

**AUBURN COMMERCIAL REHABILITATION LOAN PROGRAM
APPLICATION CHECKLIST**

Fill out and sign the loan application completely and return with all required documentation to:

Community Development Department
2nd Floor, Auburn Hall, 60 Court Street, Auburn, Maine 04210
Telephone 333-6601 ext. 1334

SUBMISSION REQUIREMENTS

- _____ Application
- _____ Business Plan
- _____ 12-Month Operating Budget
- _____ Personal Tax Returns (2 years)
- _____ Signed Personal Financial Statement—one for each owner (Small Business Administration Form 3245 is optional)
- _____ Employment projections form

EXISTING BUSINESS

- _____ Business Tax Returns (2 years)
- _____ Signed business financial statements (Current income statement, balance sheet, and projected cash flow statement)

GENERAL INFORMATION

COMMERCIAL REHABILITATION LOAN PROGRAM INFORMATION

- Building is located in either Downtown, New Auburn or Union Street Target Area
- Maximum loan amount \$50,000
- Match requirement is 1/3 of City loan
- Interest rate prime plus ½%
- 100% commitment of total project cost
- Loans approved by Community Development Loan Committee
- Eligible use of funds
 - 25% of City loan can be used for newly purchased equipment
 - Interior and exterior improvements
 - Soft costs

BUSINESS PLAN

Your business plan helps to assure investors/lenders that you have thought through your plans very carefully, that you know what you are doing, and can respond effectively to problems and opportunities. Information to include in your business plan:

- a) **description of the business** (type of business, the status of the business, the form of ownership, the profit potential, employment opportunities and other market/community benefits, and location and hours of operation);
- b) **the market** (products/service, customers, market size and trends, competition, estimated market share, production and distribution, image/packaging, advertising, and pricing);
- c) **marketing plan** (how the sales projections will be realized);
- d) **schedule** (timing of key events);
- e) **critical risks and problems** (discuss anticipated problems and how you will address them);
- f) **employment** (list number and types of jobs to be created and salary ranges of each position);
- g) **operations/organizational management** (management responsibilities, professional services, background and experience);
- h) **financial plan** (management (costs, revenues/chart of accounts, assets, liabilities, cash flow projections, balance sheet, equipment list, and sources and uses, business pro-forma, equipment list, and sources and uses of funds); and
- i) **supporting documents** (personal resume, personal financial statement, job descriptions, letters of reference, copies of leases, contracts, etc.), as applicable.

COMMERCIAL REHABILITATION LOAN PROGRAM

City of Auburn, Community Development

60 Court Street, Auburn, ME 04210 Telephone 333-6601

The Commercial Rehabilitation Loan Program is funded through a grant from the U. S. Department of Housing and Urban Development. The grant requires that we report certain information about the persons/businesses we assist.

1. APPLICANT INFORMATION

Applicant _____ Email _____
Address _____

Mailing Address _____

Phone: Home _____ Work _____ Cell _____

2. BUSINESS ORGANIZATION

A. COMPLETE IF EXISTING BUSINESS

Business Name _____ Business Address _____

Business Telephone # _____ Web Address _____

Fax _____ Email _____ Date Established _____

Type of Business: Sole Proprietor, Corporation, Partnership, S-Corporation, LLC _____

Federal Tax ID # _____ Dun & Bradstreet # _____

Name of Principals of Business _____

Bank Name _____ Tel. # _____ Contact Person _____

Legal Representative _____ Tel. # _____ Contact Person _____

B. COMPLETE IF BUSINESS START-UP

Proposed Business Name _____

Business Description/Service _____

Where will your business be located? _____

Will you need to hire anyone to help you run the business? Yes _____ No _____

Total Amount of your Project \$ _____ Amount of Loan Request: \$ _____

Annual Payroll at Project completion \$ _____

6. CONSUMER CREDIT AUTHORIZATION

Applicant: _____ Applicant's Social Security # _____

Co-Applicant: _____ Co-Applicant's Social Security # _____

Address: _____

Have you been denied credit in the past year? _____ What were the reasons for denial? _____

The following information is needed to complete a personal credit investigation. This form is to be completed by each applicant (individual, corporation or partnership), co-applicant, and a separate form for each shareholder holding a 20% or more interest in the company.

I/we authorize the City of Auburn to contact credit reporting agencies and creditors with regard to the status of any past or outstanding debt, or such other credit information that such agencies normally hold available for credit worthiness evaluation at present or at any time in the future for the purpose of making or monitoring the loan.

Client information may be shared with only those individuals, entities, or committee members designated or acknowledged by the City as an interested party to the client's application process excluding information declared as public records pursuant to M.R.S.A. Title 1 §401, Public Records and Proceedings. Otherwise, the information furnished will be held in strict confidence.

I/we hereby certify the information contained in this application is accurate and complete to the best of my/our knowledge and belief.

