

Pike County CAC Business Development	
Loan Package Checklist	
Application Form	
USDA Forms-Certification Regarding Disbarment, Suspension, Ineligibility..(AD-1048) and Assurance Agreement (RD 400-4)	
Compliance Monitoring Form and Credit Elsewhere Statement	
Personal Financial Statement	
Written Business Plan	
Letters of Intent from Suppliers and Customers	
Three-year cash flow projections with assumptions	
Three-years of historical financials (existing business)	
Breakdown of loan uses	
Written quotes on item(s) to be purchased with loan proceeds	
Past three years of personal income taxes	
List of collateral: with serial #'s, model #'s, and/or photos, age, cost	
Copy of vehicle titles or deeds to property (if pledging as collateral)	
Insurance documentation	
Leases or purchase agreements	
Partnership agreements/corporation documents	
Licenses and permits	
Resumes	
References: past employers, creditors, friends	
Equity injection	
Bank commitment letter (if applicable)	
DUNS #: http://fedgov.dnb.com/webform	
Other:	
Due Date	

"In accordance with Federal Law and U. S. Department of Agriculture policy, this institution is prohibited from discrimination on the basis of race, color, national origin, age, disability, religion, sex, familial status, sexual orientation, and reprisal. (Not all prohibited basis apply to all programs). To file a complaint of discrimination, write to: USDA, Assistant Secretary for Civil Right, Office of Assistant Secretary for Civil Rights, 1400 Independence Avenue, S.W., Stop 9410 Washington, D.C. 20250-9410, or call toll free at (866) 632-9992 (English) or (800) 877-8339 (TDD) or (866) 377-8642 (English Federal-relay) or (800) 845-6136 (Spanish Federal-relay). USDA is an equal opportunity provider and employer."

PIKE COUNTY COMMUNITY ACTION COMMITTEE

941 Market Street, Piketon, Ohio 45661
(740) 289-2371 TDD (740)289-2608

Part one: Intake Information

Name of Applicant _____ SS# _____

Name of Applicant _____ SS# _____

Address: _____ Phone _____

Street City State Zip County

Number of people in family _____ Monthly Household Income _____

Nearest Living Relative _____ Phone _____

Referred by _____

Personal References/Phones (list three) _____

Have you ever been convicted of a felony? yes no Explain _____

Are you 60 days delinquent on child support? yes no

Veteran Status: Non Veteran Vietnam Veteran Other Veteran

Part two: Business Overview

Business Name _____ Telephone _____

Business Address _____ City _____ State _____ Zip _____ County _____

Business Description _____

Business Status Start up (new or under 12 months) Existing Business (over 12 months) DUNS# (required) _____

Business Structure Sole Proprietorship Corporation S Limited Liability Co.

Partnership Corporation C

Type of Business Service Retail Agriculture

Manufacturing Green Product/Service Other _____

Gross Annual Sales _____ Number of Employees _____

All information in this application/data form and business plan is true and complete to the best of my/our knowledge and is submitted to the Pike County Community Action Committee funding program stated above for the purpose of review for a loan. It is my/our understanding that this information will be confidentially reviewed by the appropriate CAC staff, Loan Committee, and Board of Directors. I/we agree to pay any appropriate/necessary application fees, I/we agree to pay for any appraisal or legal costs necessary to complete my/our application, pay nominal legal and administrative fees at closing and agree that CAC may compile information through credit bureau about my/our creditworthiness.

Signature _____ Date _____

Signature _____ Date _____

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PIKE COUNTY COMMUNITY ACTION COMMITTEE

As of _____

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 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, AND ZIP CODE _____ SOCIAL SECURITY NUMBER _____

BUSINESS NAME of APPLICANT/BORROWER _____

ASSETS (omit cents)

LIABILITIES (omit cents)

Cash on hand and in Banks \$ _____
 Savings Account \$ _____
 IRA or other retirement accounts \$ _____
 Accounts and notes receivable \$ _____
 Life insurance-cash surrender value only \$ _____
 (Complete Section 8)
 Stocks & Bonds \$ _____
 (Describe in Section 3)
 Real Estate \$ _____
 (Describe in Section 4)
 Automobile - present value \$ _____
 Other personal property \$ _____
 (Describe in Section 5)
 Other Assets \$ _____
 (Describe in Section 5)
 Total \$ _____

Accounts Payable \$ _____
 Notes Payable (banks/others) \$ _____
 (Describe in Section 2)
 Installment account (Auto) \$ _____
 Monthly payments \$ _____
 Installment account (other) \$ _____
 Monthly payments \$ _____
 Loan life insurance \$ _____
 Mortgage on real estate \$ _____
 (Describe in Section 4)
 Unpaid Taxes \$ _____
 (Describe in Section 7)
 Other liabilities \$ _____
 (Describe in Section 5)
 Total Liabilities \$ _____
 Net worth \$ _____
 Total \$ _____

Section 1.

Sources Of Income

Contingent Liabilities

Salary \$ _____
 Net Investment \$ _____
 Real Estate Income \$ _____
 Other Income (describe) \$ _____

As Endorser or Co-Maker \$ _____
 Legal Claims & Judgments \$ _____
 Provision for Federal Income Tax \$ _____
 Other Special Debt \$ _____

Description of Other Income in Section. **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 Bank and Others.

Use attachments if necessary. Each attainment 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. Stock and Bonds

Use attachments if necessary. Each attainment must be identified as a part of this statement and signed.

NUMBER OF SHARES	NAME OF SECURITIES	COST	MARKET VALUE QUOTATION/ EXCHANGE	DATE OF QUOTE/ Exchange	TOTAL VALUE
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Section 4. Real Estate Owned

List each separately. Use attachments if necessary. Each attainment must be identified as a part of this statement and signed.

