

# **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.

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### **I. APPLICANT INFORMATION**

Name of Business:

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Street Address:

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City/State/Zip:

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Mailing Address if different:

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Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Date Established: \_\_\_\_\_ Tax ID Number: \_\_\_\_\_

Please Circle One:    New Business            Existing Business

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

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

Number of Employees:    Present \_\_\_\_\_    Projected if Loan Approved: \_\_\_\_\_

Project Location (if different from above):

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Name of Person Completing this Form:

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## 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

**VII. Outstanding Debts of Business**

Whom Payable	Account Number	Original Amount	Loan Date	Rate of Interest	Maturity Date	Monthly Payment	Current Balance	Collateral Pledged

**VIII. Personal Outstanding Debts**

Whom Payable	Account Number	Original Amount	Loan Date	Rate of Interest	Maturity Date	Monthly Payment	Current Balance	Collateral Pledged



## 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

- |                                          |                                                       |
|------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Native American | <input type="checkbox"/> Asian                        |
| <input type="checkbox"/> Black           | <input type="checkbox"/> Hispanic                     |
| <input type="checkbox"/> White           | <input type="checkbox"/> 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. ☐

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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			