



Client Number:
Initials of Data Inputter:

1604 N. Jefferson Ave. Mount Pleasant, TX 75455 | 903.572.6602 | www.mpedc.org

PART A APPLICATION

Part A of the RLF Loan Program Application is the first part of a two-part process to request a loan from **Mount Pleasant Industrial Development Corporation Revolving Loan Fund (RLF)**. Please complete the application in full. **Staff will notify the applicant as to whether or not the Part A application has been approved. Once Part A is approved, the applicant will be invited to submit Part B of the application.** For more information, please visit www.mpedc.org.

I: PROJECT SUMMARY

Project Type		Date of Application	
Proposed Loan Amount		Total Project Cost	
Estimated Project Start Date		Estimated Project Completion Date	
Project Address	City	State	Zip
Contact Name	Contact Phone	Contact Email Address	

II: APPLICANT SUMMARY

Business Name		Tax ID Number	
Street Address		City	State Zip
Entity Type:	<input type="checkbox"/> LLC	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> 501(c) 3
	<input type="checkbox"/> Partnership	<input type="checkbox"/> Joint Venture	
	<input type="checkbox"/> C Corp	<input type="checkbox"/> S Corp	<input type="checkbox"/> Other:
Incorporation Date: _____			
Ownership- Provide the following information for officers and shareholders owning 20% or more of the entity.			
Name, Title	% Ownership	Role in Proposed Project	
Declination letter from a financial institution attached?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there any judgments or liens outstanding against the applicant?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

II: GUARANTEE INFORMATION

Guarantor (owners with at least 20% equity share in business)

Full Name

Social Security Number

Street Address

City

State

Zip

Date of Birth

Email Address

Phone Number

Citizenship:

☐ U.S. Citizen

☐ U.S. Legal Resident

Signature

Guarantor (owners with at least 20% equity share in business)

Full Name

Social Security Number

Street Address

City

State

Zip

Date of Birth

Email Address

Phone Number

Citizenship:

☐ U.S. Citizen

☐ U.S. Legal Resident

Signature

III: PROJECT OVERVIEW

Project Summary: Provide a brief summary of the project.

Use of Loan Proceeds (check all that apply)

☐ Real Estate Acquisition

☐ Furniture and Fixtures

☐ Building Construction/Renovation

☐ Contingencies

☐ Machinery and Equipment

☐ Working Capital

Available Collateral (check all that apply)

☐ Commercial Real Estate

☐ Equipment (wholesale)

☐ Residential Real Estate

☐ Inventory

☐ Vehicles

☐ Other

What is the estimated value of your collateral?

Please describe other sources of loan repayment:

Sources of Financing

Are you providing additional financing for this project? Please describe below:

	Amount	Loan (y/n)	Term Length	Interest Rate	Monthly Payments
Owner Equity:					
Lender:					
Investor:					
Other:					

Current Business Debt

Does your business have current obligations? Please describe below from largest to smallest:

	Lender	Amount	Term Length	Interest Rate	Monthly Payments
Lender 1:					
Lender 2:					
Lender 3:					
Lender 4:					

Recent Financials

If an existing business, please fill out the following for the previous fiscal year:

Revenues: _____

Expenses: _____

Debt payments: _____

Net Profit: _____

Does the proposed project include a Public Benefit we should know about? Check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Sustainability | <input type="checkbox"/> No similar service offered in the City Area |
| <input type="checkbox"/> Public Amenities | <input type="checkbox"/> Economic Impact |
| <input type="checkbox"/> Adaptive Reuse | <input type="checkbox"/> Disadvantaged Business Owner (i.e. woman, disabled, minority) |
| <input type="checkbox"/> Historic Preservation | <input type="checkbox"/> Low to Moderate Income Business Owner |
| <input type="checkbox"/> Permanent Job Creation | <input type="checkbox"/> U.S. Veteran Business Owner |
| <input type="checkbox"/> Architecture & Urban Design | |

Describe how the proposed project will meet the criteria for each of the Public Benefits selected above.

IX: CERTIFICATION	Applicant Certification	
	I/We hereby certify that all statements in this application are true and complete and are made for the purpose of obtaining credit. I/We fully understand that it is a federal crime punishable by fine or imprisonment or both to knowingly make any false statements concerning any of the above facts, as applicable under the provisions of Title 18, United States Code, Section 101.	
	_____ Applicant (print)	_____ By (signature)
	_____ Title	_____ Date

Submit all paperwork to our office at:

1604 N. Jefferson Ave. Mount Pleasant, TX 75455 or electronically to **nathan@mpedc.org**

Client Number:
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The RLF is funded by the USDA. The following fields are required.

Client Intake (to be completed by all Clients)

Name of Applicant:

Name of Business:

1. Race (mark one or more) <input type="checkbox"/> American Indian or Alaska 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			2. Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	3. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	4. Do you consider yourself a person with a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Veteran Status <input type="checkbox"/> Non-Veteran <input type="checkbox"/> Veteran <input type="checkbox"/> Service-Disabled Veteran			6. Military Status <input type="checkbox"/> Member of Reserve or National Guard <input type="checkbox"/> On Active Duty		
7. Type of Business (choose primary category) <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input type="checkbox"/> Mining <input type="checkbox"/> Utilities <input type="checkbox"/> Information <input type="checkbox"/> Construction <input type="checkbox"/> Retail Trade </div> <div style="width: 33%;"> <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & Insurance <input type="checkbox"/> Wholesale Trade <input type="checkbox"/> Public Administration <input type="checkbox"/> Educational Services </div> <div style="width: 33%;"> <input type="checkbox"/> Real Estate & Rental & Leasing <input type="checkbox"/> Health Care & Social Assistance <input type="checkbox"/> Accommodation & Food Services <input type="checkbox"/> Arts, Entertainment & Recreation <input type="checkbox"/> Transportation & Warehousing </div> <div style="width: 33%;"> <input type="checkbox"/> Professional, Scientific & Technical Services <input type="checkbox"/> Management of Companies & Enterprises <input type="checkbox"/> Agriculture, Forestry, Fishing & Hunting <input type="checkbox"/> Administrative & Support <input type="checkbox"/> Waste Management & Remediation Services <input type="checkbox"/> Other Services (except Public Administration) </div> </div>					
8. Business Ownership – What percentage of your business is male or female owned? _____% Male _____% Female		9. Date Business Started?(MM/YYYY)	10. Do you conduct business online? <input type="checkbox"/> Yes <input type="checkbox"/> No	11. Are you a home based business <input type="checkbox"/> Yes <input type="checkbox"/> No 12. Are you 8(a) certified? <input type="checkbox"/> Yes <input type="checkbox"/> No	