



## VERMONT ECONOMIC DEVELOPMENT AUTHORITY Small Business Loan Program

### Application Information

5/2/12

#### General

VEDA's Small Business Loan Program is intended to help Vermont small businesses that are unable to access adequate sources of conventional financing, specifically targeting those that are creating or retaining jobs. Applicants interested in obtaining a loan should know the following:

#### Lending Limits

This program may make loans of up to \$350,000 for fixed asset acquisition or for working capital purposes. As a general rule, a working capital loan may not exceed 50% of the project cost, and a fixed asset loan may not exceed 40% of project cost.

However, in certain instances loans (not to exceed \$50,000) may be made for up to 75% of the cost of a project. Borrowers are required to provide at least 10% of the project cost in the form of equity capital.

#### Equity Contribution

Borrowers are required to provide at least 10% of the project cost in the form of equity capital. (In certain instances where a loan is made in conjunction with a Vermont Job Start loan, this equity requirement may be reduced or waived.)

#### Eligible Borrowers

The Program is available throughout Vermont. Applicants must demonstrate the potential to create and/or retain employment opportunities for Vermonters.

#### Use of Proceeds

Loans may be made for fixed asset acquisition (land, buildings, machinery and equipment) or for working capital. Loans may not be made to refinance an applicant's existing debt(s) or for lines of credit.

#### Interest Rates

The interest rate on Small Business Loans is based on the VEDA Small Business Index, as set periodically by VEDA. Interest rates are fixed at loan closing.

#### Loan Terms

The term for fixed asset financing will usually be between 5 and 7 years for machinery and equipment, and up to 10 years (generally with a 15 year amortization) for real estate. The maximum term for working capital loans is 3 years.

#### Application and Commitment Fees

The loan application fee is \$100. A commitment fee of 1.25% will be charged on all loans at the time of closing, with a \$250 minimum and a \$2,000 maximum.

#### How to Apply for a Loan

Complete the attached application and submit it with a business plan and any attachments to VEDA at the address below.

Upon receipt, VEDA will review the application package and contact the borrower for discussion.

If the project is eligible, VEDA Staff will prepare a summary of the project and present it to either its Credit Committee, which meets as needed, or its Board of Directors, which meets on a monthly basis.

Upon Credit Committee or Board approval, VEDA will issue a commitment letter and proceed with the closing.

VEDA Staff is available to answer any questions you may have and assist you in completing this application. Additional information and a copy of the application is available on VEDA's website: <http://www.veda.org/>.



# VERMONT SMALL BUSINESS LOAN PROGRAM APPLICATION

## SECTION A: BUSINESS INFORMATION

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

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

Business Telephone: \_\_\_\_\_ Business Fax: \_\_\_\_\_ Email: \_\_\_\_\_ Website: \_\_\_\_\_

Federal Tax I.D. No.: \_\_\_\_\_ NAICS Code (if known): \_\_\_\_\_ E-Mail: \_\_\_\_\_

DUNS (Dun & Bradstreet Date Universal Numbering System) Number: \_\_\_\_\_ (Instructions on how to obtain this number can be found at the end of this application. The number is required by federal regulation.)

No. of Employees: \_\_\_\_\_ Year Business Established: \_\_\_\_\_

Form of Organization:  Proprietorship  Partnership  Corporation  Subchapter S Corp.  Other

## SECTION B: OWNERSHIP

Name: \_\_\_\_\_ SS#: \_\_\_\_\_ % Ownership: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ SS#: \_\_\_\_\_ % Ownership: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ DOB: \_\_\_\_\_

(Continue on another sheet, if necessary)

## SECTION C: LOAN REQUEST AND COLLATERAL INFORMATION

Amount Requested: \$ \_\_\_\_\_ Requested Loan Term: \_\_\_\_\_

Please describe the purpose of the loan.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide a detailed listing of assets to be purchased with loan proceeds. If the loan is to be used for working capital, please provide a detailed listing of how the funds will be spent. (Use additional sheet(s) if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list the other sources of funding for the project. Attach commitment letters from the other lenders. For all non-bank private lenders/investors in the project, please provide full name, address and Tax Identification Number (for an entity) or Social Security Number (for an individual) on a separate sheet.

