

Board of Chosen Freeholders County of Burlington

Freeholders
Felicia Hopson, Director
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P.O. Box 6000
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Burlington County Bridge Commission

Commissioners
Chairman Troy E. Singleton
Vice-Chairman Matthew J. Riggins
John B. Comegno II

1300 Route 73 North • P.O. Box 6
Palmyra, NJ 08065-1090
(856) 829-1900 • Fax (856) 829-5205
www.bcbridges.org

Thank you for requesting an application for a Burlington County Small Business loan.

The Burlington County Small Business Loan Program is for businesses located in or relocating to Burlington County.

This loan application is for loans up to \$50,000 where no bank participation is required and loans greater than \$50,000 where bank participation is required.

Please review the documentation required and complete the loan application in its entirety.

Once completed, return the loan application along with the required documentation to the following:

Liz Verna
Economic Development & Regional Planning
Burlington County Bridge Commission
1900 Briggs Road
Mount Laurel, New Jersey 08054

Please enclose a non-refundable application fee of \$200.00
(*check payable to "Treasurer, County of Burlington"*)

Should you have any questions, please contact the Department of Economic Development and Regional Planning office at 609-265-5055.

You may also visit our web site at www.bcbridges.org.

LOAN PACKAGE REQUIREMENTS

Submit the following items for loan consideration:

- 1. Completed, signed and dated **loan application**. All business principals and guarantors are required to sign and date the application and complete all sections as applicable. (**ATTACHED Exhibit A**)
- 2. Loan application **fee** in the amount of \$200.00 (*check payable to "Treasurer, County of Burlington"*).
- 3. Copy of a **resume** for all business owners/principals.
- 4. Three years of signed **personal** federal and state **income tax returns** for all business principals.
- 5. Three years of signed **business** federal and state **income tax returns**.
- 6. Three years of business **financial statements** prepared by accountant, including a balance sheet and statement of income.
- 7. **Schedule of debt** for the business and business principals to include to whom payable, amount of debt, monthly payment, maturity date, and loan status (current or delinquent).
- 8. Pro Forma **cash-flow projections** for three years.
- 9. Copy of business **project related cost**, if applicable. Example: vendor estimates, vendor quotes, and/or billing invoices for equipment or other items to be purchased with loan funds, etc.
- 10. Copy of business franchise, if applicable.
- 11. Copy of corporation, partnership, or LLC papers filed with the State of New Jersey.
 - a) If **corporation**, provide the following:
 - 1) Corporate resolution authorizing submission of the application and its execution by a corporate officer or the corporation's attorney.
 - 2) Copy of corporate charter and a copy of the corporate bylaws
 - 3) Names of the President, Chief Executive Officer and Secretary.
 - b) If **Partnership**, provide a copy of the partnership agreement.
 - c) If **Limited Liability Company**, provide a copy of the management agreement.
- 12. State of New Jersey **Business Registration Certificate** obtained from the State of New Jersey Division of Revenue at www.nj.gov/njbgs or phone 609-292-1730.
- 13. Copy of any/all **personal loan agreements**, as unrecorded debt, that are not reflected in a recorded document for all business owners.
- 14. **Collateral** – Identify what residential or commercial real estate will be used to collateralize the loan. If you have a current appraisal, provide a copy (only required under certain circumstances). At closing, additional documentation will be required (title insurance policy; survey if available; names/addresses of all persons who have an ownership interest in all or any part of the property; names/addresses of all persons who reside on the property and their interests, if any, to the applicant; signed statement if the property is under agreement of sale or if any person has an option to purchase). If **Commercial** property will be used to collateralize the loan, a phase 1 environmental assessment may be required on all/part of the property.
- 15. Completed, signed, and dated copy of Conflict of Interest Policy. **ATTACHED Exhibit B**
- 16. Completed, signed, and dated copy of Credit Check Release form. **ATTACHED Exhibit B**
- 17. Completed, signed and dated personal financial statement for all business principals. **ATTACHED Exhibit C**
Notes: Applicant's equity into the project must be at least 10%. Eligibility Criteria: Must meet the jobs-to-be created and/or retained. Additional information may be required upon request.

