



**Valley Economic Development Partners | MVEDC**  
 4319 Belmont Ave., Youngstown, OH 44505 • 330.759.3668 • www.valleyedp.com

**Company Information** **Commercial Loan Application**

Company name \_\_\_\_\_

Current Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (if Different) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Principal in charge \_\_\_\_\_ Phone \_\_\_\_\_ Phone \_\_\_\_\_

Secondary contact person \_\_\_\_\_ Email \_\_\_\_\_  
(IN-HOUSE CONTROLLER OR BOOKEEPER)

DUNS Number \_\_\_\_\_ Date established \_\_\_\_\_

Type of entity (check one):      Proprietorship      Partnership      Corporation      LLC      Federal ID# \_\_\_\_\_

**Company Ownership** (Address/SSN/DOB for Owners with 20% or more interest in the Company)

Name _____	Title _____	% of Ownership _____
Address _____	SSN _____	Birthdate _____
Name _____	Title _____	% of Ownership _____
Address _____	SSN _____	Birthdate _____
Name _____	Title _____	% of Ownership _____
Address _____	SSN _____	Birthdate _____

**Employee Questionnaire**

Number of current employees \_\_\_\_\_      Number of jobs to be created this project \_\_\_\_\_

**Key employees**

Name	Title	Responsibilities	Years with company	Years in the industry

**Affiliate Businesses** IF APPLICABLE

Name _____	Owner _____ <small>(APPLICANT COMPANY OR INDIVIDUALS)</small>	% of Ownership _____
Name _____	Owner _____ <small>(APPLICANT COMPANY OR INDIVIDUALS)</small>	% of Ownership _____

If a corporation, please indicate who is President and Secretary

## History/Description of Business

History/Nature of business \_\_\_\_\_

Type of products or services (include any catalogs or brochures) \_\_\_\_\_

List key customers \_\_\_\_\_

List major competitors \_\_\_\_\_

## Project Information

Description of project (Describe New equipment/new building, etc.) \_\_\_\_\_

Street address of project \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

What is the square footage of the new building? \_\_\_\_\_ What is the square footage your company will occupy?\*

Escrow closing date \_\_\_\_\_ Realtor's name \_\_\_\_\_ Phone \_\_\_\_\_

If known, how will the property be vested (i.e. individually, partnership, LLC, corporation, trust ...) \_\_\_\_\_

Please provide appropriate document (i.e. Partnership Agreement, LLC documents, Articles of Incorporation, Trust Agreement ...)

## Total Project Costs

### Purchase existing building or Equipment only

Purchase price (Equip or Land)	.....	\$	_____
Improvements/Renov	.....	\$	_____
Equipment*	.....	\$	_____
Working Capital	.....	\$	_____
Other	.....	\$	_____
Total (A)	.....	\$	_____

\* Please note -- equipment to be financed must have a useful life of 10 years or greater.

**Business Debt Schedule**

Indebtedness: Furnish the following information on all installment debts, contracts, notes, and mortgages payable. Do not include accounts payable or accrued liabilities.

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

Creditor Name/address	Original amount	Original date	Present balance	Interest rate	Maturity date	Monthly payment	Security	Current or delinquent
<b>Total present balance**</b>				<b>Total monthly payment</b>				

\* Should be the same date as current financial statement.

\*\* Total must agree with balance shown on current financial statement.

**Checklist**

**Business Information**

<input type="checkbox"/>	Business financial statements for the last three years
<input type="checkbox"/>	Interim financial statement dated within the last 45 days
<input type="checkbox"/>	Business debt schedule (form attached)
<input type="checkbox"/>	Federal tax returns for the last three years
<input type="checkbox"/>	Articles of Incorporation and By-Laws (if corporation)
	• President of the corporation is:
	• Secretary of the corporation is:
<input type="checkbox"/>	Articles of Organization and Operating Agreement (if LLC)
<input type="checkbox"/>	Partnership Agreement (if partnership)
<input type="checkbox"/>	Business License <i>and</i> Fictitious Business Name Statement (if proprietorship)
<input type="checkbox"/>	Franchise Agreement

**Personal information (for each owner of 20% or greater)**

<input type="checkbox"/>	Personal tax returns for the last three years
<input type="checkbox"/>	Personal resume (form attached)
<input type="checkbox"/>	Personal financial statement (form attached)

**Real estate information**

<input type="checkbox"/>	Real Estate Purchase Agreement or settlement sheet
<input type="checkbox"/>	Construction cost budget and/or equipment invoices
<input type="checkbox"/>	Existing environmental studies

**Authorization to Release Information**

I/We hereby authorize the release to Mahoning Valley Economic Development Corporation of any information they may require at any time for any purpose related to my/our credit transaction with them.  
 I/We further authorize Mahoning Valley Economic Development Corporation to release such information to any entity they deem necessary for any purpose related to my/our credit transaction with them.  
 I/We hereby certify that the enclosed information, including any attachments or exhibits provided herewithin or at a later date, is valid and correct to the best of my/our knowledge.

Name of applicant(s) \_\_\_\_\_

Signature of applicant(s) \_\_\_\_\_ Date \_\_\_\_\_

Name of applicant(s) \_\_\_\_\_

Signature of applicant(s) \_\_\_\_\_ Date \_\_\_\_\_

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at How to File a Program Discrimination Complaint and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

Mahoning Valley Economic Development Corporation and USDA is an equal opportunity provider, employer, and lender.

Resume Form

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Email Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

SSN \_\_\_\_\_ Date of Birth \_\_\_\_\_

Education \_\_\_\_\_

High School \_\_\_\_\_ Date of Graduation \_\_\_\_\_

College/University	Degree/Major	Year of Graduation

Employment History

Current Employer's Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

Current Annual Salary \_\_\_\_\_ Date of Hire \_\_\_\_\_

Additional Compensation \_\_\_\_\_

Current Function and Title \_\_\_\_\_

Previous Functions with Current Employer \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Previous Employer's Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Employed From \_\_\_\_\_ To \_\_\_\_\_

Current Function and Title \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Military Service \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify that the above statements are true and complete.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date