<u>Name of Lender</u>	<u>Loan Amount</u>	<u>Terms &amp; Interest Rate</u>	<u>Collateral</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Cash equity to be invested in the project by the Applicant (or others): \$ \_\_\_\_\_

Terms (if any): \_\_\_\_\_

**COLLATERAL INFORMATION:**

Please provide a schedule of assets available as loan collateral, including a full description, value, method of valuation, who owns the collateral (if different from the applicant), and if financed, amount of existing debt and lienholder name. If the loan is for working capital or to finance inventory and/or accounts receivable, please provide an accounts receivable and/or inventory listing.

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**SECTION D: BUSINESS PLAN AND FINANCIAL INFORMATION**  
**(Please attach additional sheets with this information)**

**BUSINESS PLAN:** Please provide a complete business plan.  
(A template containing suggested information and format is appended.)

**BUSINESS FINANCIAL INFORMATION:** Please provide the following:

- A. Business financial statements and tax returns for at least the last two years. These should include both income statements and balance sheets for both years.
- B. Current interim income statement and balance sheet for this year-to-date.
- C. Projected income statements and balance sheets for at least two years.
- D. Cash flow projections for at least one year.
- E. Schedule of liabilities, including: each creditor's name, contact, address, phone number, original balance, current balance owed, maturity, current payment, and interest rate. Please note if presently in arrears on any loan payments.
- F. Schedule of contingent liabilities, including: amounts that may be due, to whom, and under what circumstances.

**PERSONAL FINANCIAL INFORMATION:**

- A. Current signed personal financial statement for each principal who owns at least 20% of the business (dated within 90 days of the application). (Form attached.)
- B. Individual tax returns from each of these individuals for the last year.
- C. A resume of business experience from each principal.

**SECTION E: EMPLOYMENT INFORMATION**

- A. Current number of hourly employees; Hourly wage range;  
Average hourly wage without benefits; Average hourly wage including benefits.
- B. Current number of salaried employees; Annual salary range;  
Average annual salary without benefits; Average annual salary including benefits.
- C. Gross payroll for the last three years.
- D. What percentage of payroll is represented by employee benefits?
- E. Please describe the employee benefits you offer (i.e. health insurance, short or long term disability insurance, worker's compensation, vacation, dental insurance, pension, retirement plans, etc.)
- F. Estimated number of hourly jobs created as a result of the project\*; Hourly wage range;  
Average hourly wage without benefits; Average hourly wage including benefits.
- G. Estimated number of salaried jobs created as a result of the project\*; Annual salary range;  
Average annual salary without benefits; Average annual salary including benefits.

**\* If it is anticipated that due to the project employee growth will be affected in the future, jobs created over a three year period may be included.**

**SECTION F: GENERAL INFORMATION**

Is this business a co-borrower or guarantor for any other business or individual? \_\_\_Yes \_\_\_No

If yes, describe: \_\_\_\_\_

Is this business or any principal stockholder or affiliate a party to any claim or lawsuit? \_\_\_Yes\_\_\_No If yes, describe: \_\_\_\_\_

\_\_\_\_\_

Has this business or any principal stockholder or affiliate ever filed for protection under the bankruptcy laws? \_\_\_Yes \_\_\_No

Is at least 51% of the business owned by U.S. citizen(s) or resident alien(s)? \_\_\_Yes \_\_\_No

Vermont Resident: \_\_\_Yes\_\_\_No (\_\_\_Number of Years)

Does the business owe any taxes for prior years? \_\_\_Yes \_\_\_No If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Are all payroll withholding taxes current? \_\_\_Yes \_\_\_No If no, please explain: \_\_\_\_\_

\_\_\_\_\_

Will these loan proceeds be used for a project that will require the approval of a governmental authority, such as a Zoning Board, Planning Commission, or District Environmental Commission? \_\_\_Yes \_\_\_No

If yes, please describe what permits have been obtained and those which will be obtained and the status of each permit application. (Attach additional sheet(s) if necessary.)

\_\_\_\_\_

**SECTION G: INSURANCE COVERAGE**

Insurance Agent: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Description of coverage: \_\_\_\_\_

\_\_\_\_\_

**Miscellaneous: (if applicable)**

\*Purchase and Sale Agreement

\*Equipment Purchase Invoice

\*Lease Agreement

\*Other information may be requested by the Lender as deemed necessary.

