**DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT**

NEIGHBORHOOD BUSINESSWORKS PROGRAM

7800 Harkins Road

Lanham, MD 20706

301-429-7523

FAX 410-558-6523

**APPLICATION FOR LOAN FUNDS**

(Please Print or Type)

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant: |  | | |
| Address: |  | | |
| Address (continued): |  | | |
| Telephone No. (Home): |  | Cell: |  |
| Social Security No.: |  |
| Email Address: |  |

**PROPOSED PROJECT**

|  |  |
| --- | --- |
| Loan Amount Requested: | |
| Name of Business: |  | |
| Address of Business: |  | |
| Address (continued): |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| County |  | Present zoning classification: |  |
| If change is needed, what zoning classification is required? | | |  |

|  |  |
| --- | --- |
| Type of Business: |  |

Please check the category below which best describes your project:

|  |  |
| --- | --- |
|  | Establishing a new business in a revitalization area |
|  | Expansion of an existing business currently located in a revitalization area |
|  | Relocation of an existing business into a revitalization area |
|  | Other type of revitalization project |

|  |  |
| --- | --- |
| Please provide a brief explanation of your project plans: |  |
|  | |
|  | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sources & Uses: Itemize how you plan to fund this project** | | | **Breakdown of total project costs by funding source**: | | |
| (A)  Use of Funds | (B)  Total  Costs | (C)  NBW  Request | | (D)  Other  Lender(s) | (E)  Applicant’s Contribution |
| Building/Site Acquisition | $ | $ | | $` | $ |
| Building Construction/  Expansion/Improvements | $ | $ | | $` | $ |
| Pre-Development Costs | $ | $ | | $ | $ |
| Furniture, Fixtures, Equipment | $ | $ | | $ | $ |
| Inventory | $ | $ | | $ | $ |
| Start-up Costs | $ | $ | | $ | $ |
| Working Capital | $ | $ | | $ | $ |
| Other (explain) | $ | $ | | $ | $ |
| **TOTAL PROJECT:** | $ | $      **\*** | | $ | $      **\*\*** |
| \*Not to exceed 50% of total project costs.  \*\*Minimum of 5% of total project costs. | | | | | |

**Existing businesses need to provide the following information:**

|  |  |
| --- | --- |
| Name of Business: |  |
| Business Address: |  |
|  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Phone No.: |  | | Business No.: |  | Fax (if applicable): |  |
| Federal I.D. No.: | |  | | |  |  |

**Existing and start-up businesses need to provide the following information:**

|  |
| --- |
| **Collateral:**  Please identify collateral securing the loan: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Value of Collateral: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Collateral Value is: \_\_\_\_\_\_\_Appraised \_\_\_\_\_\_\_Estimated |
| Collateral Deeded to/owned by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**All Applicants need to provide the following information:**

|  |  |
| --- | --- |
| Current number of employees: |  |
| Additional employees anticipated to be hired after loan: |  |
| Are lawsuits pending against you or your company? |  |
| If yes, please explain on a separate sheet of paper. |  |
| Have you or your business declared bankruptcy? |  |
| If yes, please explain on a separate sheet of paper. |  |

|  |  |
| --- | --- |
| Do you have any outstanding liabilities with the State of Maryland? |  |
| (e.g., income taxes, sales taxes, payroll withholding taxes, unemployment taxes, or other penalties and fines) If so, please explain on a separate sheet of paper. | |

To the best of my knowledge or belief, do you have friends or family members that are employed at DHCD? **Yes       No If yes, please explain relationships:**

To the best of my knowledge or belief, have you ever employed or contracted with individuals who have friends or family members employed at DHCD? **Yes       No**

**If yes, please explain relationships:**

The undersigned authorizes the Department of Housing and Community Development (the “Department”) to make such inquiries as necessary, including, but not limited to, credit inquiries in order to verify the accuracy of the statements made by the applicant and to determine the creditworthiness of the applicant.

In accordance with Executive Order 01.01.1983.18, the Department advises you that certain personal information is necessary to determine your eligibility for financial assistance. Availability of this information for public inspection is governed by Maryland’s Access to Public Records Act, State Government Article, Section 10-611 et seq. of the Annotated Code of Maryland (the “Act”). This information will be disclosed to appropriate staff of the Department or to public officials for purposes directly connected with administration of this financial assistance program for which its use is intended. Such information may be shared with State, federal or local government agencies, which have a financial role in the project. You have the right to inspect, amend, or correct personal records in accordance with the Act.

The Department intends to make available to the public certain information regarding projects recommended for reservation of funds by the Neighborhood Business Development Program. The information available to the public will include the borrower’s name; the name, location, and description of the project; and the amount of financial assistance. This information may be confidential under the Act. If you consider this information confidential and do not want it made available to the public, please indicate that in writing and attach the same to this application.

The Department desires to disclose information about your project to the Maryland General Assembly or other State officials or their staff, local government officials or their staff, other lenders and funding sources, and small business technical advisors. Such information may include your name; the name, location, and description of your project; the date and amount of financial assistance awarded by the Department; the terms of your financial assistance, including interest rate, repayment obligation, use of funds, and security interest taken; and the sources, amounts, and terms of other funding used to complete your project, including your capital contribution. This information may be confidential under the Act. If you do not want this information made available to the above-referenced parties, you must attach to this application your written objection. You agree that not attaching an objection constitutes your consent to the information being made available to the above-referenced parties and a waiver of any rights you may have regarding this information under the Act.

