



**Sunrise County  
Economic Council**

**INSTRUCTIONS**

Please complete this application and provide the information requested on the business plan checklist. Financing needs are reviewed by SCEC staff and the loan committee. Initial response to a request is made within 10 days; closing may take up to 90 days.

*All materials submitted to SCEC in connection with your loan application shall become the property of SCEC, unless otherwise requested and shall be retained or destroyed in accordance with SCEC's file retention policy.*

**APPLICATION FOR FINANCING**

**I. INFORMATION ABOUT YOU**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

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

Soc. Sec. #: \_\_\_\_\_ Year of Birth: \_\_\_\_\_

How did you hear about SCEC's loan program? \_\_\_\_\_

**II. INFORMATION ABOUT YOUR BUSINESS**

Name of Business: \_\_\_\_\_

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

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

County: \_\_\_\_\_ Telephone: \_\_\_\_\_

Business Structure: Sole Proprietorship \_\_\_ Partnership \_\_\_ S Corp \_\_\_ C Corp \_\_\_ Nonprofit \_\_\_

Date Established: \_\_\_\_\_ IRS Employer I.D. #: \_\_\_\_\_

**III. INFORMATION ABOUT MANAGEMENT**

List the names of all owners (having 20% or greater interest), officers, and/or partners.

Provide the percent of ownership and annual compensation. (Attach additional pages if necessary)

Name and Title: \_\_\_\_\_ % of Ownership: \_\_\_\_\_

Address: \_\_\_\_\_ Annual Compensation: \_\_\_\_\_

Name and Title: \_\_\_\_\_ % of Ownership: \_\_\_\_\_

Address: \_\_\_\_\_ Annual Compensation: \_\_\_\_\_

Name and Title: \_\_\_\_\_ % of Ownership: \_\_\_\_\_

Address: \_\_\_\_\_ Annual Compensation: \_\_\_\_\_

**IV. PROPOSED SOURCES AND USES OF FINANCING (Please be specific)**

Sources	Uses
Bank _____	Land _____
SCEC _____	Buildings _____
Equity _____	Equipment _____
Owner Cash Contribution _____	Working Capital _____
Other _____	Other _____
Total Project \$ _____	Total Project \$ _____

**V. SUMMARY OF COLLATERAL**

<u>Present Market Value</u>	<u>Outstanding Debt or Leases</u>
Land & Bldgs _____	
Inventory _____	
Accts. Receivable _____	
Machinery/Equipment _____	
Furniture & Fixtures _____	
Other _____	
Total Collateral \$ _____	

**VI. BUSINESS EMPLOYMENT AND BENEFITS**

Current Employment:	# Full-Time _____	# Part-Time _____
Minimum Starting Wage:	Full-Time \$ _____	Part-Time \$ _____
Projected Employment Increases:	# Full-Time _____	# Part-Time _____
Monthly Company Contribution to Health Insurance:	% of Employee Benefits _____%	% of Dependent Benefits _____%

F/T Worker Benefits:  
(check if applicable)

Paid Holidays _____	Paid Vacation _____	Paid Sick Days _____
S/T Disability _____	L/T Disability _____	Pension/ Profit-Sharing _____
Health Insur. _____	Dental Insur. _____	
Child Care _____	Education _____	Life Insurance _____

The processing of your loan may require that an investigative consumer report be made. You may request and receive from us any name, address, and telephone number of each consumer reporting agency issuing an investigative consumer report about you. If we receive such a request from you, we will provide this information to you within five (5) business days. You may then request and promptly receive from all such consumer reporting agencies copies of any such investigative consumer reports.

I/We understand that by signing this application I/we authorize SCEC to make inquiries as needed to verify the accuracy of the information and to determine creditworthiness. I/We certify the information is true and accurate and is provided for the purpose of obtaining a loan. SCEC will maintain the confidentiality of this information and it will not be released without authorization.

We also give permission to the Sunrise County Economic Council to share information contained in this loan application with Coastal Enterprises, Inc., a nonprofit community development corporation, to obtain underwriting assistance.

If Applicant is proprietor or general partner, sign here.

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Date

If Applicant is a corporation, sign below.

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Corporate Name

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Signature of President or duly authorized officer Date

Certifications:

The undersigned certifies that the business applying for funds from the Sunrise Loan Fund is at least 51% owned by those who are Citizens of the United States or reside in the United States after being legally admitted for permanent residence. If a sole proprietorship, the undersigned is a Citizen of the United States or resides in the United States after being legally admitted for permanent residence.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Print Name Date

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The undersigned (Borrower and Sunrise County Economic Council) agree that there is no conflict of interest between the two parties.

\_\_\_\_\_  
Borrower Lender  
Signed Date Signed Date

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The undersigned agrees that there is no other credit available at reasonable rates and terms or from applicant's own resources.

\_\_\_\_\_  
Signed Date

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Pursuant to the Debt Collection Improvement Act of 1996, the undersigned applicant agrees to the following:

Neither the applicant nor any stockholder or partner owning 20% or more in the applicant are delinquent on any federal indebtedness.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Print Name Date

