



LOAN APPLICATION

Rev. 11/08

Applicant's name(s) _____

Total loan amount requested _____ Date _____

Purpose of loan _____

List types and fair market value of the collateral for this loan _____

Board Members

Craig Coffman
Coffman Proactive CPA
Services, LLC

Bonnie Patton
Owen County State Bank

Eric Slotegraaf
Andrews, Harrell, Mann,
Carmin & Parker

Ron Walker
Bloomington Economic
Development Corporation

Charlotte Zietlow
Middle Way House

Have you been denied by any other lending institutions for this project?

(Please check one)

Yes No

Have you ever be turned down for a business loan? _____

If yes, institution's name _____

Date of denial _____ Amount requested _____

Reason stated for denial _____

Have you ever been an owner of another business in the past?

(Please check one)

Yes No

If yes, please provide details _____

Staff

Marty Donnelly
Executive Director

Terri Brown
Program Director

Do you have plans over the next 6 months to apply for any funding from other financial institutions? (Please check one)

Yes No

If yes, please explain _____

Name of Financial Institution _____

Projected application date _____ Amount _____

Reason _____

Contact

501 North Morton St.
Suite 100
Bloomington, IN 47404
Phone 812-330-6272
Fax 812-335-7352
www.seed-corp.org

BUSINESS INFORMATION (If applicable)

Business name _____ Phone _____

Business address _____

Type of business (please check one)

Retail Service Manufacturing Wholesale

Business start-up date _____ Federal tax ID number _____

Business legal structure (Please check one)

Sole Proprietorship General Partnership LLC C Corp. S Corp.

Date of incorporation _____ State _____ NAICS code _____

List Company Officers and Directors

Name	Position in business	% Ownership
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		

How many days a week will the business be open? _____

Number of hours worked per week by owner _____

Current Number of Employees

Part-time ___ @ Hourly rate range \$ _____ Hours worked per week _____

Full-time ___ @ Hourly rate range \$ _____ Hours worked per week _____

Family ___ @ Hourly rate range \$ _____ Hours worked per week _____

Self ___ @ Hourly rate range \$ _____ Hours worked per week _____

Do you plan on providing health/retirement benefits to your employees?

___ Yes ___ No

If yes, what plans have you looked into and what cost will be involved?

List approximate number of projected positions that will be available once you receive the loan.

___ Part-time ___ Full-time

Business Credit References (please use additional sheets of paper if necessary)

1. Name _____

Address _____

Phone _____ Account # _____

Credit limit _____ Contact person _____

2. Name _____

Address _____

Phone _____ Account # _____

Credit limit _____ Contact person _____

3. Name _____

Address _____

Phone _____ Account # _____

Credit limit _____ Contact person _____

Bank Information

Name _____

Address _____

Phone _____ Account # _____

Contact person _____

Do you currently have bank financing? _____ If yes, account # _____

Amount of loan _____ Structure of repayment _____

What assets are securing this loan? _____

Accountant Information

Name _____

Address _____

Phone _____

Is your business current on all local, state and federal taxes? _____

If no, explain _____

Attorney Information

Name _____

Address _____

Phone _____

Insurance Information

Name _____

Address _____

Phone _____

SBDC Business Advisor

Name _____

Phone _____

PERSONAL INFORMATION (This section must be completed on an individual basis for all principals/co-makers)

Full name _____, _____, _____
Last First Middle

Present address _____

Phone _____ E-mail _____

Previous address _____

Social security number _____ - _____ - _____

Last grade completed _____ Are you currently an enrolled student? _____

Name of school _____

Area of study _____

Total members in household, including applicant _____

Are you the head of household? ___ Yes ___ No

Provide a list of community service involvement activities _____

Name of all current dependents Age

1. _____

2. _____

3. _____

4. _____

Do you have insurance? ___ Yes ___ No

If yes, what kind and who is the provider? _____

Present employer _____

Address _____

Supervisor's name _____

Phone _____

Applicant's current monthly income

Source Amount

Source Amount

Source Amount

Source Amount

Applicant's current monthly expenses

Creditor Account # Amount

Creditor Account # Amount

Creditor Account # Amount

Creditor Account # Amount

PERSONAL REFERENCES

Name	Address	Phone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Please list nearest living relatives other than principals/co-makers listed on previous page: (must be over the age of 18)

1. Name: _____
Address: _____
Phone: _____
Relationship: _____
2. Name: _____
Address: _____
Phone: _____
Relationship: _____

Are you a co-maker, endorser, or guarantor on any loan or contract?

