

# 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)			
_____		<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 _____			
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 # _____		<input type="checkbox"/> APPLIED FOR      SIC / NAICS CODE _____	
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? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, has the lender agreed to finance some or all of the project? <input type="checkbox"/> Yes <input type="checkbox"/> 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.

<b>A. INFORMATION REQUIRED FROM ALL APPLICANTS</b>			
<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>B. ADDITIONAL INFORMATION REQUIRED FROM EXISTING BUSINESS APPLICANTS</b>		<b>C. ADDITIONAL INFORMATION REQUIRED FROM NEW BUSINESS APPLICANTS</b>	
<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.
<b>D. EXPLANATION REGARDING EACH ITEM NOT FURNISHED WITH APPLICATION:</b>			

**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 1 151 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**

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**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 .....	\$ _____
<b>TOTAL</b>	<b>\$ _____</b>	<b>TOTAL</b>	<b>\$ _____</b>

Section 1. Source of Income		Contingent Liabilities	
Salary .....	\$ _____	As Endorser or Co-Maker .....	\$ _____
Net Investment Income .....	\$ _____	Legal Claims and Judgments .....	\$ _____
Real Estate Income .....	\$ _____	Provision for Federal Income Tax .....	\$ _____
Other Income (Describe below)* .....	\$ _____	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



<b>Section 3. Stocks and Bonds</b>					
Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value
<b>Section 4. Real Estate Owned</b>		(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					
<b>Section 5. Other Personal Property and Other Assets</b>		(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.)			
<b>Section 6. Unpaid Taxes</b> (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)					
<b>Section 7. Other Liabilities</b>		(Describe in detail.)			
<b>Section 8. Life Insurance Held</b>		(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:	