Property A

Property B

Property C

Type of Property

Name and Address of the Title Holder

Date Purchased

Original Cost

Present Market Value

Name and Address of Mortgage Holder

Mortgage Account Number

Mortgage Balance

Amount of Payment per Month/Year

Status of Mortgage

Section 5. Other Personal Property/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 attached.

Section 7. Other Liabilities (Describe in Detail)

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

I authorize CAC to make inquiries as necessary to verify accuracy of the statements made and to determine my creditworthiness. I certify the above and the statement contained in the attachments are true and accurate as of the stated date(s). These are made for the purpose of obtaining a loan. I understand FALSE statements may result in forfeiture of benefits and possible prosecution.

Signature:

Date:

Social Security Number:

Date: _____

Business Name: _____

Compliance Monitoring

The following information is requested by the Federal Government for certain types of loans, in order to monitor the lender's compliance with equal credit opportunity. You are not required to furnish this information, but are encouraged to do so. The law requires that a lender may neither discriminate on the basis of this information nor on whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations, this lender is required to note race/ethnicity on the basis of visual observation or surname. If you do not wish to furnish the above information, please check the box below.

Ethnicity:

Hispanic or Latino _____
Not Hispanic or Latino _____

Race:

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

Gender:

Male _____
Female _____

I do not wish to furnish this information.

This information is provided by:

Community Action Committee of Pike County

Credit Elsewhere Statement

I, _____, did seek credit with other funding sources in my community. I could not obtain financing elsewhere because (please check all that apply):

I have been in business for less than _____ year(s).

I have a poor credit or no credit.

Terms and/or rates were unacceptable:

Rate: _____

Term: _____

Lender: _____

Lender agreed to partially finance project:

Total Loan Requested: \$ _____

Amount financed by Lender: \$ _____

Name of Lender: _____

I do not have sufficient collateral

Other. Explain:

Signature

Date

USDA
Form RD 400-4
(Rev. 3-97)

ASSURANCE AGREEMENT
(Under Title VI, Civil Rights Act of 1964)

FORM APPROVED
OMB No. 0575-0018

The _____
(name of recipient)

(address)

("Recipient" herein) hereby assures the U. S. Department of Agriculture that Recipient is in compliance with and will continue to comply with Title VI of the Civil Rights Act of 1964 (42 USC 2000d et. seq.), 7 CFR Part 15, and Rural Housing Service, Rural Business-Cooperative Service, Rural Utilities Service, or the Farm Service Agency, (hereafter known as the "Agency") regulations promulgated thereunder, 7 C.F.R. §1901.202. In accordance with that Act and the regulations referred to above, Recipient agrees that in connection with any program or activity for which Recipient receives Federal financial assistance (as such term is defined in 7 C.F.R. §14.2) no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination.

1. Recipient agrees that any transfer of any aided facility, other than personal property, by sale, lease or other conveyance of contract, shall be, and shall be made expressly, subject to the obligations of this agreement and transferee's assumption thereof.
2. Recipient shall:
 - (a) Keep such records and submit to the Government such timely, complete, and accurate information as the Government may determine to be necessary to ascertain our/my compliance with this agreement and the regulations.
 - (b) Permit access by authorized employees of the Agency or the U.S. Department of Agriculture during normal business hours to such books, records, accounts and other sources of information and its facilities as may be pertinent to ascertaining such compliance.
 - (c) Make available to users, participants, beneficiaries and other interested persons such information regarding the provisions of this agreement and the regulations, and in such manner as the Agency or the U.S. Department of Agriculture finds necessary to inform such persons of the protection assured them against discrimination.
3. The obligations of this agreement shall continue:
 - (a) As to any real property, including any structure, acquired or improved with the aid of the Federal financial assistance, so long as such real property is used for the purpose for which the Federal financial assistance is made or for another purpose which affords similar services or benefits, or for as long as the Recipient retains ownership or possession of the property, whichever is longer.
 - (b) As to any personal property acquired or improved with the aid of the Federal financial assistance, so long as Recipient retains ownership or possession of the property.
 - (c) As to any other aided facility or activity, until the last advance of funds under the loan or grant has been made.
4. Upon any breach or violation this agreement the Government may, at its option:
 - (a) Terminate or refuse to render or continue financial assistance for the aid of the property, facility, project, service or activity.
 - (b) Enforce this agreement by suit for specific performance or by any other available remedy under the laws of the United States or the State in which the breach or violation occurs.

Rights and remedies provided for under this agreement shall be cumulative.

In witness whereof, _____ on this
(name of recipient)

date has caused this agreement to be executed by its duly authorized officers and its seal affixed hereto, or, if a natural person, has hereunto executed this agreement.

(SEAL)

Recipient

Date

Attest: _____
Title

Title

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0570-0018. The time required to complete this information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

U.S. DEPARTMENT OF AGRICULTURE

**Certification Regarding Debarment, Suspension, Ineligibility
and Voluntary Exclusion - Lower Tier Covered Transactions**

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 7 CFR part 3017, Section 3017.510, Participants' responsibilities. The regulations were published as Part IV of the January 30, 1989, Federal Register (pages 4722-4733). Copies of the regulations may be obtained by contacting the Department of Agriculture agency with which this transaction originated.

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS ON REVERSE)

- (1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- (2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Organization Name

PR/Award Number or Project Name

Name(s) and Title(s) of Authorized Representative(s)

Signature(s)

Date

Instructions for Certification

1. By signing and submitting this form, the prospective lower tier participant is providing the certification set out on the reverse side in accordance with these instructions.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant agrees by submitting this form that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this form that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transaction," without modification, in all lower tier covered transaction and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.