If yes, payment amount \$_____ Current loan balance_____

Do you currently have any bills that are more than 30 days past due? _____

If yes, please explain _____

Are all of your financial obligations listed? ___Yes ___No

Are there any suits or judgments currently pending against you, including possible child support issues? _____

Have you (or your business) ever filed a petition for bankruptcy or creditor protection?

Month of filing	Year of filing	State of filing
-----------------	----------------	-----------------

Are you current on child support? ___Yes ___No

Have you ever committed a felony? ___Yes ___No

Have you ever had, or currently do you have any judgments pending against you?
____ Yes ____ No.

If this is other than a misdemeanor for a driving/parking violation please explain.

Are you currently on probation? ___ Yes ___ No

If yes, name of probation officer _____

Expected length of probation period _____

CERTIFICATION

The loan applicant herein certified that:

- To the best of the applicant’s knowledge and belief, the data presented in this loan application is true and correct, and is provided for the purpose of obtaining or maintaining credit.
- The purpose described in this application has been duly, and legally authorized by the applicant.
- Upon approval of the funds requested, the applicant is willing and is duly and legally authorized to enter into a legally binding loan commitment and will comply with all of the provisions and conditions of any loan agreement.
- The applicant hereby authorizes the Loan Committee, its authorized agent and representatives, to investigate the applicant’s credit worthiness, credit capacity, or business affairs.
- The applicant hereby authorizes any person, business, and/or financial institution having information pertaining to the applicant’s credit worthiness credit capacity, or business affairs to release the same to the Loan Review Committee, its authorized agents or representatives.
- The applicant agrees to hold harmless the SEED, Corp., its officers, agents, and the SEED, Corp. Loan Review Committee members and their respective organizations from liability as a result of actions and outcomes taken during or after the loan review process.

Company Name

Company Name

By (Applicant’s signature)

By (Co-applicant’s signature)

Printed Name

Printed Name

Title

Title

Date

Date

Please return this original along with (8) copies of this application:

Mail in entirety to:
SEED Corp.
501 N Morton Street, Suite 100
Bloomington, IN 47404

CREDIT REPORT AUTHORIZATION AND RELEASE

Authorization is hereby granted to SEED Corp. to obtain a standard factual data credit report through a credit reporting agency chosen by SEED Corp.

My signature below authorizes the release to the credit-reporting agency a copy of my credit application and authorizes the credit-reporting agency to obtain information regarding my employment, savings accounts, and outstanding credit accounts (mortgage, auto loans, personal loans, charge cards, credit unions, etc.) Authorization is further granted to the reporting agency to use a photo static reproduction of this authorization if necessary to obtain any information regarding the above-mentioned information.

Any reproduction of this credit report authorized and release made by reliable means (for example, photocopy or facsimile) is considered an original.

1. _____
Borrower's signature Date

SSN _____

2. _____
Borrower's signature Date

SSN _____

AFFIDAVIT OF CHILD SUPPORT PAYMENTS

Comes now, _____, after being first sworn upon his/her oath now deposes and says as follows:

1. I am eighteen (18) years of age, I make the following representations on my personal knowledge and I am competent to give the testimony herein.
2. I am not currently delinquent in child support payments.

I swear or affirm under the penalties for perjury that the above and foregoing statements are true to the best of my knowledge.

1. _____
Borrower's signature Date

2. _____
Borrower's signature Date