

SOUTHERN MISSISSIPPI PLANNING AND DEVELOPMENT DISTRICT CONSOLIDATED LOAN APPLICATION PACKAGE

I. APPLICANT INFORMATION

A. NAME OF BUSINESS ENTERPRISE		B. DATE OF APPLICATION	
C. BUSINESS MAILING ADDRESS		D. BUSINESS LOCATION (If different)	
Street		Street	
City		City	
County		County	
State		State	
Zip Code		Zip Code	
Phone		Phone	
Fax		Fax	
E. DATE BUSINESS ESTABLISHED: (indicate below the date business started and check either New or Existing)			
<div style="border-bottom: 1px solid black; width: 100%;"></div>		<input type="checkbox"/> NEW BUSINESS <input type="checkbox"/> EXISTING BUSINESS	
F. TYPE OF BUSINESS: (check one)			
<input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> OTHER <div style="border-bottom: 1px solid black; width: 100px; display: inline-block;"></div>			
G. CURRENT NUMBER OF EMPLOYEES: (Include owners if employed in business)			
H. DESCRIPTION OF BUSINESS: (Describe below the major product or service)			
BUSINESS TAX ID # <div style="border-bottom: 1px solid black; width: 150px; display: inline-block;"></div>		<input type="checkbox"/> APPLIED FOR SIC / NAICS CODE <div style="border-bottom: 1px solid black; width: 100px; display: inline-block;"></div>	
I. CONTACT PERSONS FOR THIS APPLICATION:			
PRIMARY CONTACT PERSON		SECONDARY CONTACT PERSON (optional)	
Name		Name	
Title		Title	
Street		Street	
City		City	
County		County	
State		State	
Zip Code		Zip Code	
Phone		Phone	
Fax		Fax	

2. LIST OF OWNERSHIP: (List all persons who own 10% or more of the business)

NAME	ADDRESS/ CITY, ST, ZIP	PHONE	SSN	% OWNED	SEX	RACE

3. LIST OF KEY MANAGEMENT: (Include owners. If key positions are not yet filled, list position and compensation and leave other fields blank)

NAME/ SOCIAL SECURITY NUMBER	POSITION	ANNUAL COMPENSATION	SEX	RACE

4. CURRENT BUSINESS INDEBTEDNESS

CURRENT BUSINESS INDEBTEDNESS (List all existing business debts, contracts, notes, and mortgages payable)								
To Whom Payable	Original Amount	Original Date	Present Balance	Interest Rate	Maturity Date	Monthly Payment	Secured By	Current or Past Due
		TOTAL			TOTAL			

5. PROJECT INFORMATION

A. PURPOSE OF PROJECT: (Describe specifically what will be done, how the loan proceeds will be used, and how this will aide the business)

B. NUMBER OF JOBS CREATED, WITHIN TWO YEARS, AFTER PROJECT COMPLETION:	
C. TOTAL NUMBER OF EMPLOYEES AFTER PROJECT: (Current employees plus new jobs created)	
D. ESTIMATED PROJECT COSTS:	AMOUNT
LAND (Purchase of land including existing buildings located on the property to be purchased)	
BUILDING (Construction of new buildings)	
RENOVATION (improvements to real property already owned or to be purchased)	
MACHINERY & EQUIPMENT (Purchase and installation)	
FURNITURE & FIXTURES	
INVENTORY	
WORKING CAPITAL	
OTHER (Specify) _____	
OTHER (Specify) _____	
OTHER (Specify) _____	
OTHER (Specify) _____	
TOTAL PROJECT COSTS	
E. BASIS FOR COST ESTIMATES (Indicate how project costs were determined, i.e. bids, purchase agreements, catalog prices, etc)	

6. LOAN REQUEST

A. LOAN REQUEST SUMMARY

	OWNER INJECTION	COMMERCIAL LENDER	OTHER LENDER	SMPDD	TOTAL
AMOUNT REQUESTED					
% OF TOTAL PROJECT					100%
REQUESTED TERM (Years)					
REQUESTED INTEREST RATE					
MONTHLY PAYMENT					
ANNUAL DEBT SERVICE					