**Loans Requiring Bank/Lending Institution Participation
Program Guidelines**

- Loan Amount:** 25% of the total project cost, not to exceed \$200,000.00
- Length of Term:** Maximum term is 10 years
- Collateral:** Burlington County will subordinate to participating bank/lending Institution.
- Interest Rate:** Fixed-interest rate equal to 75% of the prime interest rate listed in the Wall Street Journal capped at 4%. The interest rate will be determined at the time application is submitted.
- Participation:** Bank/Lending Institution will review the loan application and determine the project cost to be financed and the terms.
Burlington County will participate for a percentage (up to 25%) of the total project cost not to exceed \$200,000.00. Burlington County will consider the bank/lending institution as the preferred lender. Loan approval is subject to review by the Burlington County Loan Review Committee and the Burlington County Board of Chosen Freeholders.
- Eligibility Criteria:** Businesses located in or relocating to Burlington County.
Within eighteen (18) months of loan funding, all borrowers must create or retain jobs.
As a guide, the loan requires one full-time permanent job or two part-time permanent jobs of at least twenty-five (25) hours per week created for every \$35,000.00 funded and/or one full-time permanent position or two part-time permanent positions retained for every \$10,000.00 funded.
- Application Fee:** \$200.00 non-refundable fee

**Loans Not Requiring Bank/Lending Institution Participation
Program Guidelines**

- Loan Amount:** Maximum amount is \$50,000.00
- Length of Term:** Not to exceed 10 years
- Collateral:** Required
- Interest Rate:** Fixed-interest rate equal to 75 % of the prime interest rate listed in the Wall Street Journal capped at 4%. The interest rate will be determined at the time application is submitted.
- Eligibility Criteria:** Businesses located in or relocating to Burlington County.
Within eighteen (18) months of loan funding, all borrowers must create or retain jobs.
As a guide, the loan requires one full-time permanent job or two part-time permanent jobs of at least twenty-five (25) hours per week created for every \$35,000.00 funded and/or one full-time permanent position or two part-time permanent positions retained for every \$10,000.00 funded.
- Application Fee:** \$200.00 non-refundable fee

PROGRAM GOALS/OBJECTIVES

The main goal of the Department of Economic Development and Regional Planning is to stimulate countywide employment growth by providing financial assistance to small businesses located in Burlington County. The Small Business Loan Program funds direct loans.

All Small Business Loans are required to promote at least one (1) of the following economic development goals:

1. Create and retain permanent private-sector jobs within eighteen (18) months of loan funding. As a guide, the loan requires one full-time permanent job or two part-time permanent jobs of at least twenty-five (25) hours per week created for every \$35,000.00 funded and/or one full-time permanent position or two part-time permanent positions retained for every \$10,000.00 funded.
2. Provide entrepreneurial opportunities for qualified individuals.
3. Stimulate neighborhood commercial revitalization and balanced development.
4. Stimulate private sector investments in physical plant and equipment for local small businesses.
5. Encourage the increase of available funds for local small businesses by leveraging state and private sector funds to maximum levels.
6. Stimulate balanced development.

PROGRAM CRITERIA

The Small Business Loan Program criteria are a decision-making guide for the Loan Review Committee and the Burlington County Board of Chosen Freeholders. The criteria illustrate factors to be considered by the Loan Review Committee and the Board of Chosen Freeholders for granting loan approval. The relative weight given to these criteria is in the sole discretion of the Loan Review Committee and the Burlington County Board of Chosen Freeholders. All loans will be reviewed for compliance with Program Goals/ Objectives and all funding source criteria.

1. Create and retain permanent private-sector jobs.
2. Promote at least one (1) of the County's Program Goals/Objectives.
3. 'Gap Financing' must target one of the following:
 - A. To close gap in private financing
 - B. To reduce debt services to a feasible level
 - C. To create an incentive for the project to move forward
 - D. To create an incentive to encourage the business to locate in a targeted area.

Note: Targeted area to be identified and prioritized by Burl. Co. Dept. of Economic Development and Regional Planning.

