



**ARPA Revolving Loan Application**

Business & Community Development  
 60 Court St Auburn, Maine 04210  
 Phone (207)-333-6601  
[www.AuburnMaine.Gov](http://www.AuburnMaine.Gov)

**For Loans not to Exceed \$150,000**

This Application is for a Business **LOAN** not a grant, repayment is not only expected but legally required.

**Business Information**

Name of Business: \_\_\_\_\_ Tax ID # \_\_\_\_\_  
 Business Address: \_\_\_\_\_ Phone # \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_  
 Legal Entity:     Sole Proprietor     Partnership     LLC     Corporation     **Other**  
 Length in Business: \_\_\_\_\_ Yrs Mos \_\_\_\_\_ **OR**     Startup    Principle Owner: \_\_\_\_\_

\*Each individual owning 20% or more of the business must complete a separate Intake Form.

**Business Operations**

Industry: \_\_\_\_\_ FT Employees: \_\_\_\_\_ PT Employees: \_\_\_\_\_  
**Description of Business:**  
 \_\_\_\_\_  
 \_\_\_\_\_

**Description of Need:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Detailed Use of Funds:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

All Items Are Required to Complete Application	Use of Funds:
<input type="checkbox"/> Signed Application + Intake from Owners	Working Capital: \$ _____
<input type="checkbox"/> 1 Form of Identification	Inventory/Equipment: \$ _____
<input type="checkbox"/> 1 year Business tax returns and/or Personal Tax Return + 3 bank Statements	<b>Total Request: \$ _____</b>
<input type="checkbox"/> Documentation of Collateral	Collateral Value: \$ _____

**Authorization & Certification**

I/We authorize the City of Auburn and/or its agents to make any investigations of credit either directly or through any agency which has credit information. I/We hereby certify that all information contained in this document and any attachments is true and correct to the best of my/our knowledge and that we have not been debarred from receiving federal funds. The city does not warrant or guarantee in any manner that its assistance will result in business success. I/We specifically waive and release any claims now or in the future regarding the assistance provided by the city and / or its agents.

Applicant Signature: \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**For Office Use Only:**

<input type="checkbox"/> Application Complete	Date Received: _____	Credit Score: _____
NCE Verification: _____	Monthly Payment: _____	Low-Mod Income %: _____
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Authorization: _____	Date: _____



**Intake Form**  
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<b><u>Business Information</u></b>	
Name of Business: _____	Percentage of Ownership: _____
Length of Business Ownership: _____ Yrs.	Percent of Ownership* _____
Previous Year Gross Income: _____ Previous year Net Income: _____	

**\*Each individual owning 20% or more of the business must complete a separate form.**

<b><u>Personal Information</u></b>	
Applicant Name: _____	Date of Birth: _____
Home Address: _____	Soc Sec #: _____
City: _____ State: _____ Zip: _____	Household Income: _____
Marital Status: <input type="radio"/> Married <input type="radio"/> Unmarried (single/divorced/widowed)	Number in Household: _____
Email Address: _____	Phone Number: _____

<input type="radio"/> Female	<input type="radio"/> Male	<b>Veteran Status</b>	<b>Race/Ethnicity</b>
Business Income is:		<input type="radio"/> Non Veteran	<input type="radio"/> Black <input type="radio"/> Asian/Pacific
<input type="radio"/> Supplementary Income		<input type="radio"/> Vietnam Veteran	<input type="radio"/> Hispanic <input type="radio"/> Native/Eskimo
<input type="radio"/> Sole Source of Income		<input type="radio"/> Other Veteran	<input type="radio"/> White <input type="radio"/> Other

<b><u>Legal History</u></b>	
Have you ever been convicted of a Felony? <input type="radio"/> No <input type="radio"/> Yes, Type & Date Filed: _____	
Do you have any collection items, child support payments, judgments, or unpaid taxes (personal or business) <input type="radio"/> No <input type="radio"/> Yes	
Are you or your business involved in any pending lawsuits? <input type="radio"/> No <input type="radio"/> Yes	
Are you a US citizen? <input type="radio"/> No <input type="radio"/> Yes	Are you a permanent resident alien <input type="radio"/> No <input type="radio"/> Yes

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Applicant Signature: _____	Date _____
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