



City of New Holstein

REVOLVING BUSINESS LOAN APPLICATION



City of New Holstein Revolving Business Loan Application

Please read the Revolving Business Loan Manual carefully before completing this application. Include photographs of your building and/or property to allow the Committee to view the proposed project. Print all information.

Type of Loan Your Applying for:	
Check one: <input type="checkbox"/> Façade Loan Program <input type="checkbox"/> General Business Loan	
What amount are you requesting to borrow?	\$
Applicant Information:	
Business Owner Name: (First, Last)	Phone:
Address:	Alternate Phone:
City, State, Zip:	Email:
Co-Applicant Name:	Phone:
Address:	Alternate Phone:
City, State, Zip:	Email:
Name of your Business:	Tax ID#:
Address:	Phone:
City, State, Zip	Date Established:
County where business is located:	
Structure: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> LL Company <input type="checkbox"/> C Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> S Corporation	
Property Owner Information	
Property Owner(s) Name:	Phone:
Mailing Address:	Email:
City, State, Zip:	
Provide a Brief History of the existing or proposed business:	

USES AND SOURCES OF FUNDS

Below, provide project costs and where will funds be obtained from.

Use of Proceeds	Sources of Financing (enter gross dollar amounts rounded to the nearest hundred)				
	Bank	RLF	Borrower	Other	Total Project Cost
Land Acquisition					
New Construction					
Expansion/Repair					
Acquisition of Equipment					
Inventory Purchase					
Working Capital					
Purchase Existing Business					
Other					
TOTAL					

COLLATERAL SUMMARY

List assets that will be available for City of New Holstein security

	Fair Market Value	Existing & Future Liens Against this Property	(X) if Tax Bill, Appraisal, Mortgage Statement, etc. Attached
Business Land & Buildings			<input type="checkbox"/>
Business Machinery/Equipment			<input type="checkbox"/>
Personal Residence			<input type="checkbox"/>
Personal Other			<input type="checkbox"/>

BUSINESS INDEBTEDNESS

Furnish the following information on installment debts, contracts, notes, and mortgages payable. Indicate by an asterisk (*) items to be paid by loan proceeds and reason for paying (present balance should agree with latest balance sheet submitted).

To Whom Payable	Present Balance	Rate of Interest	Maturity Date	Monthly Payment	Security	(x) if Current

SOURCES OF INCOME (2 YEARS OR PROJECTED)		CONTINGENT LIABILITIES	
Salary	\$	As Endorser or Co-Maker	\$
Net Investment Income	\$	Legal Claims & Judgments	\$
Real Estate Income	\$	Provision for Federal Income Tax	\$
Other Income (Describe Below)	\$	Other Special Debt	\$
Description of Other Income:			
REAL ESTATE OWNED (Use attachments as necessary. Each attachment must be identified as part of this statement and signed).			
	Property A		Property B
Type of Property			
Name & Address of Title Holder			
Date of Purchase			
Original Cost			
Present Market Value			
Name & Address of Mortgage Holder			
Mortgage Balance			
Amount of Payment per Month/Year			
PERSONAL FINANCIAL STATEMENT			
As of _____, 20__			
Name:		Business Phone:	
Residence Address:		Residence or Cell Phone:	
City, State & Zip Code			
Business Name of Applicant/Borrower:			
ASSETS		LIABILITIES	
Cash on hand & in banks	\$	Accounts Payable	\$
Savings Accounts	\$	Notes Payable to Banks & Others (Describe in Section 2)	\$
IRA or Other Retirement Account	\$	Installment Amount (Auto)	\$
Accounts & Notes Receivable	\$	Installment Amount (Other)	\$
Life Insurance – Cash Surrender Value Only (Complete Section 8)	\$	Loan on Life Insurance	\$
Stocks & 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	\$
TOTAL	\$	TOTAL	\$

I authorize 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 by the U.S. Attorney General (Reference 18 U.S.C. 1001).

Signature 1	Date	Social Security Number
x		
Printed Name:		

Signature 2	Date	Social Security Number
x		
Printed Name:		