral

**Section 3. Stocks 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 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 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.)

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

I authorize SBA/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: \_\_\_\_\_

**PLEASE NOTE:** The estimated average burden hours for the completion of this form is 1.5 hours per response. If you have questions or comments concerning this estimate or any other aspect of this information, please contact Chief, Administrative Branch, U.S. Small Business Administration, Washington, D.C. 20416, and Clearance Officer, Paper Reduction Project (3245-0188), Office of Management and Budget, Washington, D.C. 20503. **PLEASE DO NOT SEND FORMS TO OMB.**