



**City of Gardiner**  
**Revolving Loan Fund Program**  
**APPLICATION**

**I. PERSONAL HISTORY**

1. Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

2. Telephone Number: Home: \_\_\_\_\_ Work: \_\_\_\_\_

3. Home Mailing Address:

Street: \_\_\_\_\_

City/Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Length of time at present address: \_\_\_\_\_

4. Previous Address:

Street: \_\_\_\_\_

City/Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Length of time at previous address: \_\_\_\_\_

5. Number of dependants living in your household: \_\_\_\_\_ Please list.

<u>Name</u>	<u>Relationship</u>
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6. Personal References: (Please list three.)

<u>Name</u>	<u>Address</u>	<u>Relationship</u>
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7. Describe your qualifications or experience which enable you to operate this business. (A resume may be substituted.)

## II. BUSINESS HISTORY

1. Is your business -- existing? \_\_\_\_\_ proposed? \_\_\_\_\_  
If existing, how long have you been in business? \_\_\_\_\_
2. Business Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
City/Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_
3. What is your tax identification number? \_\_\_\_\_
4. Type of Business (please check):  
Sole Proprietorship  Partnership  Corporation   
(If partnership or corporation, please submit information confirming this status. Also list all stockholders or partners and their percentage of ownership.)  

<u>Stockholder/Partner Name</u>	<u>% of Ownership</u>
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## III. PROJECT DESCRIPTION

1. Please explain the project for which you are requesting revolving loan fund monies (use additional sheet, if necessary).
2. How many jobs will your proposal create? \_\_\_\_\_ retain? \_\_\_\_\_
3. Please explain how your project will meet the low/moderate income benefit goals of the Revolving Loan Fund Program.
4. Please give a detailed and exact description of the proposed use of loan proceeds.

**IV. MARKETING PLAN/STRATEGY**

1. What products or services do you sell or intend to sell?
  
2. Who are your customers? (Please be as specific as possible and include customer list, if available.)
  
3. What kind of promotion or advertising do you expect to do?
  
4. What kind of evidence do you have that a market exists for your product or services?

**V. SOURCES AND USES OF FUNDS**

1. Please indicate below the proposed sources and uses of funds for your project.

Sources Of Funds		Uses of Funds	
Bank Loan	_____	Land	_____
Owner's Cash	_____	Building	_____
Revolving Loan Fund	_____	Machinery & Equipment	_____
Other (specify)	_____	Working Capital	_____
	_____	Building Improvements	_____
	_____	Other (specify)	_____
	_____		_____
Total	_____	Total	_____

Note: Please attach to your application vendor cost estimates for any asset purchases or rehabilitation expenses that are part of your project. If you are doing the work yourself, please attach a materials list with cost estimates from a supplier.

VI. COLLATERAL

Please list below the assets that you are willing to provide as collateral for this loan. Also indicate any existing loans against these assets.

Asset	Existing Loan Amount	Loanholder

VII. MISCELLANEOUS INFORMATION: Please answer the following questions.

- Are there any pending litigations, governmental proceedings, or consent orders against you or your business? \_\_\_\_\_ If so, attach description.
- Have you or your company ever filed bankruptcy? \_\_\_\_\_ If so, attach description.
- Have you or your company ever been involved in a criminal proceeding? \_\_\_\_\_ If so, attach description.
- Do you or your company have contingent liabilities as a co-signer, endorser, guarantor, or other? \_\_\_\_\_ If so, please attach description.
- Does this project require a Department of Environmental Protection Certificate of Approval? \_\_\_\_\_ If so, please attach.
- Do you give permission to the servicing agent for the Revolving Loan Fund Program (currently Gardiner Savings Institution) to perform a credit check? \_\_\_\_\_

I (We) certify that the above statements are true and accurate to the best of my (our) knowledge, as of the date stated herein.

\_\_\_\_\_  
Signature(s) of Applicant(s)

\_\_\_\_\_  
Date

Please note: In order to make its decision, the Revolving Loan Fund Committee may request that you submit additional information at a later date. This includes the possibility that a co-signer may be needed before a loan is approved.

Racial, Gender, and National Origin Data OPTIONAL

- Gender:  Male  Female
- Hispanic or Latino origin:  Yes  No
- Please check one of the following:
 

<input type="checkbox"/> Black or African American	<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or other Pacific Islander
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian or Alaskan Native	

## **CITY OF GARDINER REVOLVING LOAN FUND PROGRAM**

### **APPLICATION - Attachments**

**ATTACHMENTS:** Provide the following information under separate cover to assure confidentiality.

A. Commitments From Other Funding Sources (if applicable).

Please provide documentation of commitments from other funding sources for your project. These commitments should be in writing and from an individual who has the authority to commit funds (e.g., bank loan officer, private investor, etc.).

B. Historical Financial Statements

Please provide Balance Sheet and Profit and Loss Statements for three years, when available and applicable. If not available, tax returns can be substituted.

