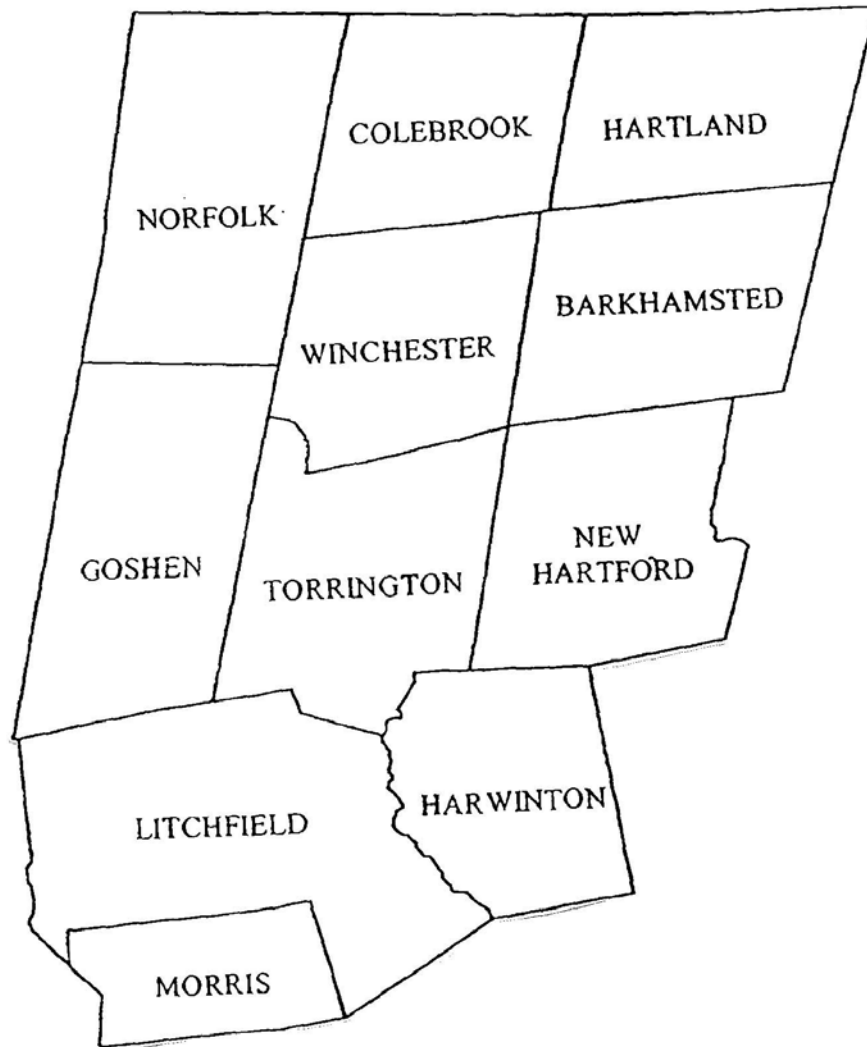


**LITCHFIELD HILLS
REGIONAL MICRO-LOAN FUND
PROGRAM APPLICATION**



Name of Applicant _____

Date of Application _____

**This Program is funded by a grant from the
U.S. Dept. Of Housing and Urban Development
through the State Dept. Of Economic & Community Development,
Small Cities Program
James F. Abromaitis, Commissioner.**

I. BUSINESS PROFILE

Business Name _____

Business Address _____

Project Location (if different) _____

Nature of Business _____

Business Telephone _____ Fax # _____ Year Business was established _____

Type of Business:

- Proprietorship
- Limited Partnership
- General Partnership
- C Corp
- S Corp
- Limited Liability
- Other _____

If Corporation, indicate Date and State of Incorporation: Date: _____ State: _____

Internal Revenue Service Employer Identification Number _____

II. BUSINESS OWNERSHIP

You must list all owners over 10% (use additional sheets if necessary)

	<u>Name</u>	<u>%Ownership</u>	<u>Title</u>	<u>Years in Position</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

If not all principals are U.S. Citizens, please indicate and give registration number: _____.

Have you, any business owner, or the business ever been debarred, suspended or prohibited from Federal or State work? Yes _____ No _____ If so please explain:

III. INCOME ELIGIBILITY

For each business owner noted above, attached the most recent IRS 1040.

