

Supporting Information and Documentation Checklist

*All relevant information must be received by staff before loan review will start.
Please (X) if attached or (N/A) if not applicable:*

- 1) _____ Financing Application
- 2) _____ Business Plan
- 3) _____ Management Team: *Attach resumes of key employees and owners with 20% or greater investment*
- 4) _____ Company History
- 5) _____ Employment Statement: *current, proposed*
- 6) _____ Projected Proforma Financial Statements: *2 years projected balance sheets, income statements and cash flow statements; first year projected cash flow and income statements broken down by month*
- 7) _____ Personal Financial Statement: *no more than 90 days prior to application*
- 8) _____ Interim Financial Statements: *no more than 90 days prior to application*
- 9) _____ Historical Financial Statements: *Last three (3) years Business and personal tax returns*
- 10) _____ Security / Collateral Description: *include most recent appraisal of real estate, machinery and equipment when applicable.*
- 11) _____ Debt Schedule
- 12) _____ Aging of Accounts Payable & Accounts Receivable
- 13) _____ Sources and Use of Financing
- 14) _____ Letters of Commitment from bank / agency
- 15) _____ Copy of Lease / Deed
- 16) _____ Supporting Non-financial information as necessary: *Special Licenses / estimates / quotations / receipts / contracts / orders / invoices / sales agreements or documentation from architects, engineers, contractors, suppliers or others involved in the sale, lease, construction or renovation of fixed assets for the applicants project, including schedules of implementation*
- 17) _____ Business Association Filing: *Certificate or evidence of authority to transact business*
- 18) _____ Proof of applicable Insurance
- 19) _____ Marketing Plan / Questionnaire
- 20) _____ Environmental Questionnaire
- 21) _____ Signed Borrowing Resolution



Financing Application

Please answer all questions thoroughly and completely to the best of your ability. Missing information will only delay the processing of your application. Only when a completed application and all materials referred to on the checklist are received will loan processing begin.

I. Project Applicant:

A.

	Date of Application
Applicant's Name	Phone Number
	Social Security Number
Name of Business	Phone Number
Address	Taxpayer ID Number
City, State, Zip Code	DUNS Number
Project/Business Location	Contact Person
Amount Requested	Years in Business

B. Business Organization:

S Corporation C Corporation Partnership Sole Proprietorship

If Incorporated, list Date and State of Incorporation: _____

1) Is the applicant a subsidiary or direct or indirect affiliate of any other organization? *If YES, please explain:* YES: NO:

2) Brief Description of Business and History:

C. Ownership / Management:

1) Major Stockholders, Partner or Proprietors with 20% or greater interest:

Name:	Address:	Phone #	Ownership %	Social Security #
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

2) List the names of all Officers, Directors or General Partners:

Name:	Title:	Address:	Social Security #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

II. Project Representatives:

	Contact Name:	Phone Number:
Regular Bank: _____	_____	_____
Probable Lender: _____	_____	_____
Legal Representative: _____	_____	_____
Accountant: _____	_____	_____

III. Disclosure Information:

A. List businesses in which your company or any individual listed above has or had an ownership interest in the past 10 years, indicate whether this was a controlling interest:

Company Name:	Address:	Taxpayer ID Number:	Ownership %
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

B. List any commercial loans your company or any individual listed above has had in the past 10 years:

Bank:	Borrower:	Amount:	Date:	Status (i.e., Paid, Current, Default):
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

C. Has any individual above or your company received any government assistance (i.e., direct loans, guaranteed loans, grants) from Federal State or Local sources (SBA, FmHA, EDA, CDBG, HUD, FAME, AVCOG, CEI, EMDC, etc.), including but not limited to any loans which were guaranteed by these sources? This includes any assistance which you personally guaranteed or in which you had any ownership in the borrower.

