

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)

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U.S. Citizen

U.S. Legal Resident

Signature

III: PROJECT OVERVIEW

Project Summary: Provide a brief summary of the project.

[Empty text box for project summary]

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:

[Empty text box for 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.

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:

302 N. Jefferson Ave. Suite 160, Mount Pleasant, TX 75455 or electronically to **nathan@mpedc.org**

Client Number: Initials of Data Inputter:
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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)								
<input type="checkbox"/> Mining <input type="checkbox"/> Utilities <input type="checkbox"/> Information <input type="checkbox"/> Construction <input type="checkbox"/> Retail Trade		<input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & Insurance <input type="checkbox"/> Wholesale Trade <input type="checkbox"/> Public Administration <input type="checkbox"/> Educational Services		<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		<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)		
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	