\*Real Estate Appraisal

\*Partnership Agreement

\*Environmental Site Assessment

**I/We, the undersigned, affirm that all statements made on this Application are accurate and complete. I/We also agree to notify the Lender of any material changes in the information shown on this sheet or the accompanying documents. The Lender is hereby authorized to gather credit information about me/us and to respond to credit inquiries about my/our accounts. I/We understand that all application information will remain the property of the Lender. I/We certify that financing cannot be obtained from conventional credit sources, without Lender involvement. I/We understand that the Lender's lending decision may be a matter of public record.**

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

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

## Dun & Bradstreet Data Universal Numbering System (DUNS) Number

There is no cost for a business to obtain a DUNS number and the process takes about 10 minutes. If you already have a DUNS number you can use the number you have. If you do not have a DUNS number, call Dun & Bradstreet (D&B) toll free at 1-866-705-5711 or register online at the D&B website: <https://www.dnb.com/>.

### Telephone Instructions

1. Dial 1-866-705-5711
2. Enter "5" if registering as a government loan applicant and select "1" at the next menu for new DUNS number.
3. Enter "4" if registering as a government grant applicant and select "1" at the next menu for new DUNS number.
4. At this point a service representative will answer and suggest you buy the Credit Builder Service. **It *is not* necessary to purchase this service** in order to obtain your loan.
5. Provide answers to the following questions:
  - a. Name of business
  - b. Business Address
  - c. Local Phone Number
  - d. Name of CEO/Business Owner
  - e. Legal structure of the business (corporation, partnership, LLC, proprietorship)
  - f. Year business started
  - g. Primary line of business
  - h. Total number of employees (full and part time)

### Online Instructions

1. After accessing the website be sure to click on the link that reads "DUNS number only" at the right hand bottom corner of the screen
2. Note: registration on the web site may take up to 14 days to complete

## **BUSINESS PLAN TEMPLATE**

A comprehensive business plan is a very important part of your application for your lender. If properly and thoughtfully completed, it can also serve as an important tool for your business. A complete business plan should (at a minimum) include the following information:

- a. A description of the business and the products or services produced or provided including:
  1. Size and character of the past, present and future markets for the business' products.
  2. Principal competitors and their market shares.
  3. Principal customers (include names of individuals to contact, their addresses and telephone numbers); Percentage of sales represented by your top 5 customers.
  4. Principal suppliers (include names of individuals to contact, their addresses and telephone numbers).
  5. Competitive advantage of applicant (e.g., price, performance, delivery, service, etc.).
- b. Marketing plan:
  1. Organization of the sales force
  2. Distribution channels
  3. Advertising/promotion strategy
- c. Production plan:
  1. Production capabilities including programs for:
    - a) Production management and scheduling;
    - b) Inventory control (e.g., is product produced for each job or produced for stock?); and
    - c) Quality control.
  2. Present production capacity. How will the project affect production capacity?
  3. Discuss the availability and price of key raw materials. Where do you source key materials? Are you dependent on any one source?
  4. Discuss contingencies for future expansion or contraction.
- d. A description of management structure, including key personnel and their functions.
- e. Terms of trade credit.
- f. Business location including consideration for labor pool, transportation, utilities, and expansion possibilities.

**Additional information and resources on business plan preparation may be found at**

**[www.thinkvermont.com/sbdc](http://www.thinkvermont.com/sbdc).**

## Employee Compensation and Benefits

	Before Project (at time of application)	Within 3 Years
<b># of full-time hourly employees</b>	_____	_____
<b>Average hourly wage <i>without</i> benefits:</b>	\$_____/hr	\$_____/hr
<b>Average hourly wage <i>with</i> benefits:</b>	\$_____/hr	\$_____/hr
<b># of salaried employees:</b>	_____	_____
<b>Average annual salary <i>without</i> benefits:</b>	\$_____/yr	\$_____/yr
<b>Average annual salary <i>with</i> benefits:</b>	\$_____/yr	\$_____/yr
<b>Employee benefits as % of total payroll:</b>	_____ %	_____ %

	FY_____	FY_____	FY_____
<b>Total payroll last three years:</b>	\$_____	\$_____	\$_____

Please describe benefits offered to employees:

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## Civil Rights and Equal Opportunity

The following information is requested by the Federal Government in order to monitor the Provider's/Lender's compliance with the Equal Credit Opportunity Act.

You are not required to furnish this information, but are encouraged to do so.

The law requires that the Provider/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 the Provider/Lender is required to note race and sex on the basis of visual observation or surname.

