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# ***ENTERPRISE LOAN APPLICATION PACKET***

*(for business, non-profit, other private, or public organizations)*

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An electronic version of this application packet may be found at:  
<http://www.maced.org/loan-application.htm>

**c/o THE MOUNTAIN ASSOCIATION FOR  
COMMUNITY ECONOMIC DEVELOPMENT (MACED)**

**Paintsville Office  
224 Main Street  
Paintsville, KY 41240  
(606) 264-5910**

**Berea Office  
433 Chestnut Street  
Berea, KY 40403  
(859) 986-2373**

**Hazard Office  
2425 N. Main St., # 102  
Hazard, KY 41701  
(606) 439-0170**

**MACED / AIC will keep all application documents.  
If you need copies, please make them before submitting your application package.**

**(PLEASE READ THE ACCOMPANYING DISCLOSURE STATEMENT)**

Lender's Name: **MACED / AIC**  
Lender's Address: **433 Chestnut Street**  
**Berea, KY 40403**  
Lender's Phone: **(859) 986-2373**

## **NOTICE OF PROHIBITION AGAINST DISCRIMINATION:**

The Federal Equal Credit Opportunity Act prohibits lenders from discriminating against loan applicants on the basis of race, color, religion, national origin, sex, marital status, or age (provided the applicant has the legal capacity to enter into a binding contract); or because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The Federal Agency that administers compliance with this law concerning this Lender is the Federal Trade Commission, 55 West Monroe Street, Suite 1825, Chicago, IL 60603, phone (877) 382-4357, web <http://www.ftc.gov/ro/midwest.shtm>.

## **NOTICE OF RIGHT TO RECEIVE A WRITTEN STATEMENT OF DENIAL REASONS:**

If your application for a loan is denied, you have the right to receive a written statement of the specific reasons for the denial. If upon denial you are not initially provided with such a statement, to obtain one please contact MACED / AIC's Enterprise Development Program, at the address or telephone number above, within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement.

## **NOTICE OF RIGHT TO RECEIVE AN APPRAISAL REPORT:**

You have the right to receive a copy of any real estate appraisal report used in connection with your application for a loan. If you would like to receive a copy, please write to MACED / AIC's Enterprise Development Program at the mailing address provided above. We must hear from you no later than 90 days after we notify you about the action taken on your loan application. If you withdraw your application, you must contact us within 90 days of the date of your withdrawal. In your letter, please provide your name and mailing address, as well as the address of the property on which the appraisal evaluation was performed. Also, please indicate the date of your application and office location at which you applied.

## **NOTICE REGARDING ELIGIBILITY:**

Applicants *may* not be eligible to receive financing from MACED / AIC for certain reasons, including (but not limited to) the following:

- The enterprise's employer payroll withholding taxes or sales taxes are not paid current.
- The enterprise's or principals' income, property or other taxes are not paid current.
- The enterprise or principals have outstanding tax liens.
- The enterprise or principals have been "debarred" from doing business with any federal agencies.
- The enterprise or principals have been convicted of a felony.
- Child support payments owed by the enterprise's principals are not paid current.
- The enterprise is not located within MACED / AIC's service area.
- The purpose of the loan is not enterprise, business, or commercial.
- The purpose of the loan is to invest in securities, commodities, or non-owner occupied real estate.
- The enterprise or principals do not meet MACED / AIC's standards for credit approval.

**(PLEASE RETAIN THIS DISCLOSURE)**

<b>Date of Application</b>	
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\*\*\* Please Print or Type All Information Requested \*\*\*