B. DESCRIPTION OF OWNER INJECTION (Describe the source and value of owner injection, i.e. cash, land, machinery, etc.)

C. COMMERCIAL LENDER (Provide information on bank or other commercial lender)

Have you requested financing for this project from commercial lender(s) such as a bank, credit union, or other source of financing?
☐ Yes ☐ No If yes, has the lender agreed to finance some or all of the project? ☐ Yes ☐ No

D. PROVIDE THE FOLLOWING INFORMATION ON ANY LENDER(S) THAT HAVE AGREED TO PARTICIPATE,

Name and Address of commercial lender

Name of Institution		Loan Officer	
Branch		Title	
Address		Phone	
City, State Zip Code		Fax	
Amount Committed to Project	\$	Interest Rate/Term	% _____ years

Name and Address of any other lender.

Name of Institution		Loan Officer	
Branch		Title	
Address		Phone	
City, State Zip Code		Fax	
Amount Committed to Project	\$	Interest Rate/Term	% _____ years

7. COLLATERAL

SOURCE OF COLLATERAL	VALUE	TYPE VALUATION		PRIOR LIENS	COLLATERAL VALUE
		COST/ BOOK VALUE	APPRAISAL		(Value minus Prior Liens)
LAND and BUILDINGS		<input type="checkbox"/>	<input type="checkbox"/>		
MACHINERY & EQUIP		<input type="checkbox"/>	<input type="checkbox"/>		
FURN & FIXTURES		<input type="checkbox"/>	<input type="checkbox"/>		
ACCTS. RECEIVABLE		<input type="checkbox"/>	<input type="checkbox"/>		
INVENTORY		<input type="checkbox"/>	<input type="checkbox"/>		
OTHER _____		<input type="checkbox"/>	<input type="checkbox"/>		
OTHER _____		<input type="checkbox"/>	<input type="checkbox"/>		
OTHER _____		<input type="checkbox"/>	<input type="checkbox"/>		
TOTALS					

8. PERSONAL GUARANTEES

NAME OF OWNER/GUARANTOR/ SOCIAL SECURITY NUMBER	NET WORTH	AMOUNT OF GUARANTEE

9. OTHER PERTINENT INFORMATION

PROVIDE ANY OTHER INFORMATION YOU CONSIDER PERTINENT TO YOUR LOAN APPLICATION:

10. REQUIRED ATTACHMENTS

The following information is required in order to process your loan application. Please check each item that is attached. If any item can not be furnished, please provide explanation below.

A. INFORMATION REQUIRED FROM ALL APPLICANTS			
<input type="checkbox"/>	Personal Financial Statement (current within 90 days) for each owner/guarantor. (Form Attached)		
<input type="checkbox"/>	Resumes for all key management personnel.		
<input type="checkbox"/>	Signed Required Certifications and Credit Consent Form from each owner/guarantor. (Form Attached)		
<input type="checkbox"/>	Projected annualized Income (Profit and Loss) Statement for two years after completion of project with description of business assumptions.		
<input type="checkbox"/>	Cost estimates to support estimated project costs, e.g. real estate purchase agreements, contractor cost estimates, vendor quotes for machinery and equipment, etc.		
<input type="checkbox"/>	Letter of commitment from bank or other lender indicating amount and terms of commercial loan. (Required before loan approval).		
<input type="checkbox"/>	If corporation, resolution from Board of Directors of business authorizing it to borrow.		
B. ADDITIONAL INFORMATION REQUIRED FROM EXISTING BUSINESS APPLICANTS	C. ADDITIONAL INFORMATION REQUIRED FROM NEW BUSINESS APPLICANTS		
<input type="checkbox"/>	Brief history of business including basis for decision to expand.	<input type="checkbox"/>	Business plan describing the business and basis for decision to establish business.
<input type="checkbox"/>	Financial Statements (Balance Sheets and Income Statements) for previous three years and interim year to date (current within 90 days) or copies of federal income tax returns if financial statements are not available.	<input type="checkbox"/>	Projected Balance Sheet for two years including description of business assumptions.
D. EXPLANATION REGARDING EACH ITEM NOT FURNISHED WITH APPLICATION:			

