

BORROWERS SIGNATURE AUTHORIZATION FORM

I hereby authorize Erie Basin *RC&D* Inc., RLF ("The Lender") to verify my past and present employment, earnings records, bank accounts, stock holdings and any other asset balances that are needed to process my loan application. I further authorize Lender to order a credit report and/or verify credit information, including past and present mortgage and landlord references. It is understood that a photocopy of this form will also serve as authorization.

I do authorize Lender to share any financial information gathered for this transaction with RLF members.

Applicant

Date

Applicant

Date

PRIVACY ACT STATEMENT TO REFERENCES

Disclosure of the information requested is voluntary. However, information provided is of considerable value to the Lender in determining the repayment ability of applicants their eligibility.

The information you provide may be referred to another agency, whether Federal, State, or local, charged with the responsibility of investigating any violation of law.

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants .on the basis race color, religion, national origin, sex, marital status, or legal age.

“An Equal Opportunity Provider and Employer”

**EMPLOYEE CERTIFICATION
(VERIFICATION)**

A. Name of Employer _____
Address _____

B. Name of Employee (or prospective employee)

Male ____ White ____ Asian ____ Indian ____
Female ____ Black ____ Hispanic ____ Other ____

C. Job Title _____
Description of Work _____

Date Employed _____ (or to be employed)
Full Time _____
Part Time _____

D. Employee Signature _____
Date _____

PAGE 4 APPLICATION

ENVIRONMENTAL ASSESSMENT

All projects to be funded by Erie Basin RC&D RLF will be assessed environmentally by Erie Basin or other sources if necessary. Any project found to be a potential hazard to the environment will result in the business having to adjust its project to meet local and state environmental guidelines. Projects found to be affecting floodplains, wetlands, historic properties, air and/or water shall be required to submit to an environmental impact statement. Failure to comply with environmental codes and regulations will result in revocation of loans and a repayment of funds expended up to that point by the business. Any and all costs incurred as a result of the environmental reviews will be paid by the applicant.

CIVIL RIGHTS

In accordance with the Title VI of the Civil Rights Act of 1964 and the 504 Rehabilitation Act of 1973 the following information is requested in order to assure the Federal Government, acting through Rural Development (USDA), that Federal Laws prohibiting discrimination against any applicant on the basis of race, color, national origin, or handicap respectively are complied with.

This information will not be used in evaluating your application.

Please check one of the following: Alaskan Native _____ American Indian _____ Asian _____

Black _____ Pacific Islander _____ White _____ Other _____

Please check if Handicapped or Impaired _____

You are not required to furnish this information. However, if you choose not to furnish it Erie Basin RC&D is required to on the basis of visual observation or surname.

All information in this application and attachments is true and complete to the best of my/our knowledge. I/We understand this application is in no way a commitment to fund our project by the Erie Basin RC&D Loan Fund. I/We understand that RC&D will confidentially review this information. By signing below, I/We authorize you to check my/our credit and employment history and to answer questions others may ask about my/our credit history with the loan fund. I/We understand that I/We must update credit information at your request if my/our financial condition changes.

As consideration for any Management and Technical assistance that may be provided I/We waive all claims against the Erie Basin RC&D RLF Committee/Council and their consultants.

The United States Department of Agriculture (USDA) prohibits discrimination in its programs on the basis of race, national origin, sex, religion, age, disability, political beliefs, and marital or familial status. (Not all prohibited bases apply to all programs) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, Etc.) should contact the USDA TARGET Center at (202) 720-2600 (voice and TDD)

To file a complaint, write the Secretary of Agriculture, U.S. Department of Agriculture, Washington D.C. 20250 or call 1-800-245-6340 (voice) or (202) 720-1127 (TDD). USDA is an equal employment opportunity employer.

PAGE 2 APPLICATION

USE OF LOAN FUNDS

Purchase of Equipment \$ _____

Purchase of Furniture/Office Equip. \$ _____

Working Capital \$ _____

OTHER FUNDING FOR THE PROJECT – Please list other sources of funding for this project.

SOURCE	AMOUNT	USE
_____	\$ _____	& _____
_____	\$ _____	& _____

AMOUNT OF LOAN REQUESTED \$ _____

SUMMARY OF COLLATERAL – Description	Current Value	Loan balance
Land and Building (s) _____	\$ _____	\$ _____
Office Equip/Furniture _____	\$ _____	\$ _____
Equipment/Machinery _____	\$ _____	\$ _____
Accounts Receivable _____	\$ _____	\$ _____
Inventory _____	\$ _____	\$ _____
Other _____	\$ _____	\$ _____
Total Collateral	\$ _____	\$ _____

LIST THE NAME OF ALL OWNERS OF THE BUSINESS (having 20% or greater interest) (show %) (U S Citizen show yes or no)

NAME OF OFFICERS	TITLE
_____	_____
_____	_____

Have you or any member of your organization ever been discharged in bankruptcy? Yes No

Are you, or any member, or the organization itself, involved in any pending litigation? Yes No

Have you ever conducted business under any other name? Yes No

Are you, a member, or the organization delinquent on any federal debt? Yes No

If you answered Yes to any above, please explain.

**APPLICATION FOR LOAN
Erie Basin RC&D**

DATE _____

NAME _____ SOC. SEC. # _____

NAME _____ SOC. SEC. # _____

PHONE _____

ADDRESS _____

BUSINESS NAME _____

ADDRESS _____

SOLE PROPRIETORSHIP ____ PARTNERSHIP ____ CORPORATION ____

NAME OF OWNER(S) (U S Citizen – yes or no) _____

PHONE _____ COUNTY _____

NUMBER OF EMPLOYEES _____ DATE ESTABLISHED _____

NUMBER OF EMPLOYEES AFTER LOAN APPROVAL _____

IRS EMPLOYER ID NUMBER _____

BANK WHERE YOUR BUSINESS HAS AN ACCOUNT

DESCRIBE HOW YOUR BUSINESS WILL BENEFIT FROM THIS LOAN FUND ASSISTANCE.

BRIEFLY DESCRIBE THE PRODUCTS AND/OR SERVICES OF YOUR BUSINESS.



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	\$	_____
Total	\$	_____	Net Worth	\$	_____
			Total	\$	_____

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.**