4. Project to include business expansion of sales or employment or significant property rehabilitation.

ELIGIBILITY REQUIREMENTS

Financial assistance through the Small Business Loan Program will be considered for all business owners that:

1. Comply with Program Goals/Objectives and Criteria
2. Provide proof of satisfactory payment of Federal Income Tax for three (3) years for both business and personal
3. Provide proof of current and up-to-date payment status of Federal, State, County and Local taxes for both business and personal
4. Agree to create or retain full-time permanent jobs:
 - A. create one full-time permanent job or two part-time permanent jobs of at least twenty-five (25) hours per week for each \$35,000.00 funded
 - B. retain one full-time permanent position or two part-time permanent positions for each \$10,000.00 funded

EQUITY REQUIREMENTS

Borrower must contribute equity in the amount established by the Burl. Co. Board of Chosen Freeholders.

SMALL BUSINESS PROGRAM LOAN APPLICATION

(Return to address indicated on page 1 -- Please PRINT legibly)

The following information is required to process your loan request. Please complete the form in its entirety and write 'NONE' or 'NOT APPLICABLE' where appropriate. If you need additional space to respond to any question, please use a separate sheet of paper and attach to form. Return completed, signed, and dated application along with all required documentation.

Brief history and description of business:

Brief narrative detailing the reason for the loan, use of funds and expected benefits from the loan:

Requested Loan Amount: _____ **Length of Term:** _____
Type of Loan: _____ **Working Capital** _____ **Fixed Assets** _____

A. Applicant Information:

Name of Principal: _____ Social Security #: _____ Phone #: _____
 Home Street Address: _____
 City, State, and Zip Code: _____
 Education Level: _____ % of ownership: _____ Office held: _____ email: _____
 Name of Spouse: _____ Social Security #: _____

Name of Principal: _____ Social Security #: _____ Phone #: _____
 Home Street Address: _____
 City, State, and Zip Code: _____
 Education Level: _____ % of ownership: _____ Office held: _____ email: _____
 Name of Spouse: _____ Social Security #: _____

B. General Information:

Name of Business: _____
 Business Street Address: _____
 City, State, Zip Code: _____ Website: _____
 Business is: Corporation _____ Partnership _____ Sole Proprietorship _____ LLC _____
 Other _____
 Number of Years in Business: _____ Number of Years of Experience in Business _____
 Current # of Jobs: _____ Jobs to be created: _____ Jobs to be retained: _____
 Federal Tax ID #: _____

C. Financial Information:

Name of bank/financial institution: _____
 Bank Street Address: _____
 City, State, Zip Code: _____

Type of Account: Personal _____ Checking _____ Savings _____ Other _____
 Business _____ Checking _____ Savings _____ Other _____

Name of bank/financial institution: _____
 Bank Street Address: _____
 City, State, Zip Code: _____

Type of Account: Personal _____ Checking _____ Savings _____ Other _____
 Business _____ Checking _____ Savings _____ Other _____

D. List of capital projects and/or items to be financed (entire project):

Project/Items:	Cost:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Total Cost of Project: _____

E. Summary of 100% of financing for the entire project:

Source of Financing: Name, address, telephone number, contact person Ex: financial institution, loan officer, etc.	Amount of Financing \$	Percentage of Project %
Applicant's Equity (must be at least 10% of project)	\$	%
Burlington County Small Business Loan Program	\$	%
Other:	\$	%
Totals	\$	100%

E. Miscellaneous/Other Information:

Do you owe any outstanding Municipal Taxes? YES ___ NO ___

If yes, please identify by checking the applicable taxes:

Real Estate Taxes: YES ___ NO ___ Water: YES ___ NO ___ Sewer: YES ___ NO ___

Within the past five (5) years, any ownership interest in a business entity? YES ___ NO ___

Are you currently a party in any litigation? YES ___ NO ___

If yes, describe the litigation and your interest in it. _____

Does any person hold a judgment against you? (A judgment is an order entered by a court)

YES ___ NO ___ If yes, provide the following information:

Name and address of person holding the judgment _____

Date the judgment was entered: _____ Amount of judgment: _____

Provide a copy of any written order, judgment, resolution or agreement resulting from any concluded court or arbitration proceeding in which the applicant was a defendant or respondent.

Have you ever been involved in bankruptcy or insolvency proceedings? YES ___ NO ___

If so, please provide details and copy of discharge.

