



## **CWED LOAN APPLICATION CHECKLIST AND SUPPORTING DOCUMENTATION**

- Application with **application fee** (Made payable to CWED Fund)
  - \$100 for loan requests up to \$200,000
  - \$250 for loan requests over \$200,000
  
- Supporting Documents to accompany application:**
- Business Plan – to include:
  - Detailed description of the proposed project.
  - History and description of business/ applicant
  - Resumes of principal, owners, and officers
  - Copies of Articles of Incorporation or Organization, By-Laws, Operating Agreement, Partnership Agreement.
  - Payroll spreadsheet listing current employees indicating pay scale, full-time/part-time (if part-time indicate number of hours), male/female, minority
  
- A list of business and personal assets to be offered as collateral for the loan. If buying equipment with the loan proceeds, attach a list of the equipment to be purchased and estimated cost.
  
- Current personal financial statements of all business principals with 20% or more ownership. A form is included. Substitute formats are acceptable provided that the social security number of the individual is also included.
  
- Statement and description of anticipated benefits to community from proposed loan, i.e. tax base increase; blight elimination; job creation and/or retention
  
- Statement why CWED Fund involvement is requested
  
- Letter of commitment to recruit Low-Moderate Income (LMI) individuals
  
- Any other additional documentation that is requested
  
- Accountant – Please prepare the following**
- Accountant prepared balance sheet, profit and loss, cash flow statements, or tax returns for the last three fiscal years
- Current interim financial statements (balance sheet, profit and loss)
- Three years financial projections (balance sheet, profit and loss) with notes covering all significant assumptions
- Three years cash flow projections with monthly projections for the first year
  
- Bank – Please provide the following**
- Commitment letter of Private (Bank) financing availability (including terms and collateral pledged)
- Recent Credit report on business principals.

All information should be signed, dated by Borrowers and attached to the application when submitted. Mail the application and all supporting documentation to: CWED 2900 Hoover Road, Suite A, Stevens Point, WI 54481.

# CERTIFICATION STATEMENT

## THE APPLICANT:

1. Certifies that to the best of its knowledge and belief, the information being submitted to CWED is true and correct.
2. Certifies that the applicant is in compliance with all laws, regulations, ordinances and orders of public authorities applicable to it.
3. Certifies that the applicant is not in default under the terms and conditions of any grant or loan agreements, leases, or financing arrangements with its other creditors.
4. Certifies that CWED is authorized to obtain a credit check and Dun and Bradstreet on the applicant, the business and/or the individual(s).
5. Certifies that the applicant has disclosed and will continue to disclose any occurrence or event that could have an adverse material impact on the project. Adverse material impact includes, but is not limited to, lawsuits, criminal or civil actions, bankruptcy proceedings, regulatory intervention or inadequate capital to complete the project.
6. Understands that unless it qualifies as trade secret, all information submitted to CWED is subject to Wisconsin's Open Records Law.

The applicant requests that CWED treat the following items as TRADE SECRET:

	Yes	No	NA
A. Personal financial statements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Personal or business tax returns.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Historical business financial statements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Business financial projections.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Plan or study to be funded by CWED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Business Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If Section 6 is left blank then all information provided to CWED will be open to examination and copying.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Authorized Representative)*

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
*(Authorized Representative)*

## CWED LOAN APPLICATION

PROSPECT/APPLICANT INFORMATION	
Type of Business : <input type="checkbox"/> C Corp <input type="checkbox"/> S Corp <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Non Profit	
Legal Name: <input style="width: 100px;" type="text"/>	
Trade Name:	
Mailing Address:	
City, State, Zip:	
Physical Address:	County:
FEIN #: <small>(Federal Employee Identification Number –Tax ID or Social Security Number)</small>	State of Organization: <small>(Per Articles of Incorporation/Organization)</small>
WWW:	
Phone #:	E-mail:
CEO Name:	CEO Title:
<b><i>Individual To Contact Regarding Questions About The Project:</i></b>	
Contact Name:	Title:
Email Address:	
Phone #:	E-mail:
Address:	
City, State, Zip:	
BUSINESS INFORMATION	
Date Established:	SIC or NAICS:
Minority Owned: <input type="checkbox"/> Yes <input type="checkbox"/> No    If Yes, the Minority Classification is: <input type="checkbox"/> Eskimo <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Aleut <input type="checkbox"/> Asian-Indian <input type="checkbox"/> Asian-Pacific <input type="checkbox"/> African American	
Women Owned: <input type="checkbox"/> Yes <input type="checkbox"/> No	Owned by a Person with a Disability: <input type="checkbox"/> Yes <input type="checkbox"/> No
Foreign Owned: <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes: Country: _____ % of ownership:	
Primary Product or Service:	
Current Total Company Employment:          Full Time:                                  Part Time:	
<input type="checkbox"/> Calendar Year End or <input type="checkbox"/> Fiscal Year End _____ (MM/DD)	

OWNERSHIP INFORMATION (unless publicly owned)				
	Name: (First, Middle Initial, Last)	Phone Number	Personal Financial Statement Attached	Ownership %*
1.			<input type="checkbox"/> YES	%
2.			<input type="checkbox"/> YES	%
3.			<input type="checkbox"/> YES	%
4.			<input type="checkbox"/> YES	%
5.			<input type="checkbox"/> YES	%
All Others:				%
*Personal Financial Statements are required for all owners with 20% or more ownership. CWED may review a personal credit report and delinquent tax filings on each individual that owns 20% or more.				100%

