



MICRO LOAN FUND PROGRAM APPLICATION

**Advanced CapAccess, Inc.
425 2nd Street SE, Skywalk Floor
Cedar Rapids, IA 52401
Phone (319) 883-3010
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Email contact@advancedcapaccess.org**

I.	DATE OF APPLICATION	CENSUS TRACT						
	<input type="checkbox"/> 1 st time applicant/borrower	<input type="checkbox"/> Previous applicant/borrower						
II.	CONTACT PERSON AND TITLE		TELEPHONE NUMBER					
	FAX NUMBER		EMAIL ADDRESS					
	WEBSITE ADDRESS		EMPLOYER ID NUMBER (Federal Tax Identification or Social Security Number)					
	BORROWER'S NAME		BUSINESS NAME IF DIFFERENT THAN BORROWER (d/b/a and a/k/a)					
	BORROWER'S ADDRESS (mailing address)		STREET ADDRESS OF PROJECT (if different)					
	CITY	COUNTY	STATE/ZIP CODE	CITY	COUNTY	STATE/ZIP CODE		
III.	OWNERSHIP TYPE		TYPE OF BUSINESS					
	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> S-Corporation, Years Chartered _____ <input type="checkbox"/> C-Corporation, Years Chartered _____ <input type="checkbox"/> Other, describe: _____		<input type="checkbox"/> Distribution <input type="checkbox"/> Manufacturing <input type="checkbox"/> Retail <input type="checkbox"/> Service <input type="checkbox"/> Warehousing <input type="checkbox"/> Other, describe: _____					
	PURPOSE OF APPLICATION		PROPOSED USE OF FUNDS		LOCATION	RELOCATION		
	<input type="checkbox"/> Loan <input type="checkbox"/> Loan Guaranty <input type="checkbox"/> Loan and Guaranty		<input type="checkbox"/> Expansion <input type="checkbox"/> Retention <input type="checkbox"/> Start-up		<input type="checkbox"/> Urban <input type="checkbox"/> Rural <input type="checkbox"/> Metro	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	NAICS CODE		DATE ESTABLISHED (Incorporated, Organized, etc.)		FISCAL YEAR ENDING:			
	DUNS #		ATTORNEY NAME:		ACCOUNTANT NAME:			
IV.	NAME OF BANK		CONTACT PERSON					
	PHYSICAL ADDRESS		PHONE NUMBER					
	MAILING ADDRESS		FAX NUMBER					
	CITY	STATE/ZIP CODE	EMAIL ADDRESS					
V.	EXPLAIN THE NATURE OF THE PROJECT; THE PURPOSE AND ECONOMIC IMPACT; BE SPECIFIC							
VI.	CURRENT NUMBER OF EMPLOYEES (PRE-PROJECT) _____		NUMBER OF JOBS TO BE <u>CREATED</u> IN THE NEXT 2 YEARS _____					
			NUMBER OF JOBS TO BE <u>RETAINED</u> BECAUSE OF PROJECT _____					
VII.	SOURCE(S) OF FUNDS		AMOUNT (\$)	%	USE(S) OF FUNDS		AMOUNT (\$)	%
	Conventional/Bank Financing		_____	_____	Land (with existing building, if applicable)		_____	_____
	Private Investors		_____	_____	Building (new construction, remodel, etc.)		_____	_____
	Equity		_____	_____	Machinery & Equipment		_____	_____
	ACA Loan		_____	_____	Acquisition Cost (purchase assets)		_____	_____
	Other Public (list)		_____	_____	Working Capital		_____	_____
	_____		_____	_____	Professional Fees (appraisal, legal)		_____	_____
	_____		_____	_____	Other Expenses (list)		_____	_____
	_____		_____	_____	_____		_____	_____
	Total Financing		_____	100%	Total Project Cost		_____	100%
	_____		_____	_____	_____		_____	_____
	SOURCE OF EQUITY INJECTION							

VIII.	COLLATERAL DESCRIPTION	LIEN POSITION OFFERED	LIEN POSITION OFFERED
	Mortgage	Accounts Receivable	
	Fixtures	Inventory	
	Equipment	General Intangibles	

IX.	NAME OF PRINCIPALS/OWNERS	TITLE/RELATIONSHIP	PERCENT OF OWNERSHIP	AMOUNT OF GUARANTEE
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

X.	NAME OF AFFILIATE, IF ANY		AFFILIATE FEDERAL TAX IDENTIFICATION NUMBER	
	PHYSICAL ADDRESS		PHONE NUMBER	
	MAILING ADDRESS		FAX NUMBER	
	CITY	STATE/ZIP CODE	EMAIL ADDRESS	

XI. ADD ANY ADDITIONAL INFORMATION OR COMMENTS PERTINENT TO THE SUCCESS OF THIS PROJECT

XII. AFFIRMATION AND AUTHORIZATION

I certify that the applicant business is located in a qualified low income census tract and will continue to do so during the entire period of the loan. Relocation outside the census tract will result in loan default.