If you do not wish to furnish the following information, please check the box below.

### Applicant

<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
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### Ethnicity:

- Hispanic or Latino  
 Not Hispanic or Latino

I do not wish to furnish this information

Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
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### Co - Applicant

<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
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### Ethnicity

- Hispanic or Latino  
 Not Hispanic or Latino

I do not wish to furnish this information.

Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
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Check this box if Provider/Lender provided gender/race/ethnicity data based upon observation

*Credit from the IRP/RBEG/RBOG program is provided without regard to sex, marital status, race, color, religion, national origin, age, physical or mental disability, receipt of income from public assistance or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act.*

## Ultimate Recipient Required Certifications

1. I/We hereby certify that at least 51% of the outstanding membership or ownership of the business to be financed is held by citizens of the United States or are persons that reside in the United States and have been legally admitted for permanent residence.
2. The business to be financed is located in a community with a population of less than 25,000.
3. I/We are unable to finance the proposed project from my/our own resources or through commercial credit or other Federal, State or local programs at reasonable rates and terms.
4. I/We, along with all principal officers of the business (including immediate family members), hereby certify that:
  - A. I/We hold no legal or financial interest or influence in the intermediary; and,
  - B. The intermediary and its principal officers (including immediate family) hold no legal or financial interest or influence in the applicant business.
5. I/We hereby certify that the undersigned and the proposed business (or any of its principals) are not delinquent on any Federal debts.
6. The applicant or any person holding 20% or more interest hereby certifies that they are not delinquent on any Federal Debt.
7. I/We hereby certify that the undersigned and the proposed business (or any of its principals) are not government employees, military personnel, or principals or employees of the intermediary or organizations for which such persons are directors or officers or in which they have ownership of 20 percent or more.

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Applicant

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Co-Applicant

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Date

Revised 11/01

1,ultimate recipient required certifications

**ENVIRONMENTAL INFORMATION**  
**“SHORT FORM”**

The purpose of this “short form” is to collect a basic amount of information to help Rural Development complete its Environmental Review. Depending on the information provided with this form, you may be requested to complete Form 1940-20, “Request For Environmental Information”. **If your project involves ground disturbing construction or major building addition/rehab**, the 1940-20 will be required and you should contact RD (B&I Loan Guarantee) or your Intermediary (IRP loans) as soon as possible.

**DESCRIPTION OF PROJECT:** Please provide a brief description of how the proposed funds (from all sources) will be used by your business. If your project involves construction (whether interior or exterior or renovations), please describe that in detail.

**LOCATION OF PROJECT:** Please provide an accurate street map outlining the project site. **If a clear and detailed site map is not provided, we cannot proceed with the review and your project will experience an approval delay.**

**Is your business located within a 100-year floodplain? \_\_\_\_\_ If NO, how did you verify this? \_\_\_\_\_**

**PERMITS REQUIRED:** List any local (zoning), State or Federal permits that you will be required to obtain (or currently hold) for your project. If a permit is in process, please explain its current status.

**OTHER REGULATIONS:** Please list the State, Federal, local or other regulations that your business is required to comply with:

**HAZARDOUS WASTES / MATERIALS:** Please list any regulated hazardous materials or wastes that your business uses or creates:

If applicable, please describe how your hazardous wastes/materials are stored, handled and disposed of:

If real estate will serve as collateral for the requested loan, does the property contain any areas where regulated hazardous substances or petroleum products appear to have been released?

Does your property contain an underground storage tank? If so, please describe the type, size, age, date of last State certification and any other relevant facts.

***POTENTIAL IMPACT TO HISTORIC PROPERTIES:***

Is your business located in a designated historic district or an area that could be considered eligible for designation as a historic district?

Is the building that you are located in 50 years or older (If yes, **provide color pictures** of the building from all sides – digital photos are preferred)?

***UTILITY AVAILABILITY:***

Is your business facility connected to a municipal wastewater system? If no, please describe the existing on-site system, including capacity.

Is your business facility connected to a municipal water system?

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.