**1. INFORMATION ABOUT THE ENTERPRISE (business, non-profit, other private, or public organization)**

<b>Full Legal Name of Enterprise</b>		(the "Enterprise")			
<b>Trade (d/b/a) Name (if different)</b>		<b>Total/Gross Revenues Last 12 Months</b>	\$		
<b>Road Address of Enterprise</b>		<b>Current # Employees Before this Financing</b>	#	FULL TIME	# PART TIME
<b>City, State &amp; Zip Address</b>		<b># Employees Lost Without this Financing</b>	#	FULL TIME	# PART TIME
<b>Mailing Address (if different)</b>		<b># Employees Added With this Financing</b>	#	FULL TIME	# PART TIME
<b>Mailing City, State &amp; Zip (if different)</b>		<b>Amount Past Due on Payroll Taxes (or None)</b>	\$		
<b>Brief Description of Enterprise</b>					
<b>Phone Number of Enterprise (      )</b>		<b>Name &amp; Title of Contact Person</b>			
<b>Web Site Address of Enterprise</b>		<b>E-Mail Address of Contact Person</b>			
<b>Legal Form (corp., LLC, etc.)</b>		<b>Month &amp; Year Enterprise Established (or Startup)</b>			
<b>Federal Tax ID Number of Enterprise #</b>		<b>County &amp; State of Primary Operation</b>			

**2. INFORMATION ABOUT THE PRINCIPAL OWNERS**  (check here if this is a non-profit enterprise and skip on to section 3)

	1 <sup>st</sup> Principal Owner	2 <sup>nd</sup> Principal Owner	3 <sup>rd</sup> Principal Owner	4 <sup>th</sup> Principal Owner
<b>Full Legal Name of Principal Owner</b>				
<b>Social Security Number</b>				
<b>Home Road Address</b>				
<b>Home City, State &amp; Zip</b>				
<b>Home / Mobile Phone Number (      )</b>	(      )	(      )	(      )	(      )
<b>Work / Mobile Phone Number (      )</b>	(      )	(      )	(      )	(      )
<b>Title / Position with Enterprise</b>				
<b>Percentage of Enterprise Owned</b>	%	%	%	%
<b>U.S. Citizen?</b>	Yes / No	Yes / No	Yes / No	Yes / No
<b>Military Veteran?</b>	Yes / No	Yes / No	Yes / No	Yes / No
<b>Disabled?</b>	Yes / No	Yes / No	Yes / No	Yes / No

NOTE: The following two lines of information may be required by the federal government for certain types of loans in order to monitor the lender's compliance with equal credit opportunity laws. You are not required to furnish this information, but are encouraged to do so. You may select one or more designations for "Ethnicity." The law prohibits a lender from discriminating based on this information, or on whether you choose to furnish it. However, if you choose not to furnish the information and you have made this application in person, under federal guidelines the lender may be required to note sex and ethnicity on the basis of visual observation or surname. If you do not wish to furnish the information, please indicate "No" in the response space.

<b>Sex (circle or select)</b>	Female / Male / No	Female / Male / No	Female / Male / No	Female / Male / No
<b>Ethnicity (circle or select one)</b>	African / Asian / European / Hispanic / Native / Pacific / Other / Multi / No	African / Asian / European / Hispanic / Native / Pacific / Other / Multi / No	African / Asian / European / Hispanic / Native / Pacific / Other / Multi / No	African / Asian / European / Hispanic / Native / Pacific / Other / Multi / No

NOTE: If two or more Principals occupy the same family household, please indicate with "Same" for the following 3 questions for all but the 1st occupant listed.

<b>Number of People in Family</b>	#	#	#	#
<b>Annual Family Income from this Enterprise</b>	\$	\$	\$	\$
<b>Annual Income Total for Family</b>	\$	\$	\$	\$
<b>Current on Child Support? (or None)</b>	Yes / No / None	Yes / No / None	Yes / No / None	Yes / No / None



# PERSONAL FINANCIAL STATEMENT

**Provided to MACED/AIC as of:** \_\_\_\_\_ **(effective date) by:** \_\_\_\_\_

Primary Statement Provider				Joint Statement Provider (complete if any assets or income listed at full value are owned jointly)			
Full Legal Name		Date of Birth		Full Legal Name		Date of Birth	
Social Security #		Date of Birth		Social Security #		Date of Birth	
Home Road Address		Since Mo./Yr.		Home Road Address		Since Mo./Yr.	
Home City, State & Zip		Home Phone ( )		Home City, State & Zip		Home Phone ( )	
Occupation		Since Mo./Yr.		Occupation		Since Mo./Yr.	
Employer		Since Mo./Yr.		Employer		Since Mo./Yr.	
Work Road Address		Work City, State & Zip		Work Road Address		Work City, State & Zip	
Work City, State & Zip		Work Phone ( )		Work City, State & Zip		Work Phone ( )	