I understand that Advanced CapAccess, Inc. (ACA) may request other relevant information at any time. If ACA has any reason to believe that any applicant, person or firm has willfully and knowingly provided incorrect information or made false statements in conjunction with this application, that information may be considered a material misrepresentation and may be grounds for terminating this application.

I certify that the information contained in this application for financial assistance is correct. I understand that misrepresentation may be cause to suspend review of this application, loan approval, or the loan.

I certify that pursuant to this application, credit is not otherwise available on terms and conditions, which would permit completion and/or the successful operation or accomplishment of the project to be financed without program assistance. Advanced CapAccess, Inc. reserves the right to recall the loan if these requirements are not met.

I affirm that the employment practices of the applicant company do not discriminate on the basis of race, creed, color, national origin, sex, marital status, religion, ancestry, mental or physical handicap, sexual orientation or age.

I certify that no conflict of interest exists, family relationships or financial interest, between myself and/or officers of the applicant and any member of ACA, its Board of Directors, or its staff except as disclosed as an addendum to this application.

I authorize anyone who possesses personal, company or affiliate, educational, financial, or other information required by ACA or the local sponsor to evaluate this application to furnish this information to ACA or the local sponsor. The information required includes but is not limited to personal credit bureau reports and current and past bank history.

Upon approval of this application, I authorize ACA to publish information about the loan and my business and hereby release ACA, its Board of Directors or its staff from any damages, which may result from their use thereof.

Signed by the undersigned this _____ day of _____, _____.

_____	_____
BORROWER NAME	BORROWER NAME

By: _____ By: _____

_____	_____	_____	_____
AUTHORIZED SIGNER PRINTED NAME	TITLE	AUTHORIZED SIGNER PRINTED NAME (IF REQUIRED)	TITLE

XIII. **Local Sponsor**

The undersigned Organization has reviewed the foregoing application and recommends that credit (commercial loan(s)) be made available for the project in the amount of \$ _____ on such terms and conditions that will allow the project to proceed forward.

Reason(s) _____
and Community _____
Benefits _____

Organization: _____

Name and Title: _____

Signature: _____

Date: _____

APPLICATION CHECKLIST

Personal:

Personal History Statement(s) and Resume current within 90 days for each officer/director (regardless of ownership) and each proprietor, partner, owner or stockholder with 20% or more ownership

Personal Financial Statement(s) copy of drivers license for each proprietor, partner, owner or stockholder with 20% or more ownership

Personal Tax Returns for the previous 2 years

Business:

Balance Sheet and Income Statement or Federal Tax Returns for the previous 3 years. If a new business provide a proforma balance sheet/income statement with assumptions

Balance Sheet and Income Statement dated within 90 days of the application with an aging of the accounts receivable and accounts payable

Summary of history of the company

Summary or outline of project (as applicable) including copies of project bids, quotes, real estate purchase agreements, etc.

Articles of Incorporation [Organization] and By-Laws [Operating Agreement] including any amendments

Borrower Resolution by the Board of Directors authorizing the applicant to borrow, if applicable

Proof of hazard and worker's compensation insurance including name of agent/insurance company

Application Fee, (\$100 or 1% of requested amount, which ever is greater)

Advanced CapAccess, Inc is an equal opportunity provider and employer and complies with all federal and applicable state laws respecting discrimination and unfair employment practices. Advanced CapAccess does not discriminate against any applicant, or against any person on account of race, creed, color, national origin, sex, marital status, religion, ancestry, mental or physical handicap, sexual orientation or age.

OFFICE USE ONLY

Date Received _____

Control Number _____

Loan Number _____

Date Approved _____

Amount Approved _____

Terms _____

Interest Rate _____

Date Disbursed _____

Date Denied _____

Reason Denied _____

Application Fee Paid _____

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Application