

**OHIO MID-EASTERN GOVERNMENTS ASSOCIATION (OMEGA)
LOAN APPLICATION CHECKLIST**

ALL APPLICANTS

- COMMITMENT LETTER from participating BANK stating terms and conditions of the bank's participation; must list borrower, term, interest rate, collateral, guarantors/co-makers, contingencies, etc.
- COMPANY OVERVIEW: Brief history and description of the company including details of product mix, markets served, proposed new products and/or markets, etc.
- MANAGEMENT: Attach resumes of all key management positions.
- EQUITY STATEMENT: State the source of the applicant's equity (cash contribution) then sign and date.
- CURRENT PERSONAL FINANCIAL STATEMENT: All individuals with 20% or greater interest.
- THREE YEARS PERSONAL FEDERAL TAX RETURNS: All individuals with 20% or greater interest.
- SOURCES AND USES OF FUNDS: See page 4 of OMEGA application or attach statement detailing sources and uses of all loan proceeds for project (bank, equity, OMEGA, etc.).
- COLLATERAL: See page 5 of OMEGA application or attach list of collateral offered as security for the OMEGA loan as well as proposed lien/mortgage position and other financing, if applicable.
- EQUIPMENT LIST: List of all major equipment currently owned listing make, model and serial numbers. If purchasing, equipment, list all items to be purchased, include current quotes, make, model and serial numbers.
- PURCHASE AGREEMENT: Attach copy of all purchase agreements, if applicable.
- REAL ESTATE (purchase or lease): If purchasing real estate, attach purchase agreement, property appraisal, legal description, etc. If leasing real estate, attach lease agreement.

Corporations

- BYLAWS
- ARTICLES OF INCORPORATION or CERTIFICATE OF INCORPORATION

Limited Liability Corporations (LLC) and Limited Liability Partnerships (LLP)

- OPERATING AGREEMENT
- ARTICLES OF ORGANIZATION

Partnership

- PARTNERSHIP AGREEMENT

EXISTING BUSINESSES, BUYOUTS

- THREE YEARS BUSINESS FEDERAL TAX RETURNS: Complete with schedules and attachments.
- BALANCE SHEETS and PROFIT AND LOSS STATEMENTS: For last three fiscal years.
- CURRENT BALANCE SHEET and PROFIT AND LOSS STATEMENT: No older than 90 days.
- AGING: Accounts Receivable and Accounts Payable.
- CURRENT DEBTS LIST: List lender name, address, origination date, loan amount, present balance, interest rate, monthly payment, collateral pledged, and maturity date of loan.
- SUBSIDIARIES & AFFILIATES: List affiliates or subsidiary firms; provide last fiscal yearend financial statements, if applicable.

NEW BUSINESSES (less than 3 years old)

- BUSINESS PLAN with 3 YEARS CASH FLOW ANALYSIS: Year 1 - Monthly cash flow analysis; Years 2-3 - Annual analysis.

**OHIO MID-EASTERN GOVERNMENTS ASSOCIATION (OMEGA)
PRELIMINARY LOAN APPLICATION**

IMPORTANT: This document is subject to review by the general public; local, state and federal agencies; as well as the OMEGA Staff, Executive Board, Loan Review Committee, and Consultants.

- Type or use blue or black ink only -

Legal Name of Applicant/Business: _____

Business Address: _____

Telephone: (____) _____ Fax: (____) _____ Email: _____

Contact Person: _____ Title: _____

Type of Business, please circle: Manufacturing, Commercial, Retail, Service, Other. If Other, explain: _____

Product/Services: _____

Activity, please circle one: New/Startup, Expansion, Relocation, Buyout, Other. If Other, explain: _____

Location of Expansion (if different from present location): _____

Deadline for Start & Finish of Project: Projected Start Date: _____ Finish Date: _____

CURRENT JOBS: Number of Current (existing) Full-Time Jobs to be retained, if applicable: _____

JOBS CREATED: Number of Full-Time Equivalent Jobs to be created over twelve (12) months: _____

Scope of Project (i.e., equipment acquisition, land/building purchase, etc.) Attach additional sheet, if necessary: _____

COST BREAKDOWN:

Land	\$	_____
Land/Building	\$	_____
Renovations	\$	_____
Leasehold Improvements	\$	_____
Machinery/Equipment	\$	_____
Working Capital	\$	_____
Other	\$	_____
* TOTAL COST BREAKDOWN:	\$	_____

FINANCING:

Applicant's Equity (CASH) Amount	\$	_____	_____ %
Bank Loan Amount	\$	_____	_____ %
Amount requested from OMEGA	\$	_____	_____ %
Other	\$	_____	_____ %
* TOTAL FINANCING:	\$	_____	100 %

** TOTAL COST BREAKDOWN and TOTAL FINANCING must equal (i.e., if Total Cost Breakdown is \$100,000 then Total Financing is also \$100,000).*

Source of Applicant's Equity (Cash, Savings, Gift, etc.): _____

Name of Participating Bank: _____

BY SIGNING BELOW, I attest to the accuracy of the information disclosed, included, attached, or otherwise made a part of this application. Additionally, I understand this document is subject to review by the general public; local, state, and federal agencies; OMEGA Staff, Executive Board, Loan Committee, Consultants, etc.

