

The Small Business Loan Application
 Fitchburg Department of Community Development

Date: _____

BUSINESS NAME: _____ TAX ID#: _____

BUSINESS ADDRESS(ES): _____ TEL. NO.: _____

TYPE OF BUSINESS: _____ 20 _____ GROSSREVENUES: _____

AMOUNT OF TERMLOAN: \$ _____ OTHER FUNDS (private or loan) : \$ _____

PURPOSE OF LOAN: _____

Date Established: _____ No. of Employees: _____ Fiscal Year End: _____

Proprietorship Accountant: _____ Phone No.: _____

Partnership Attorney: _____ Phone No.: _____

Proprietorship Insurance Agent: _____ Phone No.: _____

MANAGEMENT

(1) All Owners, Officers or Partners

(2) All Stockholders owning 20 percent or more of outstanding stock

Name	Address	% Ownership	Title	Social Security Number

REFERENCES (1) Name and address of three major creditors or trade references

(2) Manufacturers also list three major customers

1. _____ 1. _____

2. _____ 2. _____

3. _____ 3. _____

REAL ESTATE

1. Owned

Location	Cost	Market Value	Mortgage or Liens	Payment Terms	Holder of Mortgages of Liens

Use this space to give details of any mortgage, lien, installments or interest in arrears, if any, taxes and assessments due and unpaid on such real property none, state none: _____

2. Leased

Location	Annual Rent	Expiration Date	Renewal Clause	Name and Address of Lessor

OBLIGATIONS – List all loan applications, loans, lines of credit and installment indebtedness including, without limitation, indebtedness secured by security agreements, chattel mortgages, conditional sale contracts and retail installment contracts. If none, state NONE.

Name of Bank, Company or Individual	Original Date	Account Number	Original Amount	Balance Unpaid	Monthly Payments

BANK ACCOUNTS – Applicant and Principals. If none, indicate if an account will be opened.

Name	Bank Name and Branch Office	Account #

The undersigned has read and understands all of the foregoing statements, which was prepared by or at the request of the undersigned from information furnished by or on behalf of the undersigned. The undersigned certifies the foregoing statement as a true and correct statement upon which the City of Fitchburg may rely in extending credit to the undersigned. The undersigned agrees to notify the City in writing immediately of any change in the foregoing information. Until the City is notified, it may continue to rely upon the information contained herein as true and correct in all respects. The undersigned also agrees that all funds advanced under this extension of credit will be used for business purposes. The undersigned authorizes the City to obtain such other credit information as it deems necessary to reach a credit decision and to provide such information to others in accordance with applicable law.

 Company Signature Title Date Company Signature Title Date

PERSONAL FINANCIAL STATEMENT

Submitted to: Fitchburg Department of Community Development
166 Boulder Drive, Fitchburg, Massachusetts 01420

- 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 only Sections 1, 3, and 4.
- If you are applying for joint credit with another person, complete all Sections and provide information in Section 2 about the joint applicant. The joint application must complete a separate personal financial statement (C-100), and the applications should be submitted together.
- 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 a basis for repayment of the credit requested, complete all Sections. Provide information in Section 2 about the person whose alimony, support, or maintenance payments or income or assets you are relying on. Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.
- If this statement relates to your guaranty of the indebtedness of other person(s), firm(s), or corporation(s), complete Sections 1, 3, and 4.

SECTION 1~ INDIVIDUAL INFORMATION	SECTION 2~ OTHER PARTY INFORMATION
NAME:	NAME:
ADDRESS:	ADDRESS:
CITY, STATE, ZIP:	CITY, STATE, ZIP:
POSITION OR OCCUPATION:	POSITION OR OCCUPATION:
BUSINESS NAME:	BUSINESS NAME:
BUSINESS ADDRESS:	BUSINESS ADDRESS:
CITY, STATE, ZIP:	CITY, STATE, ZIP:
LENGTH OF EMPLOYMENT:	LENGTH OF EMPLOYMENT:
RES. PHONE: BUS PHONE:	RES. PHONE: BUS PHONE:

