

Town of Lisbon

Application for Financing

*The Town of Lisbon is an Equal Opportunity Lender
(For loans from \$1000 - \$20,000)*

PLEASE PRINT LEGIBLY

NOTE: Not all businesses and/or projects qualify for financing. Prior to completing this form, potential applicants need to contact the Economic/Community Development office to determine eligibility.

I. APPLICANT INFORMATION

Name of Business:

Street Address:

City/State/Zip:

Mailing Address if different:

Telephone: _____ Fax: _____ Email: _____

Date Established: _____ Tax ID Number: _____

Please Circle One: New Business Existing Business

Type of Business (List products and/or services):

Organizational Structure (i.e. LLC, S-Corp. etc.): _____

Number of Employees: Present _____ Projected if Loan Approved: _____

Project Location (if different from above):

Name of Person Completing this Form:

II. Anticipated Project Costs (Uses) (total cost and total sources should be equal)

Land acquisition (_____ acres) \$ _____

Building purchase or renovations (_____ sq. ft.) \$ _____

Professional Fees \$ _____

Machinery and Equipment \$ _____

Inventory \$ _____

Working Capital \$ _____

Other \$ _____

Other \$ _____

Debt refinancing:

Bank: _____ \$ _____

Trade Payables (attach list with aging report) \$ _____

Total Uses \$ _____

III. Anticipated Sources of Financing

Bank: _____ \$ _____

Private Investors \$ _____

Seller's Financing \$ _____

Owners Equity \$ _____

Other \$ _____

Town of Lisbon Loan Request \$ _____

Total Sources \$ _____

IV. Collateral offered if loan is approved

Description	Purchase Price	Present Market Value	Mortgage/Liens	Equity

V. Business Assets

Type of Asset (cash, deposits in banks, accounts receivable, investments, real estate, automobiles, other)	Name/ Description	Account Number	Original Amount	Current Balance

VI. Personal Assets

Type of Asset (cash, deposits in banks, accounts receivable, investments, real estate, automobiles, other)	Name/ Description	Account Number	Original Amount	Current Balance

IX. Personal Monthly Budget

Name: _____ Number of Dependents: _____

A. Housing Expenses:

Mortgage/Rent \$ _____
Purchase Price \$ _____
Date Purchased _____
Monthly Payment \$ _____
Utilities \$ _____
Furniture \$ _____
Improvements \$ _____

Total Housing Expenses \$ _____

B. Automobile Expenses:

Auto No. 1
Year/Make/Model _____
Monthly Payment \$ _____
Balance Owed \$ _____

Auto No. 2
Year/Make/Model _____
Monthly Payment \$ _____
Balance Owed \$ _____
Gas/Oil \$ _____
Maintenance \$ _____

Total Auto Expenses \$ _____

C. Insurance Expenses:

Life \$ _____
Health \$ _____
Automobile \$ _____
Home/Renters \$ _____
Other \$ _____

Total Insurance Expense \$ _____

D. Personal Expenses:

Food \$ _____
Clothing \$ _____
Entertainment \$ _____
Miscellaneous \$ _____

Total Personal Expenses \$ _____

E. Other Expenses:

Medical/Dental \$ _____
Personal Income Tax \$ _____
Credit Cards \$ _____
Credit Cards \$ _____
Credit Cards \$ _____
Personal Loans \$ _____
Other \$ _____

Total Other Expenses \$ _____

TOTAL MONTHLY EXPENSES:

A. HOUSING \$ _____
B. AUTO \$ _____
C. INSURANCE \$ _____
D. PERSONAL \$ _____
E. OTHER \$ _____

Total Monthly Expenses \$ _____

MONTHLY INCOME

Applicant \$ _____
Spouse \$ _____
Stocks/Bonds \$ _____
Other (specify) \$ _____

Total Monthly Income \$ _____

MONTHLY NET INCOME

Total Monthly Income \$ _____
Less Total Monthly Expenses \$ _____

Monthly Net Income \$ _____

Bank Contact Person, if any

X. OWNERSHIP INFORMATION

Please provide the following information about the owner(s) of the business.