**\*\*\* PLEASE COMPLETE THE SCHEDULES ON PAGE 2 NEXT, THEN RESUME BELOW \*\*\***

Assets Owned (exclude any with doubtful value)		Current Value	Liabilities Owed (list contingent liabilities in separate section below)		Current Amount
Cash & Equivalents, non-retirement (from Schedule 1)	\$		Accounts & Bills Due	\$	
Qualified Retirement Funds (from Schedules 1 & 2)	\$		Securities Margin Accounts (from Schedule 6)	\$	
Publicly Traded Securities & Funds, non-retirement (Sched. 2)	\$		Credit Cards (from Schedule 6)	\$	
Closely Held Business Interests (from Schedule 2)	\$		Lines of Credit, non-real estate (from Schedule 6)	\$	
Cash Surrender Value of Life Insurance (from Schedule 3)	\$		Loans against Life Insurance (from Schedule 6)	\$	
Vehicles & Equipment (from Schedule 4)	\$		Installment Loans, non-real estate (from Schedule 6)	\$	
Wholly Owned Real Estate (from Schedule 5)	\$		Real Estate Secured Loans & Lines (from Schedule 6)	\$	
Partially Owned Real Estate (from Schedule 5)	\$		Taxes Owed or Accrued	\$	
Notes or Accounts Receivable (detail if >10% of assets)	\$		Deferred Taxes on Qualified Retirement Funds	\$	
Household & Personal Property (detail if >10% of assets)	\$		Deferred Taxes on Unrealized Capital Gains	\$	
<b>Other Assets &amp; Property (detail below)</b>			<b>Other Direct Liabilities &amp; Debt (detail below)</b>		
	\$		Total of "Other Debt" (from Schedule 6)	\$	
	\$			\$	
<b>Total Assets:</b>		\$	<b>Total Liabilities:</b>		\$
minus <b>Total Liabilities:</b>		-\$	←		
<b>equals Net Worth:</b>		= \$	(please be sure to complete the schedules on page 2)		

Expenses Current Payments Annualized		Income Current Annualized			Contingent Liabilities Amount Potentially Liable	
		Primary Provider	Joint Provider			
Housing Rental (if not owned)	\$	Base Salary & Wages	\$	\$	Pending Lawsuits	\$
Housing Utilities	\$	Commissions & Bonuses	\$	\$	Contested Taxes	\$
Insurance Premiums	\$	Interest & Investments	\$	\$	Other Disputed Liabilities	\$
Property Taxes	\$	Real Estate Rent (net)	\$	\$	Lease Agreements	\$
Income Taxes	\$	Other Income *	\$	\$	Contingent Debts (Sched. 6)	\$
Alimony/Child Support	\$	<b>Total Income:</b>	\$	\$	<b>Total Cont. Liabs:</b>	\$
Vehicle Lease(s)	\$	Sources of			Has either Statement Provider ever been declared bankrupt or insolvent? <input checked="" type="checkbox"/> → Yes: <input type="checkbox"/> or No: <input type="checkbox"/>	
Direct Debts (Sched. 6)	\$	Other Income *				
Other: _____	\$	Taxes Filed & Paid through: _____ (year) _____ (year)		If Yes, in which month & year filed: _____		
Other: _____	\$	* Alimony, child support & separate maintenance income does not have to be disclosed unless it is to be considered a basis for repaying credit.		County & state filed: _____		
<b>Total Expenses:</b>	\$					

## Understanding, Certification, Agreement & Authorization

Each Statement Provider understands that this Financial Statement by itself is NOT an application for credit and must be accompanied by additional information as directed by MACED/AIC (the "Lender") in order to be considered for credit. The information contained in this Financial Statement, including all Schedules, is hereby provided for the purpose of obtaining or maintaining credit with the Lender on behalf of each Statement Provider, or persons, groups, or organizations in whose behalf each Statement Provider may either individually, severally, or jointly with others, execute a guaranty in favor of the Lender. Each Statement Provider understands that the Lender is relying upon the information provided in this Financial Statement, including designations as to ownership of property and liability of debt, in deciding to grant or continue credit.