X _____ **Applicant Signature or Signature of Authorized Representative** _____ **Date**

Print or Type Your Name as Signed Above

**OHIO MID-EASTERN GOVERNMENTS ASSOCIATION (OMEGA)
LOAN APPLICATION**

- PLEASE TYPE or USE BLUE or BLACK INK ONLY -

THE FOLLOWING INFORMATION MUST BE PROVIDED WITH LOAN APPLICATION:

- Business Plan – *Startups only*
- Monthly Cash Flow Analysis – *Startups or existing businesses expanding into new product line, etc.*
- Company Overview/Narrative - *All Applicants*
- Current Personal Financial Statements for individuals with 20% or greater company ownership - *All Applicants*
- Complete 3 Year Personal Federal Tax Returns for individuals with 20% or greater ownership - *All Applicants*
- Complete 3 Year Business Federal Tax Returns including schedules, attachments, etc. - *Existing business, buyouts*

INSTRUCTIONS FOR COMPLETING LOAN APPLICATION:

- **Sections I, II and III:** Provide all information requested. 'Contact' refers to the proprietor, general partner, corporate officer, member, etc. 'Applicant' refers to the borrowing entity.
- **Section IV: SOURCES AND USES OF FUNDS:** List all sources of financing and use of loan proceeds. If loan use is "other", attach separate sheet outlining intended use, sign and date.
- **Section V: SUMMARY OF COLLATERAL, KEY MAN LIFE INSURANCE:** If collateral consists of land and building, inventory, and/or accounts receivable, fill in the appropriate blanks. If collateral consists of equipment, furniture and fixtures, and/or other, an itemized list containing make, model numbers, serial number, and description must be provided. Assignment of Key Man Life Insurance as collateral is mandatory on all loans.
- **Section VI:** Refers to borrowing entity.
- **Submit \$100 non-refundable loan application fee,** complete loan application (8 pages) with all required signatures, information, and/or attachments to OMEGA RLF, 326 Highland Ave., Suite B, Cambridge, OH 43725.

I. CONTACT INFORMATION (*refers to the proprietor, general partner, corporate officer, member, etc.*):

Name: _____ Phone: (____) _____
Home Address: _____
Relationship to Business/Business Title: _____ Email: _____

II. APPLICANT/BUSINESS INFORMATION (*refers to the borrowing entity*):

Applicant/Business Legal Name: _____
Business Address: _____
Phone: (____) _____ FAX: (____) _____ Email: _____
Year Business Established: _____ Federal Tax I.D. No: _____
*** DUNS Number:** _____

BUSINESS STRUCTURE (check one):

Sole Proprietorship General Partnership Limited Liability Partnership
 S Corporation C Corporation Not Yet Determined
 Limited Liability Company Limited Partnership

CURRENT AND PROJECTED EMPLOYMENT:

Current Employees: _____ Full-Time (include current full-time employees only)
Projected Year 1: _____ Full-Time

Have you or any owners of the company ever been involved in bankruptcy or insolvency proceedings? If yes, please explain on a separate sheet. YES _____ NO _____

Are you or the business involved in any pending lawsuits? If yes, please explain. YES _____ NO _____

*** To be eligible for OMEGA financing, all applicants are required to provide a DUNS number as mandated by the Federal Government. Applications without a DUNS Number will be rejected.** For more information or to obtain a free DUNS Number, go to <http://fedgov.dnb.com/webform>. Please note, if this website is unavailable, conduct an internet search using 'DUNS' or 'get a DUNS' as the search criteria.

PROFESSIONAL SERVICES/REFERENCES:

BANK: _____
Address: _____

Contact: _____
Phone: _____

ATTORNEY: _____
Address: _____

Contact: _____
Phone: _____

ACCOUNTANT: _____
Address: _____

Contact: _____
Phone: _____

INSURANCE CO: _____
Address: _____

Contact: _____
Phone: _____

III. MANAGEMENT INFORMATION: Complete for each principal owner/member with 20% or more ownership. If necessary, attach additional sheets. Identify each sheet as an exhibit to the appropriate section, sign and date.

