

**CITY OF KALISPELL  
Revolving Loan Fund Loan Application**

**\_\_\_ Economic Development (Gap) Financing**

*Application fee of \$200.00 payable to City of Kalispell must be attached*

The purpose of the Economic Development (Gap) Financing Program is to support business activities with job creation and/or job retention and to provide gap financing for credit that is not otherwise available. The gap financing would provide terms and conditions which would permit completion and/or the successful operation of the project in the City of Kalispell and surrounding service area. The interest rate and loan term will be determined by the Revolving Loan Fund Committee.

**\_\_\_ Redevelopment Loan Program**

*Application fee of \$200.00 payable to City of Kalispell must be attached*

The purpose of the Redevelopment Loan Program is to provide a financing mechanism for general improvements to a business owner’s real property. Such as: façade improvements, weatherization, heating/cooling systems, window/door replacement, electrical improvements, plumbing improvements, roof improvements, floor coverings, interior improvements, foundation improvements, and expansion of commercial building. The length of the loan term will be up to 10 years (120 months), with a fixed interest rate of 3.00%. Loans are to fully amortize over the loan term. The maximum loan amount per borrower is \$50,000.

**Additional application requirements:**

- Completed loan application and \$200 application fee.
- Current personal financial statements for each party having over 20% ownership of the business.
- Personal tax returns for the last three years for each party having over 20% ownership of the business.
- Resume of each party having over 20% ownership of the business.
- Information release form for each party having over 20% ownership of the business.
- Current year to date financial report for existing businesses.
- Financial reports for the last three years of operation for existing businesses.
- Tax returns for the last three years of operation for existing businesses.
- Completed business plan with forecast for the next three years. (Please ensure all forecast assumptions are adequately disclosed.)

1. Borrower’s information:

Company Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Project Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Tax ID # \_\_\_\_\_  
 DUNS #: \_\_\_\_\_

Contact Person: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_  
 Business Insurance Co: \_\_\_\_\_  
 Business Type (Corp, LLC, etc.): \_\_\_\_\_

Shareholders Name	Title	Address	% Owned	Social Security #	Date of Birth

Description of business (product or service provided etc.): \_\_\_\_\_  
\_\_\_\_\_

2. Amount of Loan Request: \_\_\_\_\_ Collateral: \_\_\_\_\_

3. Value and description of collateral: \_\_\_\_\_  
\_\_\_\_\_

Is there a current appraisal for the property: \_\_\_ Yes \_\_\_ No

Is there a lienholder on the property: \_\_\_ Yes \_\_\_ No

If yes, include the name of the financial institution and amount owed: \_\_\_\_\_  
\_\_\_\_\_

4. Improvements being proposed or reason loan funds are needed: \_\_\_\_\_  
\_\_\_\_\_

5. List project costs & other funding sources if being used (include attachment if necessary): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Number of full time jobs retained from project: \_\_\_\_\_ Number of jobs to be created: \_\_\_\_\_

7. How will the project impact the economy of the City of Kalispell? \_\_\_\_\_  
\_\_\_\_\_

***(Section 8 to be used for Economic Development (Gap) Financing only)***

8. What financial institution are you working with for this project (Include name and phone number of loan officer): \_\_\_\_\_  
\_\_\_\_\_

City of Kalispell loan terms requested:

Term Requested: \_\_\_\_\_ Total project costs: \_\_\_\_\_

Anticipated Sources and Uses of Project Funding:

<u>Source</u>	<u>Amount</u>	<u>Use</u>	<u>Amount</u>
Equity (owner's injection)	\$ _____	Land	\$ _____
City of Kalispell Loan	\$ _____	Building	\$ _____
Participating Lender	\$ _____	Capital Improvements	\$ _____
Other:		Working Capital	\$ _____
_____	\$ _____	Equipment	\$ _____
_____	\$ _____	Other: _____	\$ _____
_____	\$ _____	_____	\$ _____
Total:	\$ _____	Total:	\$ _____

9. Give name and address of insurance company and amount of coverage for the following types:

<u>Type</u>	<u>Company and Address</u>	<u>Amount of Coverage</u>
Fire:	_____	\$ _____
Hazard:	_____	\$ _____
Business interruption:	_____	\$ _____
Life:	_____	\$ _____
Flood:	_____	\$ _____
Liability:	_____	\$ _____

10. List below the names of any past or present City of Kalispell employees, City Council members, or Revolving Loan Fund Committee members who are related by blood, marriage, adoption, or who have any present or past financial interest or association with applicant, or any of the applicant’s partners, officers, directors, stockholders or businesses:

