

# LOUISIANA BUSINESS RECOVERY GRANT & LOAN PROGRAM

## Commercial Loan Application

Jefferson Parish Economic Development Commission

### Company Information

Company name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Principal in charge \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Secondary contact person \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_  
(IN-HOUSE CONTROLLER OR BOOKKEEPER)

Type of business \_\_\_\_\_ Date established \_\_\_\_\_

Type of entity (check one):                  Proprietorship                  Partnership                  Corporation                  LLC

### Company Ownership

Name \_\_\_\_\_ Title \_\_\_\_\_ % of Ownership \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ % of Ownership \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ % of Ownership \_\_\_\_\_

### Affiliate Businesses IF APPLICABLE

Name \_\_\_\_\_ Owner \_\_\_\_\_ % of Ownership \_\_\_\_\_  
(APPLICANT COMPANY OR INDIVIDUALS)

Name \_\_\_\_\_ Owner \_\_\_\_\_ % of Ownership \_\_\_\_\_  
(APPLICANT COMPANY OR INDIVIDUALS)

If a corporation, please indicate who is President and Secretary

### Existing Business Locations

Address \_\_\_\_\_ Square feet \_\_\_\_\_ Lease payment \_\_\_\_\_ Lease expiration \_\_\_\_\_

Address \_\_\_\_\_ Replaced by new facility? \_\_\_\_\_  
Square feet \_\_\_\_\_ Lease payment \_\_\_\_\_ Lease expiration \_\_\_\_\_

Replaced by new facility? \_\_\_\_\_

### References

Bank name \_\_\_\_\_ Acct. no. \_\_\_\_\_ Acct. officer \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Accountant \_\_\_\_\_ Firm name \_\_\_\_\_ Phone \_\_\_\_\_

Attorney \_\_\_\_\_ Firm name \_\_\_\_\_ Phone \_\_\_\_\_

Trade references \_\_\_\_\_ Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_

**Nature of Your Business**

Nature of your business \_\_\_\_\_  
 \_\_\_\_\_  
 Type of products or services (include any catalogs or brochures) \_\_\_\_\_  
 \_\_\_\_\_  
 Geographic market area \_\_\_\_\_  
 \_\_\_\_\_  
 List key customers \_\_\_\_\_  
 \_\_\_\_\_  
 List major competitors \_\_\_\_\_  
 \_\_\_\_\_

**Project Information**

Street address of project \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_  
 What is the square footage of the new building? \_\_\_\_\_ What is the square footage your company will occupy? \* \_\_\_\_\_  
 Escrow closing date \_\_\_\_\_ Realtor's name \_\_\_\_\_ Phone \_\_\_\_\_  
 If known, how will the property be vested (i.e. individually, partnership, LLC, corporation, trust ...) \_\_\_\_\_  
 Please provide appropriate document (i.e. Partnership Agreement, LLC documents, Articles of Incorporation, Trust Agreement ...)

**Total Project Costs**

<b>Purchase existing building or Equipment only</b>		<b>Construction Project</b>		
Purchase price.....\$ _____	Land acquisition.....\$ _____	Payoff Bank loan.....\$ _____		
Tenant improvements.....\$ _____	Construction bid.....\$ _____	Other Debt Payment.....\$ _____		
Equipment*.....\$ _____	Architects, permits, other soft costs ____\$ _____	Inventory Purchase.....\$ _____		
Other.....\$ _____	Equipment*.....\$ _____	Working Capital.....\$ _____		
Total (A).....\$ _____	Other.....\$ _____	Acquisition of Existing Businesses \$ _____		
	Total (B).....\$ _____	All other.....\$ _____		
		Total (C).....\$ _____		
	Total (A+B+C).....\$ _____			

\* Please note -- equipment to be financed must have a useful life of 10 years or greater.

**If there are any tenants that will remain in the building, please provide the following information: Also, please have your realtor provide copies of all existing leases.**

Tenant name	Square footage	Lease expiration	Rent amount



# Business Debt Schedule

Indebtedness: Furnish the following information on all installment debts, contracts, notes, and mortgages payable. Do not include accounts payable or accrued liabilities.

Company Name \_\_\_\_\_

Date \_\_\_\_\_ \*

Creditor Name/address	Original amount	Original date	Present balance	Interest rate	Maturity date	Monthly payment	Security	Current or delinquent
<b>Total present balance**</b>				<b>Total monthly payment</b>				

\* Should be the same date as current financial statement.

\*\* Total must agree with balance shown on current financial statement.

# Checklist

## Business Information

	Business financial statements for the last three years
	Interim financial statement dated within the last 45 days
	Business debt schedule (form attached)
	Federal tax returns for the last three years
	Articles of Incorporation and By-Laws (if corporation)
	<ul style="list-style-type: none"> <li>● President of the corporation is:</li> </ul>
	<ul style="list-style-type: none"> <li>● Secretary of the corporation is:</li> </ul>
	Articles of Organization and Operating Agreement (if LLC)
	Partnership Agreement (if partnership)
	Business License <i>and</i> Fictitious Business Name Statement (if proprietorship)
	Franchise Agreement

## Personal information (for each owner of 20% or greater)

	Personal tax returns for the last three years
	Personal resume (form attached)
	Personal financial statement (form attached)

## Real estate information

	Real Estate Purchase Agreement or settlement sheet
	Construction cost budget and/or equipment invoices
	Existing environmental studies

## Authorization to Release Information

I/We hereby authorize the release to Jefferson Parish Economic Development Commission of any information they may require at any time for any purpose related to my/our credit transaction with them. I/We further authorize Jefferson Parish Economic Development Commission to release such information to any entity they deem necessary for any purpose related to my/our credit transaction with them. I/We hereby certify that the enclosed information, including any attachments or exhibits provided here within or at a later date, is valid and correct to the best of my/our knowledge.