Owner #1

Name & Title: _____ Ownership: _____ %
Social Security Number: _____

Source of Income

Salary \$ _____
Investment Income \$ _____
Real Estate Income \$ _____
Other, explain: \$ _____

Contingent Liabilities

Endorser/Co-Maker \$ _____
Legal Claims/Judgments \$ _____
Federal Income Tax \$ _____
Other, explain: \$ _____

Owner #2

Name & Title: _____ Ownership: _____ %
Social Security Number: _____

Source of Income

Salary \$ _____
Investment Income \$ _____
Real Estate Income \$ _____
Other, explain: \$ _____

Contingent Liabilities

Endorser/Co-Maker \$ _____
Legal Claims/Judgments \$ _____
Federal Income Tax \$ _____
Other, explain: \$ _____

IV. SOURCES AND USES OF FUNDS: List all sources and uses of financing; attach addtl sheets if necessary.

	Applicant's CASH EQUITY	BANK	OMEGA	OTHER FINANCING	TOTAL PROJECT COST
Acquire Land					
Acquire Land & Building					
Renovations					
Leasehold Improvements					
Machinery/Equipment					
Working Capital					
Other, specify:					
TOTALS	\$	\$	\$	\$	\$

NOTE: The above amounts must match Total Cost Breakdown on page 2.

V. SUMMARY OF COLLATERAL TO SECURE OMEGA LOAN: *If collateral consists of equipment, furniture, fixtures, etc., an itemized list containing serial numbers, model numbers, and descriptions must be provided. If necessary, attach additional sheets listing all required information, sign and date.*

Collateral proposed to secure OMEGA Loan	Equipment Serial Number, Description, Address, etc.	Current Mortgage/ Lien Holder	Current Loan Balance
Equipment/Machinery			\$
Furniture & Fixtures			\$
Accounts Receivable			\$
Inventory			\$
Real Estate			\$
Real Estate			\$
Other, specify:			\$

KEY MAN LIFE INSURANCE POLICY INFORMATION: *An Assignment of Life Insurance as Collateral is required on all OMEGA loans. List life insurance company, name of insured, policy number, amount, and all beneficiaries or assignees below.*

VI. OTHER ASSETS AND LIABILITIES: *If necessary, attach additional sheets for information requested. Identify each sheet as an exhibit to the appropriate section of application then sign and date each sheet.*

SUPPLEMENTARY SCHEDULES: Notes Payable to banks and others.

Lender Name & Address	Loan Amount	Present Balance	Monthly Payment	Term of Loan	Collateral/ Guarantee

STOCKS AND BONDS OWNED:

Name	Number of Shares	Cost	Market Value	Statement Date/Amount

REAL ESTATE OWNED: *List each parcel separately; attach additional sheets, if necessary.*

Parcel #1

Title in Name of: _____

Property Type (land, building, private home, etc.): _____

Property Address: _____

Original Loan Amount: \$ _____ Current Balance: \$ _____ Monthly Payment: _____

Date of Mortgage: _____ Maturity Date: _____

Mortgage Holder Name, Address, Phone #: _____

Status of Mortgage (current or delinquent). If delinquent, explain: _____

Parcel #2

Title in Name of: _____

Property Type (land, building, private home, etc.): _____

Property Address: _____

Original Loan Amount: \$ _____ Current Balance: \$ _____ Monthly Payment: \$ _____

Date of Mortgage: _____ Maturity Date: _____

Mortgage Holder Name, Address, Phone #: _____

Status of Mortgage (current or delinquent). If delinquent, explain: _____

OTHER PERSONAL PROPERTY: *Describe property and, if financed, include name and address of lien or mortgage holder, original loan amount, monthly payment and current balance. Attach additional sheets, if necessary.*

OTHER ASSETS: *Please describe.* _____

UNPAID TAXES: *Please describe in detail; refer to attachments, if necessary.* _____

OTHER LIABILITIES: *Please describe in detail; refer to attachments, if necessary.* _____

AGREEMENTS AND CERTIFICATIONS

CERTIFICATION: I/We certify:

(a) All information in this application and the exhibits/attachments are true and complete to the best of my/our knowledge and is submitted to the Ohio Mid-Eastern Governments Association (OMEGA) Loan Review Committee in order that the Committee may decide whether to approve a loan and/or to participate with a lending institution in a loan for my/our proposed project.

(b) I/We give assurance that I/We will comply with Sections 112 & 113 of Volume 13 of the Code of Federal Regulations. These code sections prohibit discrimination on the grounds of race, color, sex, religion, marital status, handicap, age or national origin by recipients of federal financial assistance and require appropriate reports and access to books and records. These requirements are applicable to anyone who buys or takes control of the business. I/We realize that if I/We do not comply with the non-discrimination requirements, the OMEGA Loan Review Committee can call, terminate, or accelerate repayment of the loan.