YES: _____ NO: _____

If YES, please explain:

Bank:	Borrower:	Amount:	Date:	Status (i.e., Paid, Current, Default):
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

D. Has any individual or company associated with any individual above, been involved with bankruptcy proceedings, insolvency, bank "work-out" forced or friendly liquidation and the disposition of those activities?
YES: _____ NO: _____ If YES, please explain, listing parties involved:

E. Has the company or any stockholder with 20% or greater investment in the company been convicted of any crime or had any judgment filed against them, currently or pending? YES: _____ NO: _____
If YES, please explain, giving details regarding results, judgments or penalties:

F. Does the company or any individual above have delinquent tax authority obligations (IRS, State Sales, Real Estate, Property, etc.) or liens or judgments that were the result of any of these or previous tax authority obligations? YES: _____ NO: _____ If YES, please explain:

IV. Project Summary

A. Explain the purpose of this loan or a brief narrative description of the project:

If relocating, state reason for change to new location:

B. Buildings: Property Size (Acres): _____
Building(s) Size (Sq. Ft.): _____

1) If property owner, list current tenants (including amount of space rented), proposed tenants and least terms:

2) If property tenant, list building owner(s), owner's address and lease terms (include copy of lease):

- 3) Does the project involve the acquisition of existing building(s) or land? YES: _____ NO: _____
If YES, has site control been established? YES: _____ NO: _____
If YES, what type of site control has been established? _____ option to purchase _____ lease
 _____ purchase
- 4) Does the project consist of additions or renovations to existing buildings?
 YES: _____ NO: _____ *If YES, please summarize the nature of the improvements:*
- 5) Has any construction, rehabilitation or renovation activity occurred to date which is included in the total project cost? YES: _____ NO: _____ *If YES, please state the extent and cost of the activity undertaken and what percent it represents of the total work to be done:*

C. Zoning and Infrastructure:

- 1) The proposed use of the project meets all governmental zoning and subdivision regulations?
 YES: _____ NO: _____ *If NO, please explain:*
- 2) There is adequate capacity for the utilities, sewage and drainage available for the building?
 YES: _____ NO: _____ *If NO, please explain:*
- 3) There is adequate off-street parking to meet the needs of the business? YES: _____ NO: _____
If NO, please explain:

D. Collateral:

- 1) List any collateral for this project: Please attach additional sheets if necessary.
- | Description: | Value: |
|--------------|--------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
- 2) Describe any liens on any collateral at this time, including lender's name, amount and type of collateral: Please attach additional sheets if necessary.
- | Type of collateral: | Lender: | Amount: |
|---------------------|---------|---------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

3) Identify any personal or corporate guarantees for this loan:

V. Sources and Uses of Financing:

A. Source of Funds:

	Name:	Amount:	Term:	Rate:
Private:	_____	_____	_____	_____
Other Public:	_____	_____	_____	_____
Other Source:	_____	_____	_____	_____
Other Source:	_____	_____	_____	_____
Equity:	_____	_____	_____	_____
Total	_____	_____	_____	_____

B. Use of Proceeds:

	Description:	Amount:
Working Capital:	_____	_____
Land Acquisition:	_____	_____
Building Acquisition:	_____	_____
Equipment Acquisition:	_____	_____
Repairs/Renovations:	_____	_____
Building Construction:	_____	_____
Equipment Installation:	_____	_____
Other Construction Costs	_____	_____
Leasehold Improvements	_____	_____
Miscellaneous:	_____	_____
Professional Fees:	_____	_____
Payoff Existing Debt:	_____	_____
Other (Specify):	_____	_____
_____	_____	_____
_____	_____	_____
Total:	_____	_____

VI. Employment Requirements: Our programs are designed to accomplish, among other things, the creation of jobs for low to moderate income individuals. In some cases, at least 51% of the new jobs created must meet this criterion. A brief description must be submitted with this application for the new jobs to be created. If your application is approved, the available jobs will need to be listed with the Jobs Training Partnership Act program and the Maine Job Service.

