



# Business Loan Application Revolving Loan Fund

DATE COMPLETED: \_\_\_\_\_

LOAN AMOUNT REQUESTED: \_\_\_\_\_

TERMS REQUESTED: \_\_\_\_\_

## I. BUSINESS INFORMATION:

APPLICANT: \_\_\_\_\_

NAME OF BUSINESS (INCLUDE DBA NAME): \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_ COUNTY: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

DATE ESTABLISHED: \_\_\_\_\_ TAX ID (OR OWNER'S SSN): \_\_\_\_\_ NAICS # \_\_\_\_\_

NEW BUSINESS (START-UP)       EXISTING BUSINESS (YEARS OF OPERATION) \_\_\_\_\_

TYPE OR DESCRIPTION OF BUSINESS: \_\_\_\_\_

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

ORGANIZATIONAL STRUCTURE (*Check one*):

SOLE PROPRIETOR       PARTNERSHIP       CORPORATION       LLC

NUMBER OF EMPLOYEE(S): PRESENTLY \_\_\_\_\_ PROJECTED (AFTER LOAN) \_\_\_\_\_

NAME OF PERSON COMPLETING APPLICATION: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_ FAX: \_\_\_\_\_

PREFERRED METHOD OF COMMUNICATION (*Please Circle*):      PHONE      E-MAIL

## II. APPLICANT INFORMATION:

NAME & TITLE	ADDRESS	SOCIAL SECURITY #	OWNERSHIP %	TOTAL ANNUAL COMPENSATION

Applications Not Completed in Full Will Not Be Accepted, Regardless of Date Received  
NKADD Is Not Responsible for Incomplete Applications



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**III. BUSINESS FINANCIAL INFORMATION:** If start-up, provide personal information. Personal Financial statement on Page Six must be completed as well.

**LIABILITIES:** i.e. credit cards, mortgages etc.

CREDITOR	PURPOSE	DATES FROM/TO	ORIGINAL AMOUNT	OUTSTANDING AMOUNT	MONTHLY PAYMENT	INTEREST RATE
<b>TOTALS</b>						

*(attach additional sheet if needed)*

**ASSETS:** i.e. deposits, investment accounts and other liquid assets

BANK OR INSTITUTION	ACCOUNT NUMBER	CURRENT BALANCE (DATE)	AVERAGE BALANCE	SUBJECT TO DEBT
<b>TOTALS</b>				

*(attach additional sheet if needed)*

**IV. SOURCES AND USES OF PROJECT FUNDS:** Complete all applicable sections.

USES	NKADD RLF	PRIVATE LENDER # 1	PRIVATE LENDER #2	OWNER'S EQUITY INJECTION	PER USE TOTALS
Land Acquisition					
Land Improvement					
Building (Purchase)					
Building (Construction)					
Building (Renovation)					
Machinery & Equipment					
Furniture & Fixtures					
Working Capital					
Other:					
<b>PER SOURCE TOTALS</b>					



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## V. COLLATERAL INFORMATION:

Please list all collateral that is available for and being offered as security for the loan in which you are applying. This may include business assets (such as Inventory, equipment & Machinery and/or Real Estate) and/or Personal Assets (such as homes and/or vehicles). **Collateral value must equal or exceed requested loan amount after other associated debts and typical discounts are applied.**

ITEM AND DESCRIPTION	ASSESSED VALUE	METHOD OF ASSESSMENT	DATE OF LAST ASSESSMENT	OWNED OR TO BE PURCHASED?	TOTAL (\$) VALUE OF LIENS

## VI. BUSINESS BACKGROUND INFORMATION:

Please provide a brief description of your business to include: business experience of the owners/managers, marketing plan, products and/or services to be offered, analysis of the competition, etc. *(Attach additional sheet if needed)*

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## VII. MISCELLANEOUS INFORMATION:

- 1.) ARE ANY OF THE OWNERS A PARTNER OR OFFICER IN ANY OTHER VENTURE?  
 YES  NO IF YES, IDENTIFY: \_\_\_\_\_
  
- 2.) ARE ANY OF THE OWNERS OR THE BUSINESS AN ENDORSER, GUARANTOR OR CO-MAKER OF ANY OBLIGATION NOT LISTED IN THE FINANCIAL SECTION OF THIS APPLICATION?  
 YES  NO IF YES, IDENTIFY: \_\_\_\_\_
  
- 3.) ARE THE TAX LIABILITIES (STATE & FEDERAL) OF THE BUSINESS AND OWNERS CURRENT?  
 YES  NO IF NO, EXPLAIN: \_\_\_\_\_
  
- 4.) ARE ANY OF THE OWNERS OR THE BUSINESS PARTY TO ANY LAWSUITS/LEGAL ACTIONS?  
 YES  NO IF YES, EXPLAIN: \_\_\_\_\_
  
- 5.) ARE THERE ANY OUTSTANDING (UNSATISFIED) JUDGMENTS AGAINST ANY OWNER OR THE BUSINESS?  
 YES  NO IF YES, EXPLAIN: \_\_\_\_\_
  
- 6.) ARE ANY OF THE BUSINESS' OR OWNERS' ASSETS ENCUMBERED BY LIENS OR ATTACHMENTS OF ANY TYPE?  
 YES  NO IF YES, EXPLAIN: \_\_\_\_\_
  