AUTHORITY TO COLLECT PERSONAL INFORMATION:

This information is pursuant to Public Law 93-579 (Privacy Act of 1974). Effect of Non-Disclosure: Omission of an item may result in your application not receiving full consideration.

I/We authorize disclosure of all information submitted in connection with this application to the OMEGA Loan Review Committee, OMEGA Executive Board, OMEGA Loan Administrator, OMEGA staff, and its consultants. I/We understand that all information may be subjected to public review under Public Disclosure Laws.

As consideration for any advice, management and/or technical assistance that may be provided, I/We waive all claims against the OMEGA Loan Review Committee, OMEGA Executive Board, OMEGA Loan Administrator, OMEGA staff, and its consultants.

OMEGA may check credit and trade references in reviewing this application, and disclose information about its credit experience with applicant(s), as authorized by law. OMEGA may also check the personal credit history of the principal owner(s), spouses, if applicable, and/or key individual(s). In addition to the information requested on this application, OMEGA may subsequently request additional information from applicant(s).

I/We confirm that this application is given to OMEGA for the purpose of obtaining credit; I/We have read it and it is true and complete; I/We authorize OMEGA to obtain information from others concerning my/our credit standing and other relevant information impacting this application and provide to others information about OMEGA's transactions and experiences with me/us.

SIGNATURES:

The undersigned certify that the information provided on and with this form, including financial statements, is complete and correct and that we are authorized to execute this form on behalf of the Applicant. Applicant authorizes the Ohio Mid-Eastern Governments Association (OMEGA) to obtain credit reports, and to release credit information to others (including), without limitation, companies/agencies affiliated with OMEGA regarding Applicant from time to time. Applicant also authorizes OMEGA to obtain copies of its tax returns and information from the IRS and/or participating bank, and agrees to execute whatever forms OMEGA requests to obtain such information.

If this is an application for a SECURED Business Term Loan, additional documentation may be requested from Applicant for execution and submittal to OMEGA for approval.

REQUIRED SIGNERS: SOLE PROPRIETOR - The owner; PARTNERSHIP - All general partners; LIMITED LIABILITY COMPANY - All members or manager(s); CORPORATION - The person(s) named in the Corporate Resolution below.

Date

X _____ Signature	X _____ Print Name	X _____ Title
X _____ Signature	X _____ Print Name	X _____ Title
X _____ Signature	X _____ Print Name	X _____ Title
X _____ Signature	X _____ Print Name	X _____ Title

CORPORATE RESOLUTION (FOR CORPORATE APPLICANTS ONLY)

Resolved: That _____ and _____, the (insert titles) _____ and _____ of this corporation is/are (Check One) individually jointly authorized to apply for credit and enter into binding loan agreements on behalf of this corporation with the Ohio Mid-Eastern Governments Association.

Resolved Further: That each officer named above is authorized to enter into loan renewal, modification, extension and security agreements on behalf of this corporation with the Ohio Mid-Eastern Governments Association.

Certification: I certify that: I am the Secretary of the corporation; the forgoing resolution was duly adopted by the corporation's Board of Directors, is currently in effect, and has not been revoked or amended; and the signatures and titles set forth above are the genuine signatures and titles of the persons indicated.

X _____ Signature of Secretary	X _____ Print Name	X _____ Title
--	------------------------------	-------------------------

The following information is requested by the Federal Government for certain types of loans in order to monitor the lender's compliance with equal credit opportunity. You are not required to furnish this information but are encouraged to do so. The law requires that a lender may neither discriminate on the basis of this information nor on whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations, this lender is required to note race/ethnicity on the basis of visual observation, surname, etc. If you do not wish to furnish the information, please check the appropriate line below.

ETHNICITY

Hispanic or Latino _____
Not Hispanic or Latino _____

RACE

American Indian/Alaskan Native _____
Asian _____
Black or African American _____
Native Hawaiian or other Pacific Islander _____
White _____

GENDER

Female _____
Male _____

VETERAN STATUS

Non-Veteran _____
Veteran _____

I choose not to furnish the above information and understand that the lender will note race/ethnicity, gender, and veteran status based on visual observation, surname, etc. _____

"This institution is an equal opportunity provider and employer."

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint form found online at http://www.ascr.usda.gov/complaint_filing_cust.html or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410; by fax (202) 690-7442; or email at program.intake@usda.gov.

Enclose \$100 non-refundable loan application fee, signed loan application with all required information, signatures, and/or attachments and submit to:

OMEGA RLF, 326 Highland Avenue, Suite B, Cambridge, OH 43725