**PERSONAL FINANCIAL STATEMENT**

Submitted to: VERMONT ECONOMIC DEVELOPMENT AUTHORITY

Date: \_\_\_\_\_

**IMPORTANT: Read these directions before completing this Statement**

- If you are applying for individual credit in your own name and are relying on your own income, or assets and not the income or assets of another person as the basis for repayment of the credit requested, or if this statement relates to your guaranty of the indebtedness of other person(s), firm(s), or corporation(s), complete only Sections 1, 3, and 4.
- If you are applying for individual credit but are relying on income from alimony, child support, or separate maintenance or on the income or assets of another person as a basis for repayment of the credit requested, complete all Sections. Provide information in Section 2 about the person whose alimony, support, or maintenance payments or income or assets you are relying on. Alimony, child support, or separate maintenance income, need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.

**Section 1 - Individual Information (type or print)**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 City, State & Zip \_\_\_\_\_  
 Social Security # \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 Position or occupation \_\_\_\_\_  
 Business name \_\_\_\_\_  
 Business address \_\_\_\_\_  
 \_\_\_\_\_  
 City, State & Zip \_\_\_\_\_  
 Length at present address \_\_\_\_\_  
 Length of employment \_\_\_\_\_  
 Res. phone \_\_\_\_\_ Bus. phone \_\_\_\_\_

**Section 2 - Other Party Information (type or print)**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 City, State & Zip \_\_\_\_\_  
 Social Security # \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 Position or occupation \_\_\_\_\_  
 Business name \_\_\_\_\_  
 Business address \_\_\_\_\_  
 \_\_\_\_\_  
 City, State & Zip \_\_\_\_\_  
 Length at present address \_\_\_\_\_  
 Length of employment \_\_\_\_\_  
 Res. phone \_\_\_\_\_ Bus. phone \_\_\_\_\_

Have (either of) you or any firm in which you were a major owner ever declared bankruptcy, or settled any debts for less than the amounts owed? If yes, please provide details on a separate sheet.  Yes  No

Are (either of) you a defendant in any suit or legal action?  Yes  No

Are (either of) you presently subject to any unsatisfied judgements to tax liens?  Yes  No

When, if ever, have (either of) you been audited by IRS?

**Section 3 - Statement of Financial Condition as of**

Assets	In dollars (omit cents) [Individual]	[Joint]	If joint, with whom	Liabilities	In dollars (omit cents) [Individual]	[Joint]	If joint, with whom
(Do not include assets of doubtful value)							
Cash, Checking & Savings, CD's - see Schedule A				Notes payable to banks & others - see Schedule H			
U.S. Gov't. & marketable securities - see Schedule B				Due to brokers			
Non-marketable securities - see Schedule C				Amounts payable to others-secured			
Securities held by broker in margin accounts				Amounts payable to others-unsecured			
Restricted, control or margin account stocks				Accounts & bills due			
Real estate owned - see Schedule D				Unpaid income tax			
<b>Accounts, loans, &amp; notes receivable</b>				<b>Other unpaid taxes &amp; interest</b>			
Automobiles				Real estate mortgages payable - see Schedules D & H			
Cash surrender value-life insurance - see Schedule E							
Vested interest in deferred compensation/profit-sharing plans - see Schedule F							
Business ventures - see Schedule G							
Other assets/personal property itemize - see Schedule G if applicable							
				<b>Total Liabilities</b>			
				<b>Net Worth</b>			
<b>Total Assets</b>				<b>Total Liabilities and Net Worth</b>			

**Section 4 - Annual Income For Year Ended**

Annual Income	[Individual]	[Joint]	Annual Expenditures	[Individual]	[Joint]	Contingent Liabilities Estimated Amounts	[Individual]	[Joint]
Salary, bonuses & commissions	\$		Mortgage/rental payments	\$		Do you have any... Yes No		
Dividends & interest			Real estate taxes & assessments			Contingent liabilities (as endorser, co-maker or guarantor?)...	<input type="checkbox"/>	<input type="checkbox"/>
Real estate income			Taxes-federal, state & local			(On leases? on contracts?)	<input type="checkbox"/>	<input type="checkbox"/>
Other income (alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.)			Insurance payments			Involvement in pending legal actions?	<input type="checkbox"/>	<input type="checkbox"/>
			Other contract payments (car payments, charge cards, etc.)			Contested income tax liens?	<input type="checkbox"/>	<input type="checkbox"/>
			Alimony, child support, maintenance			Any estimated capital gains tax on the unrealized asset appreciation?	<input type="checkbox"/>	<input type="checkbox"/>
			Other expenses			Other special debt or circumstances?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Total Income</b>	\$		<b>Total Expenditures</b>	\$		If "yes" to any question(s) describe:		
						<b>Total Contingent Liabilities</b>	\$	

(COMPLETE SCHEDULES AND SIGN ON REVERSE SIDE)

© 1991 Robert Morris Associates - Form C-100-H  
 ORDER FROM Bankers Systems, Inc., St. Cloud, MN Form C-100-H 9/18/87  
 These forms are intended for use in commercial lending transactions.  
 Where any other use is contemplated, it is suggested that a careful review  
 be made to ensure compliance with applicable laws and regulations.



