

EMERGENCY LOAN FUND

A fund administered by Southern Colorado Community Lending

LOAN APPLICATION				
ELF Loan Request Amount:			Date:	
1. PRELIMINARY INFORMATION				
Business Name:		Phone:	Fax:	
Contact Person:		Title:		
Mailing Address:				
Physical Address:			County:	
Federal ID or SS#:		Business Bank Account:		
Bank Address:		Bank Contact:		
2. BUSINESS INFORMATION				
Type of Business: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Retail <input type="checkbox"/> Service <input type="checkbox"/> Corporation <input type="checkbox"/> Wholesale <input type="checkbox"/> Manufacturer <input type="checkbox"/> Sub S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other LLC			If corporation, list names of officers:	
Date Business was established:			Fiscal Year End:	
Business Description: <i>(products manufactured, services provided, etc.)</i>				
Percent of Ownership:				
Name	Address	Phone	% Owned	SS#
3. DESCRIPTION OF PROJECT & NEED FOR FUNDS				
4. OTHER LENDING COMMITMENTS/CONTRACTS FOR THIS PROJECT				
Please list below: names of other banks or lending sources you have contact regarding this project and indicate whether they are willing to commit to financing. Attach letters of commitment or interest if available.				
Name	Phone	Date of Contact	Willing to Commit?	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No

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5. EMPLOYMENT

Number of FTEs at the time of application:

Average payroll (\$/month):

New FTE jobs to be created as a result of this loan: *(Give #'s for each time period not a cumulative total)*

If this is a job retention project (i.e. company will go out of business if RLF funds are not received), number of current FTEs to be retained: *(Mark n/a if not applicable)*

Number of positions to be filled (or retained) by low-moderate income persons:

6. BUSINESS DEBT

List current debts of the business (including credit card debt) – indicate any loans to be paid by proposed funding with an asterisk (*).

Original Date	Lender	Original Amount	Current Balance Outstanding	Interest Rate	Term	Monthly Payment	Security

What collateral are you willing to pledge to the RLF?

Fair Market Value

Does your business have any subsidiaries or affiliates (including owner leasing or arrangements)? Yes No

Does your business have any licensing agreements or royalty payments required for any of the business products? If yes, please provide their names and the relationship with your company. Yes No
 For subsidiaries or affiliates, provide a current balance sheet and operating statement for each as an attachment.

Have you or any officers of your company ever been involved in a bankruptcy or insolvency proceedings? Yes No
 If yes, please give details in an attached letter.

Are you or your business involved in any potential or pending lawsuits? Yes No
 If yes, provide detail in supporting documents.

7. ACKNOWLEDGEMENT AND AUTHORIZATION FOR CREDIT CHECK

I (we) certify that the information included in this application is true and complete to the best of my (our) knowledge. By my (our) signature(s), I (we) agree to comply with the requirements that Pueblo County Revolving Loan Fund makes in connection with the approval of my (our) request. I (we), also, grant permission to Pueblo County Revolving Loan Fund and Southern Colorado Community Lending, LLC (a subsidiary of NeighborWorks Southern Colorado) to obtain information from my (our) bank, creditors, credit bureau reporting agency or other necessary sources to evaluate this application.

 Company Name

 Authorized Official

 Date

 Authorized Official

 Date