Each Statement Provider hereby certifies, represents, and warrants that all of the information provided in this Financial Statement is true and complete, and that the Lender may consider this Financial Statement as continuing to be true and complete until a written notice of a change is given to the Lender by each Statement Provider. As long as a loan or commitment to lend is outstanding, each Statement Provider hereby agrees to update this Financial Statement for the Lender no less often than annually. Each Statement Provider hereby authorizes the Lender to make all inquiries it deems necessary to verify the accuracy of the information provided and statements made in this Financial Statement, and to determine the creditworthiness of each Statement Provider. Each Statement Provider also hereby authorizes the Lender to answer questions from and provide information to other parties about its credit experience with each Statement Provider.

**Signature of Primary Statement Provider:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_

**Signature of Joint Statement Provider:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_

**(please complete all sections, including schedules on page 2)**

# PERSONAL FINANCIAL STATEMENT

## (SCHEDULES)

please summarize schedule totals on page 1

### Schedule 1 - Cash Deposits & Equivalents

Name of Bank or Custodian for Deposit Account	City & State of Bank or Custodian	Name(s) of Titled Owner of Deposit Account	Type of Deposit Account (checking, savings, money market, CD, etc.)	Total Amount of Deposit	Portion in Qual. Retirem't Accts.	Amt. Pledged as Collateral
				\$	\$	<b>detail debt below in Schedule 6</b>
				\$	\$	
				\$	\$	

### Schedule 2 - Business Investments, Stocks, Bonds, Funds & Other Securities

Name of Company or Agency Invested In	Public or Close?	If Close, % Owned	Name of Broker or Other Custodian for Investment	Name(s) of Titled Owner of Investment	Type of Investment or Securities	# Shares or \$ Face Value	Current Market Value	Date & Source of Market Value	Portion in Qual. Retirem't Funds	Loan or Margin Amount Owed
	P or C	%					\$		\$	<b>detail debt below in Schedule 6</b>
	P or C	%					\$		\$	
	P or C	%					\$		\$	

### Schedule 3 - Life Insurance

Name of Insurance Company	Name of Insurance Agent	City & State of Agent	Name(s) of Person Insured	Name(s) of Titled Owner of Policy	Name(s) of Primary Beneficiary	Mo. & Yr. Issued	Type of Policy	Face Amount Payable at Death	Current Cash Surrender Value	Current Loan Amount Owed
								\$	\$	<b>detail debt below in Schedule 6</b>
								\$	\$	
								\$	\$	

### Schedule 4 - Motor Vehicles & Equipment (including water & air craft)

Year & Manufacturer	Model Name or Number	Mileage or Hours	Type of Vehicle, Craft or Equipment	Name(s) of Titled Owner of Vehicle, Craft or Equipment	Mo. & Yr. Purchased	Original Cost	Current Market Value	Date & Source of Market Value	Pled-ged?	Current Loan Amount Owed
						\$	\$		Y or N	<b>detail debt below in Schedule 6</b>
						\$	\$		Y or N	
						\$	\$		Y or N	
						\$	\$		Y or N	

### Schedule 5 - Real Estate (including both wholly & partially owned property)

Street Address of Property	City & State of Property	Type of Property	% Owned	Name(s) of Titled Owner of Property	Mo. & Yr. Purchased	* Original (%) Cost	* Current (%) Market Value	Date & Source of Market Value	* Mo. (%) Rental Inc.	Current Loan Amount Owed
			%			\$	\$		\$	<b>detail debt below in Schedule 6</b>
			%			\$	\$		\$	
			%			\$	\$		\$	

### Schedule 6 - Debts Owed Directly (as borrower) or Contingently (as co-signer, guarantor, or endorser)

Name of Lender	City & State of Lender	Direct Cont.?	Name(s) of Debtor for this Obligation	Mo. & Yr. Originated	Term in Yrs.	Credit Limit or Original Amount	Type of Debt	Purpose of Debt	Collateral Pledged	Monthly Payment	Current Amount Owed
		D or C				\$				\$	\$
		D or C				\$				\$	\$
		D or C				\$				\$	\$
		D or C				\$				\$	\$
		D or C				\$				\$	\$
		D or C				\$				\$	\$
		D or C				\$				\$	\$