**SCHEDULE A - CASH, CHECKING AND SAVINGS ACCOUNTS, CERTIFICATES OF DEPOSIT, MONEY MARKET FUNDS, ETC.**

Name of Financial Institution	Type of Account	Owner	(J)	If Pledged, to Whom?	Balance

**SCHEDULE B - U.S. GOVERNMENT & MARKETABLE SECURITIES** (Use additional sheet if necessary)

Number of Shares or Face Value of Bonds	Description	In Name of	Are these Registered, Pledged, or Held by Others?	Market Value	Exchanges Where Traded

**SCHEDULE C - NON-MARKETABLE SECURITIES** (Use additional sheet if necessary)

Number of Shares	Description	In Name of	Are these Registered, Pledged, or Held by Others?	Value	Method of Valuation

**SCHEDULE D - INVESTMENTS IN REAL ESTATE** (Use additional sheet if necessary)

Description/Location of Real Estate Investment	(J)	Date of Original Investment/Amount	% Owned By You	Market Value of Your % of Investment	Present Balance	Monthly Payment	Mortgage Maturity Date	Mortgage Owed To

**SCHEDULE E - LIFE INSURANCE CARRIED, INCLUDING GROUP INSURANCE**

Name of Insurance Company	Owner of Policy	Beneficiary and Relationship	Face Amount	Policy Loans	Cash Surrender Value

**SCHEDULE F - VESTED INTEREST IN DEFERRED COMPENSATION/PROFIT-SHARING PLANS**

% Vested	Company Name	Account Number	Manner of Payout (Annuity, Lump Sum, etc.)	Distribution Date	Beneficiary	Amount

**SCHEDULE G - BUSINESS VENTURES** (Use additional sheets if necessary)

List Name and Address of Any Business Venture In Which You Are a Principal or Partner	Your Position/ Title in the Business	Line of Business	Years in Business	Total Assets Listed in Section 3	Your % of Ownership	Net Worth of Business	Present Net Value of Your Investment

**SCHEDULE H - LOANS OWING BANKS, BROKERS, FINANCE COMPANIES, AND OTHERS (MASTERCARD, VISA, ETC.)**

Owing to (Acct. No.)	(J)	Date of Original Borrowing/Amount	Present Balance	Due	Monthly Payment	Date of Final Pay't	Secured by

The information contained in this statement is provided to induce you to extend or to continue the extension of credit to the undersigned or to others upon the guaranty of the undersigned. The undersigned acknowledges and understands that you are relying on the information provided herein in deciding to grant or continue credit or to accept a guaranty thereof. Each of the undersigned represents, warrants, and certifies that (1) the information provided herein is true, correct and complete and gives a correct and complete showing of the financial condition of the undersigned, (2) the undersigned has no liabilities direct, indirect or contingent except as set forth in this statement, and (3) legal and equitable title to all assets listed herein is in the undersigned's sole name, except as may be herein otherwise noted. Each of the undersigned agrees to notify you immediately and in writing of any change in name, address, or employment and of any material adverse change (1) in any of the information contained in this statement or (2) in the financial condition of any of the undersigned or (3) in the ability of any of the undersigned to perform its (or their) obligations to you. In the absence of such notice or a new and full written statement, this should be considered as a continuing statement and substantially correct. You are authorized to make all inquiries you deem necessary to verify the accuracy of the information contained herein, and to determine the credit-worthiness of the undersigned and the undersigned hereby authorizes all persons of whom you make such inquiries to respond thereto in full. Each of the undersigned authorizes you to answer questions about your credit experience with the undersigned.

Date signed \_\_\_\_\_, \_\_\_\_\_ Signature (individual) \_\_\_\_\_

Date signed \_\_\_\_\_, \_\_\_\_\_ Signature (other party) \_\_\_\_\_