

**REGION 9  
ECONOMIC DEVELOPMENT DISTRICT OF SOUTHWEST COLORADO  
DISASTER ASSISTANCE LOAN APPLICATION**

**1. PRELIMINARY INFORMATION:** **Date:** \_\_\_\_\_

**Business Name (Specify d/b/a):** \_\_\_\_\_

**Contact Person (Title):** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Physical Address of Business:** \_\_\_\_\_

**County (Bus. Location):** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Type of Business (Mfg., Retail, etc.):** \_\_\_\_\_

**Employer ID#:** \_\_\_\_\_

**Duns Number:** \_\_\_\_\_

**Bank of Business Account:** \_\_\_\_\_

**Bank Contact Person:** \_\_\_\_\_ **Acct. #:** \_\_\_\_\_

**Amount of BLF Request:** \_\_\_\_\_ **Repayment schedule:** \_\_\_\_\_

**2. TYPE OF BUSINESS OWNERSHIP: (Sole Proprietor, Partnership, Corporation or LTD. etc.)** \_\_\_\_\_

**Date Business Established:** \_\_\_\_\_

**Name of Insurance Company** \_\_\_\_\_

**Type of Insurance: Liability Insurance** \_\_\_\_\_ **Hazard Insurance** \_\_\_\_\_

**Business Ownership List (Proprietor, All partners and stockholders owning 5% or more of outstanding stock).**

Name	% Owned	Title/Position	SS#	Sex*

**Names of Corporate Officers**

<b>Name</b>	<b>% Owned</b>	<b>Title/Position</b>	<b>SS#</b>

**3. EMPLOYMENT: Number at time of Application:** \_\_\_\_\_

**4. Business Debt: List current debts of the business. (Indicate any loans to be paid by proposed RLF funding with an asterisk (\*)).**

<b>Origination Date</b>	<b>Amount</b>	<b>Current Balance</b>	<b>Interest Rate</b>	<b>Monthly Payment</b>	<b>Maturity Date Collateral</b>

**5. USES OF FUNDS: (Total project Cost from all sources of funding including borrower fund. Please note the exact use or uses of the RLF loan request with RLF written to the side).**

<b>Purchase of Real Estate</b>	\$ _____
<b>New construction or building fixed Assets</b>	\$ _____
<b>Bldg. expansion or Repair</b>	\$ _____
<b>Acquisition of Existing Business</b>	\$ _____
<b>Purchase of machinery &amp; Equip.</b>	\$ _____
<b>Purchase of furniture &amp; fixtures</b>	\$ _____
<b>Purchase of Inventory</b>	\$ _____
<b>Debt Payment</b>	\$ _____
<b>Working Capital or operating expense</b>	\$ _____
<b>Other (explain) _____</b>	\$ _____
<b>Total Project Amount</b>	\$ _____

**6. SOURCES OF FUNDS: Show all sources of financing for the project.**

<b>Bank Loan (non - SBA)</b>	\$ _____
<b>Bank Loan (SBA guarantee)</b>	\$ _____
<b>Mortgage (other than Bank)</b>	\$ _____
<b>Equipment Finance</b>	\$ _____
<b>Borrower Equity: Cash</b>	\$ _____
<b>Non - Cash</b>	\$ _____
<b>Other (Specify): _____</b>	\$ _____
<b>BLF Request</b>	\$ _____
<b>Total Sources (should equal total from 5. above)</b>	\$ _____

**7. OVERALL BORROWER EQUITY: What amount will borrower have invested in Business?**  
State if investment is in cash, equipment, real estate, etc.

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

**A. Does your business have any subsidiaries or affiliates (including owner leasing arrangements)?**  
Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide current financial statements for each as an attachment.

**B. Does your business have any licensing agreements or royalty payments required for any of the business products?**  
Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide their names and the relationship with your company.

**C. Have you or any officers of your company ever been involved in bankruptcy or insolvency proceedings?**  
Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide details in an attached letter.

**D. Are you or your business involved in any potential or pending lawsuits?**  
Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide details in an attached letter.

The Loan Application form should be attached to other supporting documents as described in the loan documentation checklist.

I certify that the information included in this application is true and complete to the best of my knowledge. By my signature, I acknowledge that I agree to comply with the requirements that the Region 9 Economic Development District of Southwest Colorado, Inc., makes in connection with the approval of my loan request. I also grant permission to the Region 9 Economic Development District of Southwest Colorado, Inc., to obtain information from my bank, creditors, credit bureau, reporting agency or other necessary sources to research and evaluate this application.

\_\_\_\_\_  
Authorized Official Title Date

\_\_\_\_\_  
Authorized Official Title Date

**REGION 9 ECONOMIC DEVELOPMENT DISTRICT OF SOUTHWEST COLORADO,  
INC.**

**DISASTER ASSISTANCE LOAN FUND  
JOB DEVELOPMENT STATEMENT**

One Objective for BLF funding is to provide employment opportunities for low and moderate income persons. **Job creation is not a requirement to qualify for Region 9 funding, but we do require this form for our files.** If there is not any job creation expected, please fill in with "0".

**1. Business Description:** (Please give a brief description of your business including your products, services and production methods.)