Name of applicant(s) \_\_\_\_\_

Signature of applicant(s) \_\_\_\_\_ Date \_\_\_\_\_

Name of applicant(s) \_\_\_\_\_

Signature of applicant(s) \_\_\_\_\_ Date \_\_\_\_\_

**Personal Resume Form** TO BE COMPLETED BY EACH PRINCIPAL INVOLVED IN THE LOAN.

Name \_\_\_\_\_  
FIRST MIDDLE MAIDEN LAST

Date of birth\* \_\_\_\_\_ Place of birth \_\_\_\_\_ Race\* \_\_\_\_\_ Social Security No. \_\_\_\_\_

U.S. Citizen -- if not, please provide alien registration number \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Home phone \_\_\_\_\_ Business phone \_\_\_\_\_

Immediate past address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

Are you employed by the U.S. Government? \_\_\_\_\_ If so, give the name of the agency and position \_\_\_\_\_

Spouse's name \_\_\_\_\_  
FIRST MIDDLE MAIDEN LAST

Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_ Race \_\_\_\_\_ Social Security No. \_\_\_\_\_

**Personal information**

*Be sure to answer the next three questions correctly because they are important. The fact that you have an arrest or conviction record will not necessarily disqualify you; an incorrect answer will probably cause your application to be turned down.*

Are you presently under indictment, on parole or probation? \_\_\_\_\_ Yes No

Have you ever been charged with or arrested for any criminal offense other than a minor vehicle violation? Include offenses which have been dismissed, discharged, or nolle prosequi. (All arrests and charges must be disclosed and explained on an attached sheet) \_\_\_\_\_ Yes No

Have you ever been convicted, placed on pretrial diversion, or placed on any form of probation, including adjudication withheld pending probation, for any criminal offense other than a minor motor vehicle violation? \_\_\_\_\_ Yes No

If yes to any of the above, furnish details in a separate exhibit. List name(s) under which held.

**Military service background**

Branch \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Rank at discharge \_\_\_\_\_ Honorable? \_\_\_\_\_

Job description \_\_\_\_\_

\* This data is collected for statistical purposes only. It has no bearing on the credit decision. Disclosure is voluntary.

**Personal Resume Form** CONTINUED

**Work experience**

List chronologically, beginning with present employment

Name of company \_\_\_\_\_ % of business owned \_\_\_\_\_  
Full address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_ Title \_\_\_\_\_ Duties \_\_\_\_\_  
\_\_\_\_\_

Name of company \_\_\_\_\_ % of business owned \_\_\_\_\_  
Full address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_ Title \_\_\_\_\_ Duties \_\_\_\_\_  
\_\_\_\_\_

Name of company \_\_\_\_\_ % of business owned \_\_\_\_\_  
Full address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_ Title \_\_\_\_\_ Duties \_\_\_\_\_  
\_\_\_\_\_

**Education (College or Technical Training)**

Name and Location	Dates Attended	Major	Degree or Certificate
1. _____	_____	_____	_____
Comments _____			
2. _____	_____	_____	_____
Comments _____			
3. _____	_____	_____	_____
Comments _____			
4. _____	_____	_____	_____
Comments _____			

**Personal Financial Statement**

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 owning 20% or more of voting stock and each corporate officer and director, or (4) any other person or entity providing a guaranty on the loan.

Name \_\_\_\_\_ Home phone \_\_\_\_\_ Business phone \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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..... (Describe in Section 2)	\$ _____
IRA or other retirement account .....	\$ _____	Installment account (Auto) .....	\$ _____
Accounts and notes receivable .....	\$ _____	Monthly payments	
Life insurance-cash surrender value only..... (Complete Section 8)	\$ _____	Installment account (Other).....	\$ _____
Stocks and bonds .....	\$ _____	Monthly payments	
Real estate .....	\$ _____	Loan on life insurance .....	\$ _____
(Describe in Section 3)		Mortgages on real estate .....	\$ _____
Real estate .....	\$ _____	(Describe in Section 4)	
(Describe in Section 4)		Unpaid taxes .....	\$ _____
Automobile-present value .....	\$ _____	(Describe in Section 6)	
Other personal property .....	\$ _____	Other liabilities .....	\$ _____
(Describe in Section 5)		(Describe in Section 7)	
Other assets .....	\$ _____	Total liabilities .....	\$ _____
(Describe in Section 5)		Net worth .....	\$ _____
Total .....	\$ _____	Total .....	\$ _____

**Section 1. Source of Income**

Salary.....	\$ _____
Net investment income .....	\$ _____
Real estate income .....	\$ _____
Other income (Describe below)* .....	\$ _____

**Contingent Liabilities**

As endorser or co-maker .....	\$ _____
Legal claims & judgments .....	\$ _____
Provision for federal income tax .....	\$ _____
Other special debt.....	\$ _____

Description of Other Income in Section 1.

\*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 noteholders	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 SEPERATELY. USE ATTACHMENTS IF NECESSARY. EACH ATTACHMENT MUST BE IDENTIFIED AS A PART OF THIS STATEMENT AND SIGNED.

	Property A	Property B	Property C
Type of property			
Owner			
Property address			
Date purchased			
Original cost			
Present market value			
Mortgage holder			
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 SBA/Lender to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above 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. 10001).

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

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