A. Number of Employees:

1) Current: full-time: _____ part-time: _____
 Projected: full-time: _____ part-time: _____

B. Annual Payroll at present location: \$ _____

C. Annual payroll at completion of project: \$ _____

D. Estimated annual payroll at end of 3 years: \$ _____

VII. Corporate Resolution:

I certify that the present officers of said corporation duly elected or appointed are hereby authorized on behalf of this corporation to borrow such money, obtain such credit or receive Letters of credit from any and all lending agencies, to execute and deliver any and all instruments necessary or desired by the lending agency to effect the same, as security for any such borrowing or credit, to mortgage, pledge, assign, grant a security interest in, convey or transfer by way of pledge or otherwise any and all rights or property, tangible or intangible, of this corporation, and to execute any and all writings necessary or desired by the lending agency to effect the same or incidental thereto in the name of the Corporation.

Date

Signature of Secretary / Clerk

VIII. Confidentiality of Records:

I (we) request that information provided by me (us) and developed by the lending agency, or its staff or agents, with respect to this application for financial assistance be designated Confidential and not open for public inspection. This includes the disclosure of tax or financial information; assessment of the creditworthiness or financial condition; records obtained by the lending agency in connection with the monitoring or servicing of an existing project; proprietary information; and information regarding investors, current and potential.

To the best of my (our) knowledge, the above information is accurate, true and correct. I (We) understand that any false or misleading information I (we) provide may lead to my (our) disqualification from this program. I (we) authorize the lending agency and others on its' behalf to gather, collect and verify any and all information about me (us) furnished in connection with this application or which it believes is advisable and which relates to this application and loan. The information that may be verified includes, but is not limited to, the following: employment, pensions, mortgages, deposits, and any other income; personal or business loans; hazard insurance; and further, to obtain a credit report. If this application is approved, I (we) will be obligated by the promissory note I (we) will sign and the lending agency will me (us). This application remains the lending agency's property, whether or not this application is approved.

Applicant's Signature

Co-Applicant's Signature

Applicant's Name / Title

Co-Applicant's Name / Title

Date

Date

IX. INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the Federal Government for certain types of loans related to a dwelling in order to monitor the lender's compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may discriminate neither on the basis of this information, nor on whether you choose to furnish it. If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race, or sex, under Federal regulations, this lender is required to note the information on the basis of visual observation or surname. If you do not wish to furnish the information, please check the box below. (Lender must review the above material to assure that the disclosures satisfy all requirements to which the lender is subject under applicable state law for the particular type of loan applied for.)

BORROWER: <input type="checkbox"/> I do not wish to furnish this information	CO-BORROWER: <input type="checkbox"/> I do not wish to furnish this information
Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Race <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other <input type="checkbox"/> White	Race <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other <input type="checkbox"/> White
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male

To be Completed by Interviewer. This application was taken by: <input type="checkbox"/> face-to-face interview <input type="checkbox"/> by mail <input type="checkbox"/> by telephone <input type="checkbox"/> internet	Interviewer's Signature: <hr/> Interviewer's Name (<i>Print or type</i>) <hr/> Interviewer's Phone # (<i>Area Code</i>) Date: () - / /	Name and Address of Interviewer's Employer
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Employment Statement

Company Name: _____

The following information is needed to evaluate eligibility meeting National Objectives concerning job creation and retention. Please fill in the graphs below to the best of your ability providing as much detail as possible. In order to meet this criterion, the applicant will be required to track and document that at least 51% of the jobs created or retained will be available to and held by low and moderate income persons.

I. Current Employment: at time of application

Job Title by Department	# of Positions	Annual Wage	Hourly Wage	# Unskilled Positions	# Semi-Skilled Positions	# Skilled Positions

Signature: _____
(Name)

(Title)

II. Projected Employment:

Job Title by Department*	Number of Jobs Created		Annual Wage	Hourly Wage	Skill Level of Jobs Created			Number of Positions			
	At Project Completion	3 Years After Completion			Unskilled **	Semi-Skilled	Skilled	Less Than H.S.	High School	Vocation 1-2 yrs	Assoc. Degrees

*Indicate whether the position is full-time (FT) or part-time (PT)

** Indicate with an "X" if training for unskilled employees exists which will raise their work level to that of a semi-skilled or skilled position