Date

Applicant's Signature

Date

Co-Applicant's Signature

II. EMPLOYMENT PROJECTIONS: Jobs to be Created

			Skill Level	Skill Level	Skill Level
Job Title	# of Positions to be Created	FullTime(FT) PartTime(PT)	Unskilled	Semi-Skilled	Skilled

Number of Full Time Employees to be hired _____

Number of Part Time Employees to be hired _____

Total Number of Employees to be hired _____

ANNUAL PAYROLL

Annual Payroll at Project completion \$ _____

Company Name: _____

Applicant's Signature Title Date



PERSONAL FINANCIAL STATEMENT

U.S. SMALL BUSINESS ADMINISTRATION

As of _____, _____

Complete this form for: (1) each proprietor; (2) general partner; (3) managing member of a limited liability company (LLC); (4) each owner of 20% or more of the equity of the Applicant (including the assets of the owner's spouse and any minor children); and (5) any person providing a guaranty on the loan.

Return completed form to: 7(a) loans - to the lender processing the SBA application; 504 loans - to the Certified Development Company processing the SBA application; ALL Disaster loans - to the Disaster Processing and Disbursement Center at 14925 Kingsport Road, Fort Worth, TX 76155-2243; and 8(a)/BD - applicants who are individuals claiming social and economic disadvantaged status and their spouses - electronically at http://www.sba.gov or send hard copy with paper application to either of the two following offices listed below:	
Mail to the following address, if your firm is located in one of the states below:	Mail to the following address, if your firm is located in one of the states below:
US Small Business Administration DPCE Central Office Duty Station Parkview Towers 1150 First Avenue 10th Floor, Suite 1001 King of Prussia, PA 19406	US Small Business Administration Division of Program Certification and Eligibility 455 Market Street, 6th Floor San Francisco, CA 94105
MA, ME, NH, CT, VT, RI, NY, PR (Puerto Rico), VI (US Virgin Islands), NJ, PA, MD, VA, WV, DC, DE, GA, AL, NC, SC, MS, FL, KY, TN	IL, OH, MI, IN, MN, WI, TX, NM, AR, LA, OK, MO, IA, NE, KS, CO, WY, ND, MT, UT, SD, CA, HI, GU (GUAM), NV, AZ, WA, AK, ID, OR

Name	Business Phone
Residence Address	Residence Phone
City, State, & Zip Code	

ASSETS		LIABILITIES	
	(Omit Cents)		(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)	
(Describe in Section 5)		Installment Account (Auto)	\$ _____
Accounts & Notes Receivable	\$ _____	Mo. Payments \$ _____	
(Describe in Section 5)		Installment Account (Other)	\$ _____
Life Insurance-Cash Surrender Value Only	\$ _____	Mo. Payments \$ _____	
(Complete Section 8)		Loan on Life Insurance	\$ _____
Stocks and Bonds	\$ _____	Mortgages on Real Estate	\$ _____
(Describe in Section 3)		(Describe in Section 4)	
Real Estate	\$ _____	Unpaid Taxes	\$ _____
(Describe in Section 4)		(Describe in Section 6)	
Automobiles - Total Present Value	\$ _____	Other Liabilities	\$ _____
(Describe in Section 5, and include Year/Make/Model)		(Describe in Section 7)	
Other Personal Property	\$ _____	Total Liabilities	\$ _____
(Describe in Section 5)		Net Worth	\$ _____
Other Assets	\$ _____		
(Describe in Section 5)		Total	\$ _____
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 Real Estate (e.g. Primary Residence, Other Residence, Rental Property, Land, etc.)			
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.

CERTIFICATION: (to be completed by each person submitting the information requested on this form)

By signing this form, I certify under penalty of criminal prosecution that all information on this form and any additional supporting information submitted with this form is true and complete to the best of my knowledge. I understand that SBA or its participating Lenders, or Certified Development Companies will rely on this information when making decisions regarding an application for a loan from SBA or an SBA Participating Lender, or for participation in the SBA 8(a) Business Development (BD) program.

Signature _____

Date _____

Print Name _____

Social Security No. _____

Signature _____

Date _____

Print Name _____

Social Security No. _____

NOTICE TO LOAN APPLICANTS: CRIMINAL PENALTIES AND ADMINISTRATIVE REMEDIES FOR FALSE STATEMENTS:

Knowingly making a false statement on this form is a violation of Federal law and could result in criminal prosecution, significant civil penalties, and a denial of your loan. A false statement is punishable under 18 U.S.C. §§ 1001 and 3571 by imprisonment of not more than five years and/or a fine of up to \$250,000; under 15 U.S.C. § 645 by imprisonment of not more than two years and/or a fine of not more than \$5,000; and, if submitted to a Federally insured institution, a false statement is punishable under 18 U.S.C. § 1014 by imprisonment of not more than 30 years and/or a fine of not more than \$1,000,000.

NOTICE TO APPLICANTS OR PARTICIPANTS IN THE 8(a) BD PROGRAM: CRIMINAL PENALTIES AND ADMINISTRATIVE REMEDIES FOR FALSE STATEMENTS:

Any person who misrepresents a business concern's status as an 8(a) Program participant or SDB concern, or makes any other false statement in order to influence the 8(a) certification or other review process in any way (e.g., annual review, eligibility review), shall be: (1) Subject to fines and imprisonment of up to 5 years, or both, as stated in Title 18 U.S.C. § 1001; (2) subject to fines of up to \$500,000 or imprisonment of up to 10 years, or both, as stated in Title 15 U.S.C. § 645; (3) Subject to civil and administrative remedies, including suspension and debarment; and (4) Ineligible for participation in programs conducted under the authority of the Small Business Act.

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.