11. CERTIFICATION

- A. Do any owners or managers of the applicant firm also have ownership or management control of any other business operations?
☐ Yes ☐ No If yes, please attach list of affiliated businesses and provide copies of current financial statements for each.
- B. Are any owners or managers (a) presently under indictment, on parole or probation or (b) have they ever been charged with or arrested or convicted of any criminal offense other than a vehicle violation?
☐ Yes ☐ No If yes, please describe on an attachment.
- C. Have any of the owners or managers, the applicant firm or affiliates (a) been involved in bankruptcy or insolvency proceedings or (b) have pending personal or business judgments, unsettled lawsuits or major disputes?
☐ Yes ☐ No If yes, please describe on an attachment.
- D. Does any owner, manager, or director or any member of their family work for the Southern Mississippi Planning and Development District, or any participating lender?
☐ Yes ☐ No If yes, please describe on an attachment.
- E. Are all owners, managers, and directors of the applicant firm U.S. citizens and residents of Mississippi?
☐ Yes ☐ No If no, please describe on an attachment and include copy of Alien Registration Card (Form I 151 or 55 1) for non-citizens.

I declare that all information contained above and in exhibits attached hereto are true and complete to the best of my knowledge. Applicants denied financing under the Minority Business Enterprise Loan program or the Mississippi Small Business Assistance program may appeal such denial to the Southern Mississippi Planning and Development District Board of Directors by submitting a written appeal within 30 days of the notice of denial.

CORPORATE SEAL:

NAME OF INDIVIDUAL, PARTNERSHIP, OR CORPORATION

BY

DATE

Signature

REQUIRED CERTIFICATIONS

CONFLICT OF INTEREST STATEMENT:

A member of the Qualified Entity's (SMPDD) board of directors, employees of the Qualified Entity or their immediate family members are ineligible for assistance under this program. Immediate family members are defined as a spouse, parent, child or sibling of the applicant. To be eligible for funding, former board members or employees must have vacated their position with the Qualified Entity no less than twelve (12) months prior to applying for assistance. The undersigned certifies that he or she is not aware that any conflict of interest exists.

Signature of Applicant

Date

STATEMENT OF NON-DISCRIMINATION

The undersigned certifies that he or she will not engage in discrimination against any employee or applicant for employment because of race, religion, color, national origin, sex or age.

Signature of Applicant

Date

CREDIT CONSENT FORM

Southern Mississippi Planning and Development District is hereby authorized to obtain credit information deemed necessary in its evaluation of a proposed loan. The credit report will remain on file for the life of the loan. As a part of the application, certain state agencies, federal agencies or participating organizations may require a copy of the applicant's credit report. The undersigned acknowledges and authorizes the Planning and Development District or Qualified Entity to obtain credit information and provide this information to the appropriate agencies as may be required as part of the application process.

	APPLICANT	SPOUSE
NAME		
SOCIAL SECURITY #		
HOME ADDRESS CITY, STATE, ZIP		
HOME PHONE #		
DATE OF BIRTH		

Signature of Applicant

Date

Signature of Applicant's Spouse

Date

PERSONAL FINANCIAL STATEMENT

SOUTHERN MISSISSIPPI PLANNING AND DEVELOPMENT DISTRICT

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, or (4) any 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) Mo. Payments \$ _____	\$ _____
Accounts and Notes Receivable	\$ _____	Installment Account (Other) Mo. Payments \$ _____	\$ _____
Life Insurance - Cash Surrender Value Only (Complete Section 8)	\$ _____	Loan on Life Insurance	\$ _____
Stocks and Bonds (Describe in Section 3)	\$ _____	Mortgages on Real Estate (Describe in Section 4)	\$ _____
Real Estate (Describe in Section 4)	\$ _____	Unpaid Taxes (Describe in Section 6)	\$ _____
Automobile - Present Value	\$ _____	Other Liabilities (Describe in Section 7)	\$ _____
Other Personal Property (Describe in Section 5)	\$ _____	Total Liabilities	\$ _____
Other Assets (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 and 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 & 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. Stocks and Bonds					
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 attachment if necessary. Each attachment must be identified as a part of this statement and signed.)			
	Property A	Property B	Property C
Type of Property			
Address			
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 SMPDD/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.