<b>Name</b>	<b>Address</b>	<b>Details of Relationship or Interest</b>

I/we certify that employees and applicants for employment of our company are not discriminated against on the basis of race, color, national origin, religion, age, handicap or sex; and furthermore, I/we realize this document is just an application for a loan. A loan request shall not be considered approved until formal approval is made by the Economic Development Revolving Loan Fund Committee. I/we authorize the City of Kalispell to contact any banks listed on this application or identified in other sources about the project including financial statements and to pull and/or view my credit report. I certify and affirm by my signature that the information contained in and otherwise supplied as part of this application, is complete and current to the best of my knowledge. I further understand that intentional misrepresentation of facts may be basis for a denial of credit.

\_\_\_\_\_  
Signature, Title & Date

\_\_\_\_\_  
Signature, Title & Date

*Return completed application and application fee to:  
City of Kalispell Economic Development Department  
201 First Avenue East, Kalispell, MT 59901  
406-758-7738*

**INFORMATION RELEASE FORM**

I (We) hereby grant the City of Kalispell Revolving Loan Fund Program access to all necessary information concerning my (our) income, employment, bank relationships, payable and trade accounts, credit, business relationships and other sources of financial information.

In addition I (we) give my (our) permission to obtain a copy of my (our) individual credit report(s).

I (we) give my (our) permission for the above mentioned information to be presented to the loan review committee for review as a part of my (our) project.

\_\_\_\_\_  
*Company Name*

\_\_\_\_\_  
*Signature and Title of Authorized Company Rep.*

\_\_\_\_\_  
*Company Federal ID Number*

\_\_\_\_\_  
*Address for the last 2 years*

\_\_\_\_\_  
*Signature – Individually*

\_\_\_\_\_  
*Social Security Number*

\_\_\_\_\_  
*(Please print full name)*

\_\_\_\_\_  
*Address for the last 2 years*

\_\_\_\_\_  
*Signature – Individually*

\_\_\_\_\_  
*Social Security Number*

\_\_\_\_\_  
*(Please print full name)*

\_\_\_\_\_  
*Address for last 2 years*

**CITY OF KALISPELL  
Revolving Loan Fund Loan Application  
Additional Information Form**

The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the racial/national origin of the individual applicants on the basis of visual observation or surname.

Ethnicity:  Hispanic or Latino

Not Hispanic or Latino

Race (Mark one or more):

White

Black or African American

American Indian/Alaska Native

Asian

Native Hawaiian or Other Pacific Islander

Gender:

Male

Female

This is an Equal Opportunity Program. Discrimination is prohibited by Federal Law. Complaints of discrimination may be filed with the USDA Director, Office of Civil Rights, Room 326-W, Whitten Bldg., 1400 Independence Ave., SW, Washington, DC 20250-9410

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date



**PERSONAL FINANCIAL STATEMENT**

**U.S. SMALL BUSINESS ADMINISTRATION**

As of \_\_\_\_\_, \_\_\_\_\_

Complete this form for: (1) each proprietor; (2) general partner; (3) managing member of a limited liability company (LLC); (4) each owner of 20% or more of the equity of the Applicant (including the assets of the owner's spouse and any minor children); and (5) any person providing a guaranty on the loan.

Return completed form to:  
 7(a) loans - to the lender processing the SBA application;  
 504 loans - to the Certified Development Company processing the SBA application;  
 ALL Disaster loans - to the Disaster Processing and Disbursement Center at 14925 Kingsport Road, Fort Worth, TX 76155-2243; and  
 8(a)/BD - applicants who are individuals claiming social and economic disadvantaged status and their spouses  
 - electronically at <http://www.sba.gov> or send hard copy with paper application to either of the two following offices listed below:

Mail to the following address, if your firm is located in one of the states below:	Mail to the following address, if your firm is located in one of the states below:
US Small Business Administration DPCE Central Office Duty Station Parkview Towers 1150 First Avenue 10th Floor, Suite 1001 King of Prussia, PA 19406	US Small Business Administration Division of Program Certification and Eligibility 455 Market Street, 6th Floor San Francisco, CA 94105
MA, ME, NH, CT, VT, RI, NY, PR (Puerto Rico), VI (US Virgin Islands), NJ, PA, MD, VA, WV, DC, DE, GA, AL, NC, SC, MS, FL, KY, TN	IL, OH, MI, IN, MN, WI, TX, NM, AR, LA, OK, MO, IA, NE, KS, CO, WY, ND, MT, UT, SD, CA, HI, GU (GUAM), NV, AZ, WA, AK, ID, OR