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| **I have read and understand the above paragraph. Applicant’s Initials:** |  |

Anyone who knowingly makes, or causes to be made, any false statement or report relative to this financial assistance application for the purposes of influencing the action of the Department on such application shall be subject to criminal prosecution, a fine of up to $50,000, and/or imprisonment of up to five years.

The undersigned hereby certifies that the development proposed in this application can be accomplished in accordance with the development budget set forth herein and further certifies that the information set herein and in any attachments in support hereof is true, correct, and complete to the best of his/her knowledge and belief.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Authorized Signature |  | Type Name and Title |  | Date |

**PERSONAL FINANCIAL STATEMENT**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Complete this form for (1) each proprietor, or (2) each limited partner who owns 20% or more interest and each general partner, or (3) each stockholder owning 20% or more of voting stock, or (4) any other person or entity providing a guaranty on the loan. | | | | | | | | | | | | |
| Name:       Business Phone: | | | | | | | | | | | | |
| Residence Address:       Residence Phone: | | | | | | | | | | | | |
| City, State & Zip Code | | | | | | | | | | | | |
| Business Name of Applicant/Borrower: | | | | | | | | | | | | |
| **ASSETS** | | | | | | **LIABILITIES** | | | | | | |
| Cash on hand and in bank | | $ |  | | | Accounts Payable | | | $ |  | | |
| Savings Account | | $ |  | | | Notes Payable to Banks and Others  (Describe in Section 2) | | | $ |  | | |
| IRA or Other Retirement Account | | $ |  | | | Installment Account (Auto)  Monthly Payments | | | $ |  | | |
| Accounts and Notes Receivable | | $ |  | | | Installment Account (other) | | | $ |  | | |
| Life Insurance-Cash Surrender Value | | $ |  | | | Mortgages on Real Estate  (Describe in Section 4) | | | $ |  | | |
| Stocks and Bonds | | $ |  | | | Unpaid Taxes  (Describe in Section 6) | | | $ |  | | |
| Real Estate  (Describe in Section 4) | | $ |  | | | Other Liabilities  (Describe in Section 7) | | | $ |  | | |
| Automobile-Present Value | | $ |  | | | Total Liabilities | | | $ |  | | |
| Other Personal Property  (Describe in Section 5) | | $ |  | | | Net Worth | | | $ |  | | |
| Other Assets  (Describe in Section 5) | | $ |  | | | Total | | | $ |  | | |
| Total | | $ |  | | |  | | |  |  | | |
| **Section 1. Sources 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 towards total income. | | | | | | | | | | | | |
| **Section 2. Notes Payable to Bank and Others (Use attachment 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 | | | | |
|  |  | | |  |  | |  |  | | | | |
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| **PERSONAL FINANCIAL STATEMENT** | | | | | | | | |
| **Section 3. Stocks and Bonds. (Use attachments if necessary.) Each attachment must be identified as part of this statement and signed.** | | | | | | | | |
| Number of Shares | Name of Securities | | Cost | Market Value  Quotation/Exchange | | Date of  Quotation/Exchange | | Total Value |
|  |  | |  |  | |  | |  |
|  |  | |  |  | |  | |  |
|  |  | |  |  | |  | |  |
|  |  | |  |  | |  | |  |
| **Section 4. Real Estate Owned. (List each parcel separately. Use attachments, if necessary. Each attachment must be identified as a part of this statement and signed.)** | | | | | | | | |
| Type of Property | | Property A | | | Property B | | Property C | |
| Name and Address of Title Holder | |  | | |  | |  | |
| Date Purchased | |  | | |  | |  | |
| Original Cost | |  | | |  | |  | |
| Present Market Cost | |  | | |  | |  | |
| Name and Address of Mortgage Holder | |  | | |  | |  | |
| Mortgage Account Number | |  | | |  | |  | |
| Mortgage Balance | |  | | |  | |  | |
| Amount of Payment per Month/Year | |  | | |  | |  | |
| Status of Mortgage | |  | | |  | |  | |
| **Section 5. Other Personal Property and Other Assets. (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.)** | | | | | | | | |
|  | | | | | | | | |
| **Section 6. Unpaid Taxes. (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)** | | | | | | | | |
|  | | | | | | | | |
| **Section 7. Other Liabilities. (Describe in detail.)** | | | | | | | | |
|  | | | | | | | | |
| **Section 8. Life Insurance Held. (Give face amount and cash surrender value of policies, name of insurance company, and beneficiaries.)** | | | | | | | | |
|  | | | | | | | | |
| WARNING: Anyone who knowingly makes, or causes to be made, a false statement or report relative to this loan application for the purpose of influencing the action of the Department on such application, shall be subject to criminal prosecution, a fine of up to $50,000, and/or imprisonment of up to five years.  I hereby certify that the foregoing figures and the statements contained herein, submitted to obtain a loan from the Neighborhood Business Development Program in the Maryland Department of Housing and Community Development, are true and give a correct showing of my financial condition as of this date. | | | | | | | | |
| Signature: Date:       Social Security Number: | | | | | | | | |
| Signature: Date:       Social Security Number: | | | | | | | | |