IV. JOBS

Present Employment			Projected Employment (1 year)		
Full Time _____	Part Time _____	Total _____	Full Time _____	Part Time _____	Total _____

V. PROJECT DESCRIPTION

Please briefly describe the project you propose. Be as specific as possible. Attach additional pages as necessary. What specific costs will the loan proceeds be used for?

VI. SOURCES AND USES

<u>Total Project Cost:</u>		<u>Source of Funds</u>	
Equipment	\$ _____	Equity	\$ _____
Working Capital	\$ _____	(Min. 20% of total loan requested)	
Leasehold Improvements	\$ _____	Other Bank Loans/Financing	\$ _____
Purchase of Land	\$ _____	Litchfield Hills Micro-Loan Fund	\$ _____
Purchase of Existing Bldg.	\$ _____	Other _____	\$ _____
Renovations/Construction	\$ _____		
Other _____	\$ _____		
TOTAL PROJECT COSTS	\$ _____	TOTAL FUNDS	\$ _____

NOTE: (Source of Funds must equal the total Project Costs)

VII. COLLATERAL

What collateral will you be pledging to secure this loan? (Please estimate the value of the collateral and include your basis for the estimate. (Use additional sheets if necessary.)

Are there any liens or loans or other encumbrances on the proposed collateral? If Yes, please give details. **PERSONAL GUARANTEES OF REPAYMENT WILL BE REQUIRED FOR ALL LOANS**

VIII. DEBTS

A. Bank Loans: (use additional sheets if necessary)

	<u>Lender</u>	<u>Original Balance</u>	<u>Present Balance</u>	<u>Annual Payments</u>	<u>Interest Rate</u>	<u>Maturity</u>
Mortgages	_____	\$ _____	\$ _____	\$ _____	\$ _____	_____ yrs.
Term Loans	_____	\$ _____	\$ _____	\$ _____	\$ _____	_____ yrs.
Working Capital	_____	\$ _____	\$ _____	\$ _____	\$ _____	_____ yrs.
Other	_____	\$ _____	\$ _____	\$ _____	\$ _____	_____ yrs.
TOTAL		\$ _____	\$ _____	\$ _____	\$ _____	_____ yrs.

B. Unpaid Taxes:

Federal \$ _____ State \$ _____ Municipal \$ _____

IX.ADDITIONAL INFORMATION

Please attach the following information.

- Business Plan
- Business Financial Statements (prior 2 yrs.)
- Personal Financial Statements for all persons (if more than 10% owner of Company)
- Business Tax Return (prior 3 yrs.)
- Municipal Compliance Certificate

X. CERTIFICATION

It is hereby represented by the undersigned as an inducement to the Litchfield Hills Micro-Loan Fund to approve the loan proposed herein, that to my best knowledge and belief no information or data contained herein or in the attachments are in any way false or incorrect, and that no material information has been omitted including the Financial Statements. The undersigned agrees that banks, credit agencies and references are hereby authorized to give the Litchfield Hills Micro-Loan Fund and/or its designee any and all information in connection with the matters herein referred to now or at any time in the future. In addition, the undersigned agrees that the funds provided as a result of this loan application will be utilized exclusively for the purposes approved as represented in this application, as may be amended, and that none of the funds will be used for refinancing.

NON-DISCRIMINATION CLAUSE

The applicant agrees and warrants that in performance of this project it will not discriminate or permit discrimination against any person or group of persons on the grounds of race, color, religion, age, sex, marital status, physical handicap, national origin, political belief, sexual orientation, mental retardation or history of mental disorder, unless it is shown by the applicant that the physical or mental disability prevents performance of the work involved.

Name of Business

Date

Signature

Title

Signature

Title

**LITCHFIELD HILL REGIONAL
MICRO-LOAN PROGRAM**

******CERTIFICATE OF MUNICIPAL COMPLIANCE******

Business Name: _____

Name: _____

Address: _____

Location of Property: _____

Assessor's Map _____ Block _____ Lot _____

Lot Size: _____ Zone District: _____

Existing Use of Property: _____

This use Complies _____ Does Not Comply _____ with the Municipality's Zoning Regulations as stated in Section(s): _____

Proposed Use of Property: _____

This use Complies _____ Does Not Comply _____ with the Municipality's Zoning Regulations as stated in Section(s): _____

Are there any attachments to this form? Yes _____ No _____

If yes, please describe: _____

Certified Zoning Enforcement Officer
(Sign and Print Name)

Municipality

The applicant named above _____ is _____ is not current on all local tax payments to the Municipality.

(Sign and Print Name and Title)

Date