I (we) hereby certify that the information providing in this Application is true. I (we) covenant, promise and agree that if any facts, circumstances or conditions change that would make any of the answers to the questions or information provided in or with this application to not be true if made after this date, I (we) am/are obligated to immediately report the change to the County in writing. I (we) understand that if any false information has been provided in or with this application or if I (we) fail to correct any information or facts that change while this application is pending and the County determines to reject this application as a result thereof, I (we) shall be responsible to pay the County for the costs incurred by the County in processing this application including, but not limited to, the costs of title and credit searches and accountant review. In addition, the County may declare the applicant ineligible to file any new application for a loan with the County.

If the applicant is a partnership, all partners must sign below.

Print Name

Signature of Applicant

Date

Print Name

Signature of Applicant

Date

CONFLICT OF INTEREST POLICY

The Department of Economic Development and Regional Planning is required to comply with Federal Regulations prohibiting conflicts of interest. Please answer the following questions. Return completed, signed, and dated form with your loan application and documentation for loan consideration.

1. *Are you now, or have you been within the past year:*
 - A. an employee, consultant, officer or elected or appointed official of Burlington County?

___ YES ___ NO
 - B. an employee, consultant, or officer of any firm or agency receiving Community Development Block Grant funds or participating in the Community Development Block Grant Program?

___ YES ___ NO

2. *Is any member of your family or your spouse's family, now or within the past year:*
 - A. an employee, consultant, officer or elected or appointed official of Burlington County?

___ YES ___ NO
 - B. an employee, consultant, or officer of any firm or agency receiving Community Development Block Grant funds or participating in the Community Development Block Grant Program?

___ YES ___ NO

3. *Is any person with whom you have a business relationship, now or within the past year:*
 - A. an employee, consultant, officer or elected or appointed official of Burlington County?

___ YES ___ NO
 - B. an employee, consultant, or officer of any firm or agency receiving Community Development Block Grant funds or participating in the Community Development Block Grant Program?

___ YES ___ NO

Note: If you answered YES to any of the above questions, please provide details on the reverse side of the form.

Signature of Applicant

Date

Signature of Applicant

Date

CREDIT CHECK RELEASE

If more than one Business Principal, all parties must complete the form (copy this form as needed). Return the completed form with your application and all documentation for loan consideration.

I hereby authorize the Department of Economic Development and Regional Planning to access my credit history and any other information relevant to my application for a small business loan.

Signature of Applicant

Date

Signature of Applicant

Date

Print Name and Title

Print Name and Title

Social Security Number

Social Security Number

INDIVIDUAL FINANCIAL STATEMENT

Lender: _____

Applicant Name: _____ SSN/TIN: _____

Address: _____

Applicant is applying for this loan: Individually Jointly

Check 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, complete all applicable sections.

Appropriate Box If this is an application for joint credit with another person, complete applicant and co-applicant sections and indicate or provide explanation relating to any assets owned jointly or by a trust or liabilities owed with others. (Attach schedules and explanatory notes if necessary.)

We intend to apply for joint credit. _____ Applicant _____ Co-Applicant

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 the basis for repayment of the credit requested, complete all sections to the extent possible, providing information in the applicant section about the person on whose alimony, support, or maintenance payments or income or assets you are relying. (Attach schedules and explanatory notes if necessary.)

STATEMENT OF FINANCIAL CONDITION OF _____ AS OF _____

ASSETS		AMOUNT	LIABILITIES		AMOUNT
Cash	SCHEDULE A		Notes & Loans Payable [Other Than Real Estate]	SCHEDULE G	
	In This Institution			Notes Payable to Banks	
	Other Banks or Savings & Loans			Notes & Loans Payable (Other)	
Stocks & Bonds	SCHEDULE B		Insurance Loans	SCHEDULE C	
	Marketable Securities				
	Others				
Tax	Tax Refund Due		Taxes Owed		
Insurance	SCHEDULE C		Accounts & Bills Payable	SCHEDULE H	
	Cash Value			Bank Cards	
Accounts & Notes Receivable	SCHEDULE D			Open & Revolving Accounts	
			Other		
Real Estate	SCHEDULE E		Real Estate Notes & Contracts Payable	SCHEDULE E	
	Residence(s)			Residence(s)	
	Unimproved Land			Unimproved Land	
	Income Property(ies)			Income Property(ies)	
	Other			Other	
Other Assets	SCHEDULE F		Other Liabilities	SCHEDULE I	
	Other Assets & Personal Property				
TOTAL ASSETS		\$	TOTAL LIABILITIES		\$

RECAP OF INCOME AND EXPENSES	NET WORTH	(DIFFERENCE BETWEEN TOTAL ASSETS & TOTAL LIABILITIES)	\$
* See notice below before completing Other Income.			