- 7.) HAS THE BUSINESS OR ANY OF ITS OWNERS DECLARED BANKRUPTCY IN THE PAST 10 YEARS?  
 YES  NO IF YES, EXPLAIN INCLUDING DATE: \_\_\_\_\_  
 \_\_\_\_\_
  
- 8.) HAVE ANY OF THE BUSINESS' OR THE OWNERS' DEBTS BEEN FORWARDED TO A COLLECTION AGENCY IN THE PAST 10 YEARS?  
 YES  NO IF YES, LIST DEBTS, DATES, AND OUTCOME: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



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## VIII. ADDITIONAL REQUIRED DOCUMENTATION (check each box completed)

- A written statement **in addition to data on page one** documenting the number of jobs that will either be created and/or saved as a result of RLF financing. In the case of job creation, give a projected timeframe for new hires. In the case of saved jobs, give a brief statement detailing why jobs would be lost without funding.
- Tax returns for the previous three years for the Business (Accountant prepared Financial statements may be submitted as a substitute)
- Tax Returns for previous three years of all owners with 20% or more business interest
- projections for the next three years of business operations – Cash Flow; Balance Sheet; Profit and Loss
- The personal financial statements of any and all owners with greater than a 20% interest in the business (applicant may use form on page six or similar document)
- A bank rejection or referral letter dated within one year of the application
- Other information upon request

## IX. GENERAL CERTIFICATION

THE UNDERSIGNED CERTIFIES THAT HE/SHE IS THE \_\_\_\_\_ (TITLE) OF THE APPLICANT BUSINESS APPLYING FOR FINANCING FROM THE NORTHERN KENTUCKY AREA DEVELOPMENT DISTRICT (“NKADD”). HE/SHE ALSO CERTIFIES THAT HE/SHE IS FAMILIAR WITH THE RECORDS OF THE BORROWER (IN REGARDS TO THE CONTENT OF THIS APPLICATION) AND THAT HE/SHE IS DULY AUTHORIZED TO SUBMIT AND SIGN THE APPLICATION. THE INFORMATION CONTAINED IN THIS APPLICATION IS PROVIDED TO NKADD FOR THE PURPOSE OF SECURING CREDIT FROM TIME TO TIME IN WHATEVER FORM. THE UNDERSIGNED HEREBY CERTIFIES THAT ALL SUBMITTED INFORMATION AND/OR ANY FUTURE INFORMATION SUBMITTED IN CONNECTION WITH THIS APPLICATION, INCLUDING ALL EXHIBITS, IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE.

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGN NAME

\_\_\_\_\_  
DATE

APPLICANT HEREBY AUTHORIZES THE NORTHERN KENTUCKY AREA DEVELOPMENT DISTRICT THROUGH ITS AUTHORIZED REPRESENTATIVE TO CHECK CREDIT HISTORY AND TO OTHERWISE ASSESS CREDITWORTHINESS, INCLUDING VIA BACKGROUND CHECK. ALL OWNERS WITH GREATER THAN 20% OWNERSHIP ARE SUBJECT TO CREDIT CHECK.

\_\_\_\_\_  
APPLICANT #1: SIGN NAME & DATE

\_\_\_\_\_  
APPLICANT #2 SIGN NAME & DATE

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## PERSONAL FINANCIAL STATEMENT

### APPLICANT

NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_  
 STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
 CURRENT OCCUPATION: \_\_\_\_\_  
 EMPLOYER: \_\_\_\_\_  
 EMPLOYER'S ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 CONTACT NUMBER: \_\_\_\_\_

### SPOUSE

NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_  
 STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
 CURRENT OCCUPATION: \_\_\_\_\_  
 EMPLOYER: \_\_\_\_\_  
 EMPLOYER'S ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 CONTACT NUMBER: \_\_\_\_\_

ASSETS		LIABILITIES	
CASH ON HAND & IN BANK	\$	ACCOUNTS PAYABLE	\$
SAVINGS ACCOUNT	\$	NOTES PAYABLE	\$
IRA OR OTHER RETIREMENT ACCOUNTS	\$	INSTALLMENT ACCOUNTS-AUTO	\$
ACCOUNTS RECEIVABLE	\$	INSTALLMENT ACCOUNTS-OTHER	\$
LIFE INSURANCE-CASH VALUE	\$	EXISTING LOANS ON LIFE INSURANCE	\$
STOCKS & BONDS	\$	MORTGAGES ON REAL ESTATE	\$
REAL ESTATE	\$	UNPAID TAXES	\$
AUTOMOBILE-PRESENT VALUE	\$	OTHER LIABILITIES	\$
OTHER PERSONAL PROPERTY	\$	<b>TOTAL LIABILITIES</b>	<b>\$</b>
OTHER ASSETS	\$	<b>NET WORTH (Assets – Liabilities)</b>	<b>\$</b>
<b>TOTAL ASSETS</b>	<b>\$</b>		
INCOME SOURCE INFORMATION			
Salary (Annual)	\$	Other Income (Total)	\$
Net Investment Income	\$	Source #1 (Name)	
Real Estate Income	\$	Source #2 (Name)	