Is the applicant at least 51% owner and considered citizens of the United States or reside in the United States after being legally admitted for permanent residence? Yes No

Name/Title	Address	% Ownership	Annual Compensation

XI. SOURCES AND USES OF PROJECT FUNDS

	SOURCES				
USES	Lisbon	Private Lender	Equity	Other	Total Uses
Land Acquisition					
Land Improvements					
Building/Purchase					
Building/Renovations					
Building/Construction					
Machinery & Equipment					
Furniture & Fixtures					
Working Capital					
Energy Improvements					
Other (specify)					
Total/Source					

Attach an itemized breakdown of costs.

Please give a brief narrative of the project and the uses of funds.

APPLICANT CERTIFICATION & SIGNATURES

The information contained in this statement is provided for the purpose of obtaining, or maintaining credit with you on behalf of the undersigned, or persons, firms or corporations in whose behalf the undersigned, may either separately or jointly with others, execute a guaranty in your favor. Each undersigned understands that you are relying on the information provided herein (including the designation made as to ownership of property) in deciding to grant or continue credit. Each undersigned represents and warrants that the information provided is true and complete and that you may consider this statement as continuing to be true and correct until a written notice of a change is given to you by the undersigned. You are authorized to make all inquiries you deem necessary to verify the accuracy of the statements made herein, and to determine my/our creditworthiness. You are authorized to answer questions about your credit experience with me/us.

I understand that loans from Town of Lisbon Commercial Lending Programs are generally for a maximum of ten years (with some exceptions for a longer term) and that the programs can be utilized only when the applicant is unable to obtain credit elsewhere at comparable rates or terms or would not undertake the proposed project at the intended location without the Town of Lisbon Revolving Loan Fund assistance.

I understand the Lisbon Town Council is the only power authorized to approve my financing request and that I can rely only upon *written evidence* that the Council has approved my request. Any other communications are preliminary in nature and **do not, in any way, constitute a commitment to lend.**

If my loan is approved, the Town of Lisbon may use my name, the company's name and the loan amount for promotional purposes.

Applicant: _____ Applicant: _____

Signature: _____ Signature: _____

Date: _____ Date: _____

If Incorporated:

Corporate Name: _____

By (Title): _____

Signature: _____ Date: _____

***Race**

- Native American
- Black
- White
- Asian
- Hispanic
- Hawaiian or Pacific Islander

Gender

- Female
- Male

Veteran Status

- Veteran
- Non-Veteran

*The above information is requested by the Federal Government for certain types of loans, in order to monitor the lender's compliance with equal credit opportunity. You are not required to furnish this information, but are encouraged to do so. The law requires that a lender may neither discriminate on the basis of this information nor on whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations, this lender is required to note race/ethnicity on the basis of visual observation or surname. If you do not wish to furnish the above information please check this box.

Town of Lisbon is an Equal Opportunity Lender

“The Federal Equal Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided that the applicant has the capacity to enter into a binding contract); and because all or parts of the applicant’s income is derived from any public assistance program; or because the applicant has, in good faith, exercised any rights under the Consumer Credit Protection Act. The Federal agency that administers compliance with this law concerning this creditor is the Federal Trade Commission. If a person believes he or she has been denied assistance in violation of this law, they should contact the Federal Trade Commission, Washington, DC 20580.”

CONSUMER CREDIT AUTHORIZATION

The following information is needed to complete a personal credit investigation. This form is to be completed by each applicant (individual, corporation or partnership), and each partner or shareholder holding a 20% or more interest in the company. A separate form must be completed for any co-applicant and corporation.

I (we) authorize the Town of Lisbon to contact credit reporting agencies and creditors with regard to the status of any past or outstanding debt, or such other credit information that such agencies normally hold available for credit worthiness evaluation at present or at any time in the future for the purpose of making or monitoring the loan.

Town of Lisbon will not proceed with the review of your loan request without these reports.

Legal Name: _____

Signature: _____

Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Social Security Number: _____ Birth Date: _____

YOU MUST INCLUDE A CHECK PAYABLE TO TOWN OF LISBON FOR \$25.00 FOR EACH PERSONAL CREDIT REPORT AND AN ADDITIONAL \$25.00 FOR THE BUSINESS CREDIT REPORT.

Please list three (3) trade references that we may contact in order to verify your business credit history (not applicable for startup business ventures):

	Trade Reference #1	Trade Reference #2	Trade Reference #3
Business Name			
Contact Person			
Telephone Number			