ANNUAL INCOME FOR YEAR:		ANNUAL EXPENSES FOR YEAR:		CONTINGENT LIABILITIES	
Salary or Wages		Property Tax & Assessments		As Endorser on Notes/Contracts	
Dividends or Interest		Fed. & State Income Tax		As Guarantor on Notes/Contracts	
Rentals (Gross Income)		Real Estate Loan Payments		For Taxes	
Business (Net Income)		Payments on Contracts / Notes		Other (Describe)	
Other Income (Describe) *		Estimated Living Expenses			
		Other:			
TOTAL INCOME	\$	TOTAL EXPENSES	\$	TOTAL	\$

* Alimony, child support or separate maintenance payment income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation

SCHEDULE A			CASH LOCATION AND STATUS OF BANK ACCOUNTS						
CKNG	CD	SVNG	Bank and Branch Where Carried	Balance	Interest Rate Paid to You?	Date CD Matures	Is this Account Pledged for a Loan?	Balance of Loan	Maturity Date of Loan
Total				\$				Total	\$

SCHEDULE B		STOCKS AND BONDS (Include Interests In Any Closely Held Business)						
Description	No. Shares	Registered in Name of	Source of Valuation	Date	Price Per Share	Total Value	Purchased on Margin or Pledged	
Total						\$		

SCHEDULE C		LIFE INSURANCE				
Insured	Primary Beneficiary	Face Amount	Actual Cash Value	Loans on Policy	Name of Company	Location of Office
Total		\$	\$	\$		

SCHEDULE D		ACCOUNTS AND NOTES RECEIVABLE				
Owner(s)	Due From	Address	Collateral	Maturity Date	How Payable	Balance Due
					\$ Per	
					\$ Per	
					\$ Per	
					\$ Per	
					\$ Per	
					\$ Per	
					\$ Per	
					\$ Per	
Total					\$	\$

SCHEDULE E		REAL ESTATE (Show Mortgage Information in Schedule J)			
Description	Address/Location	Owner(s)	Date Acquired	Cost	
1					
2					
3					
4					
5					
6					
7					

REQUIRED: For the above SCHEDULE E, circle the number of the property that will be used as collateral for this loan.

SCHEDULE F		OTHER ASSETS AND PERSONAL PROPERTY					
Automobiles	Value	Rec. Vehicles and Boats		Value	Personal Property	Value	Totals
Yr.: Make:		Yr.: Make:	Ft.:		Furniture		Subtotal - Autos \$
Yr.: Make:		Yr.: Make:	Ft.:		Jewelry		Subtotal - RV's \$
Yr.: Make:		Yr.: Make:	Ft.:		Equipment		Subtotal - Personal Property \$
Yr.: Make:		Yr.: Make:	Ft.:		Other:		
		Other:					
Subtotal Autos	\$	Subtotal RV's		\$	Subtotal Personal Property	\$	Total - All Other Assets \$

SCHEDULE G		NOTES AND LOANS PAYABLE TO BANKS AND OTHERS				
Payable To	Address	Collateral	Persons Liable	Maturity Date	How Payable	Balance Due
					\$ Per	
					\$ Per	
					\$ Per	
					\$ Per	
					\$ Per	
					\$ Per	
					\$ Per	
					\$ Per	
Totals					\$	\$

SCHEDULE H		ACCOUNTS AND BILLS PAYABLE (Including Bank Cards)			
Payable To	Account Number	Persons Liable	How Payable	Balance Due	
			\$ Per		
			\$ Per		
			\$ Per		
			\$ Per		
			\$ Per		
			\$ Per		
			\$ Per		
			\$ Per		
Totals				\$	\$

SCHEDULE I		OTHER LIABILITIES			
Payable To	Persons Liable	Collateral	How Payable	Balance Due	
			\$ Per		
			\$ Per		
			\$ Per		
			\$ Per		
			\$ Per		
			\$ Per		
			\$ Per		
Totals				\$	\$