Name	Business Phone
Residence Address	Residence Phone
City, State, & Zip Code	
Business Name of Applicant/Borrower	

ASSETS		LIABILITIES	
	(Omit Cents)		(Omit Cents)
Cash on hand & in Banks .....	\$	Accounts Payable.....	\$
Savings Accounts .....	\$	Notes Payable to Banks and Others .....	\$
IRA or Other Retirement Account .....	\$	(Describe in Section 2)	
(Describe in Section 5)		Installment Account (Auto) .....	\$
Accounts & Notes Receivable .....	\$	Mo. Payments \$	
(Describe in Section 5)		Installment Account (Other) .....	\$
Life Insurance-Cash Surrender Value Only .....	\$	Mo. Payments \$	
(Complete Section 8)		Loan on Life Insurance .....	\$
Stocks and Bonds .....	\$	Mortgages on Real Estate .....	\$
(Describe in Section 3)		(Describe in Section 4)	
Real Estate .....	\$	Unpaid Taxes .....	\$
(Describe in Section 4)		(Describe in Section 6)	
Automobiles - Total Present Value .....	\$	Other Liabilities .....	\$
(Describe in Section 5, and include Year/Make/Model)		(Describe in Section 7)	
Other Personal Property .....	\$	Total Liabilities .....	\$
(Describe in Section 5)		Net Worth .....	\$
Other Assets .....	\$		
(Describe in Section 5)			
<b>Total</b>	\$	<b>Total</b>	\$

Section 1. Source of Income	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 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.

<b>Section 2. Notes Payable to Banks and Others.</b> (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)					
Name and Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed Type of Collateral
<b>Section 3. Stocks and Bonds.</b> (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed).					
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 Real Estate (e.g. Primary Residence, Other Residence, Rental Property, Land, etc.)					
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.)				

**Section 8. Life Insurance Held.** (Give face amount and cash surrender value of policies - name of insurance company and beneficiaries)

I authorize SBA/Lender to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness.  
**CERTIFICATION:** (to be completed by each person submitting the information requested on this form)

By signing this form, I certify under penalty of criminal prosecution that all information on this form and any additional supporting information submitted with this form is true and complete to the best of my knowledge. I understand that SBA or its participating Lenders, or Certified Development Companies will rely on this information when making decisions regarding an application for a loan from SBA or an SBA Participating Lender, or for participation in the SBA 8(a) Business Development (BD) program.

Signature _____	Date _____
Print Name _____	Social Security No. _____
Signature _____	Date _____
Print Name _____	Social Security No. _____

**NOTICE TO LOAN APPLICANTS: CRIMINAL PENALTIES AND ADMINISTRATIVE REMEDIES FOR FALSE STATEMENTS:**

Knowingly making a false statement on this form is a violation of Federal law and could result in criminal prosecution, significant civil penalties, and a denial of your loan. A false statement is punishable under 18 U.S.C. §§ 1001 and 3571 by imprisonment of not more than five years and/or a fine of up to \$250,000; under 15 U.S.C. § 645 by imprisonment of not more than two years and/or a fine of not more than \$5,000; and, if submitted to a Federally insured institution, a false statement is punishable under 18 U.S.C. § 1014 by imprisonment of not more than 30 years and/or a fine of not more than \$1,000,000.

**NOTICE TO APPLICANTS OR PARTICIPANTS IN THE 8(a) BD PROGRAM: CRIMINAL PENALTIES AND ADMINISTRATIVE REMEDIES FOR FALSE STATEMENTS:**

Any person who misrepresents a business concern's status as an 8(a) Program participant or SDB concern, or makes any other false statement in order to influence the 8(a) certification or other review process in any way (e.g., annual review, eligibility review), shall be: (1) Subject to fines and imprisonment of up to 5 years, or both, as stated in Title 18 U.S.C. § 1001; (2) subject to fines of up to \$500,000 or imprisonment of up to 10 years, or both, as stated in Title 15 U.S.C. § 645; (3) Subject to civil and administrative remedies, including suspension and debarment; and (4) Ineligible for participation in programs conducted under the authority of the Small Business Act.

**PLEASE NOTE:** The estimated average burden hours for the completion of this form is 1.5 hours per response. If you have questions or comments concerning this estimate or any other aspect of this information, please contact Chief, Administrative Branch, U.S. Small Business Administration, Washington, D.C. 20416, and Clearance Officer, Paper Reduction Project (3245-0188), Office of Management and Budget, Washington, D.C. 20503. **PLEASE DO NOT SEND FORMS TO OMB.**