C. Personal Financial Statement

A current Personal Financial Statement may be required from all owners of more than 30% of the business. (A sample form is attached for this purpose.)

D. Cash Flow Projection

Please provide a Cash Flow Projection for one year after receipt of the requested loan. (A sample form is attached.)

# CITY OF GARDINER REVOLVING LOAN FUND PROGRAM

## SAMPLE CASH FLOW PROJECTION

For the Year Beginning \_\_\_\_\_ and Ending \_\_\_\_\_

Beginning Cash Balance		\$ _____
Add: Sales Revenue		_____
Loan Proceeds		_____
Other (specify)	_____	_____
	_____	_____
Total Available Cash		\$ _____
Deduct: Asset Purchases	\$ _____	
Cost of Materials	_____	
Debt Service	_____	
Salaries	_____	
Unemployment/ Workers Compensation	_____	
Heat & Electricity	_____	
Telephone	_____	
Supplies/Additional Expenses	_____	
Other (specify)	_____	_____
	_____	_____
Total Expenses		\$ _____
Ending Cash Balance		\$ _____

**CITY OF GARDINER REVOLVING LOAN FUND PROGRAM**

**PERSONAL FINANCIAL STATEMENT**

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

Who should complete this form: If the business is a 1) sole proprietorship - the proprietor; 2) partnership - each partner with 30% or more ownership; 3) corporation - each officer and each stockholder with 30% or more ownership. Also, any other person or entity co-signing the loan.

Name: \_\_\_\_\_ Residence Phone: \_\_\_\_\_

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

City, State & Zip: \_\_\_\_\_

Business Name of Applicant/Borrower: \_\_\_\_\_

<b>Assets (omit cents)</b>	<b>Liabilities (omit cents)</b>
Cash on hand and in banks..... \$ _____	Accounts Payable..... \$ _____
Savings Accounts _____	Notes Payable to Bank & Others _____
IRA _____	(Describe in Section 2)..... _____
Accounts & Notes Receivable _____	Installment Account (Auto) _____
(Describe in Section 6)..... _____	Mo. Payments \$ _____
Life Insurance-Cash _____	Installment Account (Other) _____
Surrender Value Only..... _____	Mo. Payments \$ _____
Stocks and Bonds _____	Loans on Life Insurance..... _____
(Describe in Section 3)..... _____	Mortgages on Real Estate _____
Real Estate _____	(Describe in Section 4)..... _____
(Describe in Section 4)..... _____	Unpaid Taxes _____
Automobile-Present Value..... _____	(Describe in Section 7)..... _____
Other Personal Property _____	Other Liabilities _____
(Describe in Section 5)..... _____	(Describe in Section 8)..... _____
Other Assets _____	Total Liabilities..... _____
(Describe in Section 6)..... _____	Net Worth..... _____
Total..... \$ _____	Total..... \$ _____

<b>Section 1. A. Sources of Income</b>	<b>B. Contingent Liabilities</b>
Salary..... _____	As Endorser or Co-Maker..... _____
Net Investment Income..... _____	Legal Claims and Judgements... _____
Real Estate Income..... _____	Provision for Fed. Income Tax _____
Other Income (Describe)*..... _____	Other Special Debt..... _____

\*(Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted towards total income.)

Description of Items Listed in Section 1 \_\_\_\_\_

**Section 2. Notes Payable to Banks and Others**

Name & Address of Noteholder	Original Balance	Current Balance	Payment Amount	Terms (monthly, etc.)	How Secured or Endorsed - Type of Collateral

**Section 3. Stocks and Bonds** (Use separate sheet if necessary.)

No. of Shares	Names of Securities	Cost	Market Value Quotation/Exchange	Date Amount

**Section 4. Real Estate Owned** (List each parcel separately. Use supplemental sheets if necessary. Each sheet must be identified as a supplement to this statement and signed.)

Address-Type of Property	Title is in name of	Date Purchased	Original Cost	Present Value	Mortgage Balance	Amount of Payment	Status of Mortgage

**Section 5. Other Personal Property** (Describe, and if any is mortgaged, state name and address of mortgage holder and amount of mortgage, terms of payment, and if delinquent, describe delinquency.)

**Section 6. Other Assets, Notes and Accounts Receivable** (Describe)

**Section 7. Unpaid Taxes** (Describe in detail, as to type, to whom payable, when due, amount, and what, if any, property the tax lien attaches.)

**Section 8. Other Liabilities** (Describe in detail.)

**Section 9. Life Insurance Held** (Give face amount of policies - name of company and beneficiaries.)

The City of Gardiner or its servicing agent is authorized to make all inquiries deemed necessary to verify the accuracy of the statements made herein and to determine my (our) creditworthiness. I (We) certify that the above and the statements contained in the schedules herein are a true and accurate statement of my (our) financial condition as of the date stated herein.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

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