SCHEDULE J		NOTES, CONTRACTS, ACCOUNTS PAYABLE (Include Mortgages on Property Listed in Schedule E)				
Mortgage or Lienholder	Annual Taxes	Monthly Income	Monthly Payments	Present Value	Balance Due	
Total					\$	\$

If applicant resides in a community property state, please complete the following concerning marital status:

Applicant is: Married Separated Unmarried (Includes single, divorced and widowed)
 Co-Applicant, if any, is: Married Separated Unmarried (Includes single, divorced and widowed)

A P P L I C A N T I N F O R M A T I O N

Applicant's Full Name		Addresses		
Social Security No.	Driver's License No.	Home Phone	Business Phone	
Date of Birth (MM/DD/YYYY)	Name of Employer	Occupation	No. of Years	Salary
\$ _____ per				
Amount of alimony, child support and separate maintenance payment income. \$				
<small>NOTE: Alimony, child support or separate maintenance payment income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.</small>				
Name and address of payor of any alimony, child support or separate maintenance payment income disclosed above as a source of repayment.				
Alimony, child support, separate maintenance received under <input type="checkbox"/> court order <input type="checkbox"/> written agreement <input type="checkbox"/> oral				
Income (salary, pension, social security, dividends, interest, etc.)				
Source: _____ \$ _____ per month				
Have you ever borrowed from any other branch of this institution? Name: _____ Location: _____ Date: _____				
Number of Dependents (not listed by applicant) _____ Ages _____				
Have you established a trust? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable Name(s) of trustee(s): _____				
Have you made a will? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of personal representative _____				
Have you guaranteed or endorsed the notes of any other person? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have any other contingent liabilities? _____				
Are there any outstanding judgments against you? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you been declared bankrupt within the last 7 years? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Names of References		Addresses		

C O I A P P L I C A N T I N F O R M A T I O N

Co-Applicant's Full Name		Addresses		
Social Security No.	Driver's License No.	Home Phone	Business Phone	
Date of Birth (MM/DD/YYYY)	Name of Employer	Occupation	No. of Years	Salary
\$ _____ per				
Amount of alimony, child support and separate maintenance payment income. \$				
<small>NOTE: Alimony, child support or separate maintenance payment income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.</small>				
Name and address of payor of any alimony, child support or separate maintenance payment income disclosed above as a source of repayment.				
Alimony, child support, separate maintenance received under <input type="checkbox"/> court order <input type="checkbox"/> written agreement <input type="checkbox"/> oral				
Income (salary, pension, social security, dividends, interest, etc.)				
Source: _____ \$ _____ per month				
Have you ever borrowed from any other branch of this institution? Name: _____ Location: _____ Date: _____				
Number of Dependents (not listed by applicant) _____ Ages _____				
Have you established a trust? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable Name(s) of trustee(s): _____				
Have you made a will? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of personal representative _____				
Have you guaranteed or endorsed the notes of any other person? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have any other contingent liabilities? _____				
Are there any outstanding judgments against you? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you been declared bankrupt within the last 7 years? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Names of References		Addresses		

APPLICANT'S SIGNATURE(S).

I (we) hereby affirm that the foregoing information contained in this financial statement is presented for the purpose of obtaining credit as of the date indicated and is true, complete and correct. I understand Lender is relying on this statement of my financial condition in making loan(s) to me. Lender is authorized to make any investigation of my credit or employment status either directly or through any agency employed by Lender for that purpose. I agree to inform Lender immediately of any matter which will cause any significant change in my/our financial condition. I understand that Lender will retain this financial statement whether or not credit is granted.

S I G N A T U R E S

Applicant's Signature _____ Date _____ Co-Applicant's/ Joint Credit Signature _____ Date _____

CONSENT. The lender may be relying on: 1) income from an individual who is not an applicant for the consumer loan, or 2) an individual co-borrower, owner, partner, officer or guarantor, for the business loan. Because of your relationship to the loan applicant or your role in the accommodation for the loan, your personal creditworthiness is a factor in the evaluation of the application or accommodation for the loan. By signing below, I authorize the financial institution to obtain a consumer credit report on me for that purpose to evaluate the loan application.

Date: _____ Signature _____ Social Security Number _____