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**2. Current Employment Description:** (List all the job positions and numbers of persons in those positions currently employed by your business.) \*FTE = Full Time Equivalents

<u>JOB TITLE</u>	<u>BRIEF DESCRIPTION OF DUTIES AND TASKS</u>	<u>AVG. HR. WAGE</u>	<u># OF *FTE</u>

**3. Future Employment Retention and Creation:** (Please describe all of the new Employment positions to be created or retained as a result of this loan.)

<u>JOB TITLE</u>	<u>BRIEF DESCRIPTION OF DUTIES AND TASKS</u>	<u>AVG. HR. WAGE</u>	<u># OF *FTE</u>

**4. Job Justification:** (Please give a brief explanation of how and why these jobs will be created as a result of this loan.)

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**5. Projected Schedule for Job Creation:** (Please describe the estimated time frame for creating these jobs.)

JOB TITLE	ESTIMATED # OF MONTHS TO FILL JOB	AVG. HR. WAGE	# OF *FTE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**6. Education and Training:** (Briefly describe training methods and programs for current and future employees.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**7. Employment Opportunities for Low and Moderate Income Persons:** (Please describe the employer's efforts and programs to provide employment opportunities for low and moderate income persons.)

\*HUD CDBG Maximum Incomes for Low-Moderate Households is available through Region 9.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Would you like further information about the State of Colorado's programs and assistance available for hiring and training low to moderate income persons? Yes \_\_\_\_\_ No \_\_\_\_\_.

**I hereby certify that the information provided is accurate to the best of my knowledge:**

\_\_\_\_\_  
 Authorized Official Title Date

\_\_\_\_\_  
 Authorized Official Title Date

**PERSONAL FINANCIAL STATEMENT**

Region 9 Economic Development District of Southwest Colorado, Inc.

As of \_\_\_\_\_, 20 \_\_\_\_

Complete this form for: (1) each proprietor, or (2) each limited partner who owns 20% or more interest and each general partner, or (3) each stockholder owing 20% or more of voting stock and each corporate officer and director, or (4) any other person or entity providing a guarantee on the loan.

Name Business Phone

Residence Address Residence Phone

City, State & Zip Code

Business Name of Applicant/Borrower

ASSETS	(Omit Cents)	Liabilities	(Omit Cents)
Cash on hand and in Banks	\$ _____	Accounts Payable	\$ _____
Savings Accounts	\$ _____	Notes Payable to Banks and Others	\$ _____
IRA or Other Retirement Account	\$ _____	(Describe in Section 2)	
Accounts & Notes Receivable	\$ _____	Installment Account (Auto)	\$ _____
Life Insurance-Cash Surrender Value Only	\$ _____	Mo. Payments \$ _____	
(Complete Section 8)		Installment Account (other)	\$ _____
Stocks and Bonds	\$ _____	Mo. Payments \$ _____	
(Describe in Section 3)		Loans on Life Insurance	\$ _____
Real Estate	\$ _____	Mortgages on Real Estate	\$ _____
(Describe in Section 4)		(Describe in Section 4)	
Automobile - Present Value	\$ _____	Unpaid Taxes	\$ _____
Other Personal Property	\$ _____	(Describe in Section 6)	
Other Assets	\$ _____	Other Liabilities	\$ _____
(Describe in Section 5)		(Describe in Section 7)	
		Total Liabilities	\$ _____ -
		Net Worth (Total Assets-Total Liabilities)	\$ _____ -
Total	\$ _____ -		Total \$ _____

Section 1. Source of Income Contingent Liabilities

Salary	\$ _____	As Endorser or Co-Maker	\$ _____
Net Investment Income	\$ _____	Legal Claims & Judgments	\$ _____
Real Estate Income	\$ _____	Provisions for Federal Income Tax	\$ _____
Other Income (Describe Below)*	\$ _____	Other Special Debt	\$ _____

Description of Other Income in Section 1.

Name and Address of closest relative not living with you:

Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.

Section 2. Notes Payable to Banks and Others. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed).

Name and Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed Type of Collateral

Section 3. Stock and Bonds. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed).

Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

Section 4. Real Estate Owned. (List each parcel separately. Use attachments if necessary. Each attachment must be identified as a part of this statement and signed).

Type of Property	Property A	Property B	Property C
Name & Address of Property			
Date Purchased			
Original Cost			
Present Market Value			
Name & Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment per Month/Year			
Status of Mortgage			

Section 5. Other Personal Property and Other Assets. (Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment, and if delinquent, describe delinquency.)

Section 6. Unpaid Taxes. (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches).

Section 7. Other Liabilities. (Describe in detail).

Section 8. Life Insurance Held. (Give face amount and cash surrender value of policies - name of Insurance company and beneficiaries).

I authorize Lender to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. I understand FALSE statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

PLEASE NOTE: The estimated average burden hours for the completion of this form is 1.5 hours per response. If you have questions or comments concerning this estimate or any other aspect of this information, please contact Chief, Administrative Branch, U.S. Small Business Administration, Washington, D.C. 20415, and Clearance Office, Paper Reduction Project (3245-0188). Office of Management and Budget, Washington, D.C. 20503.