SECTION 3 - STATEMENT OF FINANCIAL CONDITIONS AS OF: 20

ASSETS <small>DO NOT INCLUDE ASSETS OF DOUBTFUL VALUE</small>	IN DOLLARS	LIABILITIES	IN DOLLARS
Cash on hand in bank		Notes payable to banks (see schedule E)	
Cash in other banks		Notes payable to other institutions (see schedule E)	
U.S. Gov't & marketable securities (Schedule A)		Due to brokers	
Non-marketable securities (Schedule B)		Amounts payable to others- secured	
Securities held by broker in margin accounts		Amounts payable to others- unsecured	
Restricted, control, or margin accounts stocks		Accounts and bills due	
Real Estate owner (see Schedule C)		Unpaid income tax	
Accounts, loans and notes receivable		Other unpaid taxes and interest	
Automobiles		Real Estate mortgages payable (Schedules C & E)	
Other personal property		Other debts	
Cash surrender value- life insurance (Schedule D)			
Other assets- itemize- (See schedule D)			
TOTAL ASSETS:		TOTAL LIABILITIES:	
		NET WORTH:	

SECTION 4

Annual Income for year ending 20_____	In dollars	Annual Expenditures	In dollars	Contingent Liabilities	Estimated amounts
Salaries, bonuses, commissions:		Mortgage/rental payments:		Do you have any contingent liabilities as endorser, comaker/ cosigner or guarantor: yes no (Leases or contracts)	
Dividends and interest:		Real estate taxes and assessments:			
Real estate income:		Taxes, federal, state & local:		Involvement with any pending legal action?: yes no	
Other income: (Alimony, child support, separation maintenance income- these incomes need not be revealed but will not be considered as a basis for repaying this loan)		Other contract payments: (car, charge cards, etc.)		Other special debt circumstances: yes no	
		Insurance Payments:		Contested income tax liens: yes no	
		Alimony, child support, separation maintenance:		If you answered yes to any of these questions please provide a separate letter explaining.	
		Other expenses:			
TOTAL INCOME:	\$	TOTAL EXPENDITURES:	\$	TOTAL CONTINGENT LIABILITIES:	\$

SCHEDULE A- U.S GOVERNMENT & MARKETABLE SECURITIES

Number of Shares or face value of Bonds	Description	In Name of	Are these registered, pledged or held by others	Market Value

SCHEDULE B- NON-MARKETABLE SECURITIES

Number of shares	Description	In Name of	Are these registered, pledged or held by others	Value	Source of Value

SCHEDULE C-RESIDENCES AND OTHER REAL ESTATE (PARTIALLY OR WHOLLY OWNED)

Address and type of Property	Title in Name of	% of ownership	Date acquired	Cost	Market value	Monthly payment	Mortgage amount	Mortgage maturity

SCHEDULE D- LIFE INSURANCE CARRIED, INCLUDING GROUP INSURANCE

Name of Insurance Company	Owner of Policy	Beneficiary and Relationship	Face amount	Policy loans	Cash surrender value

SCHEDULE E- BANK AND OTHER INSTITUTIONAL RELATIONSHIPS

Name and address of creditor	Original loan/ line of credit	Date of loan	Maturity date	Unsecured or Secured? (List collateral)	Amount owed

SCHEDULE F-BUSINESS VENTURES

List name and address of any business venture in which you are a principal or partner	Total assets listed in Section 3 of this form	Your % ownership	Your position/ title in the business	Total assets of business	Line of business	Years in business

The information contained in this statement is provided to induce you to extend or to continue to the extension of credit to the undersigned or to others upon guaranty of the undersigned. The undersigned acknowledge and understand that you are relying on information provided herein in deciding to grant or continue credit or to accept a guaranty thereof. Each of the undersigned agrees to notify you immediately and in writing of any change in name, address, or employment and of any material adverse change (1) in any of the information contained in this statement or (2) in the financial condition of any of the undersigned of (3) in the ability of any of the undersigned to perform its (or their) obligations to you. In the absence of such notice or a new and full written statement, this should be considered as a continuing statement and substantially correct. You are authorized to make all inquiries you deem necessary to verify the accuracy of the information contained herein, and to determine the credit worthiness of the undersigned. Each of the undersigned authorizes you to answer questions about your credit experience with the undersigned.

Signature_____

Social Security Number_____

Date Signed_____ Date of Birth_____

Signature_____

Social Security Number_____

Date Signed_____ Date of Birth_____