Signature:	Date:	Social Security Number:
Signature:	Date:	Social Security Number:

Appendix A: Applicant Certification Clause

The applicant represents and certifies that it has used due diligence to determine that the description of the project site described herein is accurate with respect to the presence or absence of contamination from toxic and hazardous substances. The term "site" includes the entire scope of the project, including future phases of the project and all areas where construction will occur.

1. Is the site currently, or has it in the past 50 years, been used for any of the following operations or activities:

a. Generation of hazardous substances or waste?

_____ Yes _____ No

b. Treatment, storage (temporary or permanent), or disposal of solid or hazardous substances or waste?

_____ Yes _____ No

c. Storage of petroleum products?

_____ Yes _____ No

d. Used/waste oil storage or reclamation units?

_____ Yes _____ No

e. Research or testing laboratory?

_____ Yes _____ No

f. Ordinance research, testing, production, use, or storage?

_____ Yes _____ No

g. Chemical manufacturing or storage?

_____ Yes _____ No

h. Weapons or ammunition training, use, or testing?

_____ Yes _____ No

i. Iron works/foundry?

_____ Yes _____ No

j. Railroad yard?

_____ Yes _____ No

k. Industrial or manufacturing operation?

_____ Yes _____ No

If any of the above operations ever occurred at the site, and if appropriate cleanup or other mitigation actions were performed in accordance with the local, State, and federal laws, please attach documentation of these actions.

2. Do wells draw from an underlying aquifer to provide the local domestic water supply?

_____ Yes _____ No

3. Has a federal, State, or local regulatory authority ever conducted an environmental assessment, environmental impact statement, or a preliminary assessment/site inspection, or similar environmental surveyor inspection report at the site? If yes, please list here and attach copies of these reports or results.

_____ Yes _____ No

Appendix A: Applicant Certification Clause

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

4. Have any environmental or OSHA citations or notices of violation been issued to a facility at the site? If yes, please attach copies.
_____ Yes _____ No
5. Have any unauthorized releases of hazardous substances occurred at any facility at the site which resulted in notification of the EPA's National Response Center?
_____ Yes _____ No
6. Is any material containing asbestos or lead paint located at the site? If yes, please attach information concerning State and federal regulatory compliance.
_____ Yes _____ No
7. Is there any equipment (electrical transformers, etc.) containing polychlorinated biphenyls (PCB) on the site? If yes, please attach a description of the equipment.
_____ Yes _____ No
8. Are there underground or above ground storage tanks on the site? If yes, please attach a detailed description, including the number of underground storage tanks on the site, whether the tanks have been inspected (or removed) and the results of such inspections.
_____ Yes _____ No
9. Has the site been tested for radon? If yes, please attach results.
_____ Yes _____ No
10. Have there been, or are there now any environmental investigations by federal, State or local government agencies that could affect the site in question? If yes, please attach available information.
_____ Yes _____ No

The applicant acknowledges that this certification regarding hazardous substances and/or waste is a material representation of fact upon which EDA relies when making and executing an award. EDA reserves the right to terminate any award made in conjunction with the representations contained herein if, at any time during the useful life of the project, EDA becomes aware of the presence of hazardous materials or waste at the site, or that hazardous materials or waste have been inappropriately handled thereon.

Further, if it is determined at any time that the presence of hazardous materials or waste, or handling thereof, has been misrepresented, EDA may pursue other available legal remedies against the applicant.

Applicant's Name

Name and Title of Applicant's Authorized Representative

Signature of Applicant's Authorized Representative

Date