

Individual:		Full Address:					
Name of Applicant Business:			Tax ID # or SSN:				
Full Street Address of the Business:			Telephone # (inc.Area Code)				
City:	State:	Zipcode:	Number of employees:				
			<table border="1"> <tr> <td>FT/PT</td> </tr> <tr> <td></td> </tr> <tr> <td></td> </tr> </table>		FT/PT		
FT/PT							
Type of Business:		Date Business Established:		At time of application:			
				If loan is approved:			
				Subsidiaries of affiliates:			
Bank of Business Account and Address:							
Management of Business: (Proprietors, Partners, and Stockholders owning 20% or more of stock)							
Name:	Address:	% Owned	SSN	DOB			
Name:	Address:	% Owned	SSN	DOB			
Name:	Address:	% Owned	SSN	DOB			
Name:	Address:	% Owned	SSN	DOB			
Corporations: (LLC, S Corporations)							
President: Name and Address							
Vice President: Name and Address							
Secretary/Clerk: Name and Address							
Treasurer: Name and Address							
Director: Name and Address							
Director: Name and Address							
Director: Name and Address							
Director: Name and Address							
Site Control:							
Does the Applicant have Site Control?		YES	NO				
If yes, type of control	Lease	YES	NO				
	Type of Lease	_____					
	Terms of Lease	_____					
	Lease/Option	_____					
	Other	_____					
Type of Program You Are Applying For:							
_____ Commercial Rehabilitation Loan Program		_____ Façade Improvement Program (loan)					
_____ Residential Rehabilitation Loan Program		_____ Life Safety Program (loan)					
(mixed use building)							

Describe the project that you are applying for:

Sources:		Uses:	
Owner's Cash	\$ _____		\$ _____
Bank Loan	\$ _____		\$ _____
Agency Loan*	\$ _____		\$ _____
Insurance	\$ _____		\$ _____
* ie: AVCOG, LDC, LAEGC, other			\$ _____
Total Sources:	\$ _____	Total Uses:	\$ _____

Collateral Offered if Loan is Approved:

Description:	Purchase Price:	Present Market Value:	Mortgage/Liens:	Equity:

Business Indebtedness: Furnish the following information on all outstanding installment debts, contracts, notes and mortgages payable. (Present Balance should agree with the Balance Sheet submitted with the application)

To Whom Payable	Original Amount	Original Date	Present Balance	Rate of Interest	Maturity Date	Monthly Payment	Security	Current or Past Due
Acct. #	\$ _____		\$ _____			\$ _____		C / PD
Acct. #	\$ _____		\$ _____			\$ _____		C / PD
Acct. #	\$ _____		\$ _____			\$ _____		C / PD
Acct. #	\$ _____		\$ _____			\$ _____		C / PD
Acct. #	\$ _____		\$ _____			\$ _____		C / PD

Business/Trade References:

Trade Reference #1	Trade Reference #2	Trade Reference #3
Business Name:	Business Name:	Business Name:
Contact Person	Contact Person	Contact Person
Telephone Number: ()	Telephone Number: ()	Telephone Number: ()

Personal Financial Statement					
Complete this form for (1) each proprietor, (2) general partner, (3) managing member of a limited liability company (LLC) (4) each owner of 20% or more of the equity of the Applicant, and (5) any person providing a guaranty on the loan.					
Name:			Business Phone #: ()		
Residence Address:			Residence Phone #: ()		
City, State & Zip Code:			Cell Phone #: ()		
Business Name of Applicant/Borrower:					
Source of Income:			Contingent Liabilities:		
Salary:	\$		As Endorser or Co-Maker:	\$	
Net Investment Income:	\$		Legal claims or Judgments:	\$	
Real Estate Income:	\$		Provision for Federal Inc Tax:	\$	
Other income: (Describe below)	\$		Other Special Debt:	\$	
ASSETS			LIABILITIES		
Cash on hand/banks	\$		Accounts Payable	\$	
Savings Accounts	\$		Notes Payable to Banks/Other	\$	
IRA or Other Retirement	\$		Installment Acct (Auto)	\$	
Accounts & Notes Receivable	\$		Mo. Payments \$ _____	\$	
Life Insurance -Cash Surrender Value	\$		Installment Acct (Auto)	\$	
Stocks and Bonds	\$		Mo. Payments \$ _____	\$	
Real estate	\$		Mortgages on Real Estate Owned	\$	
Automobiles - Total present vlaue	\$		Unpaid Taxes	\$	
Other Personal Property	\$		Other Liabilities	\$	
Total Assets	\$		Total Liabilities	\$	
			Net Worth	\$	
Description of Other Income:					
Description of Notes Payable to Banks and Others					
Name and Address of Note Holder(s)	Original Balance	Current Balance	Payment Amount	Frequency	How Secured or Endorsed Type of Collateral
Description of Stocks and Bonds					
Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/ Exchange	Total Value

Real Estate Owned. (List each parcel separately. Use attachment if necessary. Each attachment must be identified as part of this statement and signed.)			
Description	Property A	Property B	Property C
Type of Real Estate (e.g. Primary Residence, Other Residence, Rental Property, Land, etc)			
Address:			
Date Purchased:			
Original Cost:			
Present Market Value			
Name & Address of Mortgage Holder:			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment per Month			
Status of Mortgage			
Description of Other Personal Property and Other Assets:			
Description of Unpaid Taxes			
Description of Other Liabilities:			
Description of Life Insurance Held			
Describe Any Other Relevant Information Regarding This Loan:			
Consumer Credit Authorization			

The following information is needed to complete a personal credit investigation. This form is to be completed by each applicant (individual, corporation or partnership), and each partner or shareholder holding a 20% or more interest in the company. A separate form must be completed for any co-applicant and corporation.

I (we) authorize the CITY OF LEWISTON and/or Androscoggin Valley Council of Governments to contact credit reporting agencies and creditors with regard to the status of any past or outstanding debt, or such other credit information that such agencies normally hold available for credit worthiness evaluation at present or at any time in the future for the purpose of making or monitoring the loan.

CITY OF LEWISTON will not proceed with the review of your loan request without these reports.

Legal Name: _____

Signature: _____

Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Social Security Number: _____ Birth Date: _____

You must include a check payable to CITY OF LEWISTON for \$25.00 for EACH personal credit report and an additional \$25.00 for the business credit report.

Applicant Certification s

By signing this application, you certify to the following:

(a) **All information in this Application and the Exhibits is true and complete to the best of your knowledge.** You understand that this information is being submitted to the City and the Loan Qualification Committee (LQC) so that they can decide to make a loan or grant and that the City and the LQC is relying on this information.

(b) You have not paid anyone employed by the City for help in obtaining this loan or grant.

(c) I have read a copy of the program guidelines and understand the requirements of the loan or grant.

(d) I acknowledge that any work commenced before loan approval by the LQC and a signed grant agreement is an unallowable expense and will not be reimbursed by the City.

(e) I further understand that the project must be completed as agreed, six months from the date of approval, or as extended in writing as necessitated by weather conditions.

If Applicant is a proprietor or general partner, sign below:

By: _____
Printed Name: _____ Date _____

Witnessed By: _____ Date _____

If applicant is a Corporation, sign below:

Corporate Name and Seal _____ Date _____

Witnessed By: _____ Date _____

By: _____
Its President