PROJECT INFORMATION	
Project Location: <input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village Of:	County:
Project Street Address:	Sq Ft of Project Facility(ft <sup>2</sup> ):
Brief Project Summary:	

PROJECT TIME-LINE	
Secure all financing by:	Break ground/lease by:
Begin production by:	Achieve full production by:

PROJECTED EMPLOYMENT							
Indicate Full Time or Part Time Positions (Full Time Positions = 1,664 hours/year)							
Existing Positions		Position Title	Positions Created				
Avg. Hourly Wage	Number of Existing FTE's*		Year One		Year Two	Year Three	Total Number FTE's*
			Avg. Starting Hourly Wage	Number FTE's* Created	Number FTE's* Created	Number FTE's* Created	
<b>TOTAL</b>							

\*FTE = Full Time Equivalents – Averaging 32 hours a week.

BENEFIT INFORMATION			
Check (4) the Health Insurance Provided to Employees:	<input type="checkbox"/> None	<input type="checkbox"/> Individual	<input type="checkbox"/> Family
Percent of Health Insurance Premium Paid by Company:		%	%
Average Deductible Paid by Employee:		\$	\$
Other Benefits Provided to the Majority of the Workforce: <input type="checkbox"/> Life Insurance <input type="checkbox"/> Pension <input type="checkbox"/> 401(k) <input type="checkbox"/> Childcare			
<input type="checkbox"/> Tuition Reimbursement <input type="checkbox"/> Other: (Specify)			
Will new employees be provided with substantially the same benefits as described above: <input type="checkbox"/> Yes <input type="checkbox"/> No			

MARKET INFORMATION	
THREE MAJOR CUSTOMERS:	% OF SALES
1.	
2.	
3.	
THREE MAJOR COMPETITORS	LOCATION (City and State)
1.	
2.	
3.	

LEGAL INFORMATION*	YES/NO
Has the business, any owner, officer, subsidiary or affiliate been involved in any lawsuits in the last 5 years or have any lawsuits pending?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the business, any owner, officer, subsidiary or affiliate ever been involved in any bankruptcy or insolvency proceedings or have any proceedings pending?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the business, any owner, officer, subsidiary or affiliate had any civil or criminal charges in the last 5 years that could have a material adverse impact on the project or have any charges pending?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the business, any owner, officer, subsidiary or affiliate have any outstanding tax liens?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please attach a detailed explanation of any YES responses.	
*An Application will be deemed ineligible and denied based on the falsification of information	

I certify that the information provided in this application is true and complete. I authorize Lender or its agents to verify the information obtained in this statement and to obtain additional information concerning my financial condition, including, without limitation, consumer credit reports, although Lender may rely on this financial statement without any further verification. I authorize Lender to furnish such information and any other credit experiences with me to others and to answer any questions about my credit experience and other financial relationships with Lender. I agree to notify Lender, in writing, of any change that materially affects the accuracy of this statement. **Lender may share information bearing on my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living with its affiliates unless I direct Lender at the address above that such information if unrelated to my transactions or experiences with Lender may not be shared by Lender with its affiliates.**

It may be a federal crime punishable by a fine of not more than \$5,000 or imprisonment for not more than two years or both to knowingly make false statements concerning any of the above information, under provisions of Title 18, United States Code, Section 1014.

\_\_\_\_\_  
(Date Signed)

X \_\_\_\_\_  
Applicant Signature

X \_\_\_\_\_  
Co-Applicant Spouse Signature (joint credit only)  
For married Wisconsin resident. I understand Lender may be required by law to give notice of any credit transaction to my spouse. The credit applied for, if granted, will be incurred in the interest of my marriage or family.

X \_\_\_\_\_  
Applicant Signature

## CWED LOAN

USE OF FUNDS	
<u>Use</u>	<u>Amount</u>
Land	\$
New Building Construction	\$
Land & Building Acquisition	\$
Machinery/Equipment Acquisition	\$
Acquisition of Existing Business	\$
Working Capital	\$
Other (Specify)	\$
Total Cost (Use) =	

SOURCE OF FUNDS			
<u>Bank</u>	<u>Owner Cash</u>	<u>CWED</u>	<u>Other (Specify)</u>
			Total Sources =

**CWED Loan Funds Requested:**

Amount \_\_\_\_\_  
 Interest Rate \_\_\_\_\_  
 Term (Years) \_\_\_\_\_

**Schedule of New Project Debt**

<u>Creditor</u>	<u>Loan Amount</u>	<u>Monthly Pmt</u>	<u>Collateral (Business &amp; Personal Assets pledged)</u>
Bank			
CWED			
Other			
Other			

Provide the contact information for the Sources listed above:

<u>Source</u>	<u>Source Name</u>	<u>Contact Name</u>	<u>Phone Number</u>	<u>Email Address</u>
Bank				
Other				
Other				

**SCHEDULE OF BUSINESS DEBT**

<b>Creditor</b>	<b>Original Amount</b>	<b>Present Balance</b>	<b>Monthly Payment</b>	<b>Collateral</b>

Signature

\_\_\_\_\_

Date

\_\_\_\_\_

**SCHEDULE OF PERSONAL DEBT**

<b>Creditor</b>	<b>Original Amount</b>	<b>Present Balance</b>	<b>Monthly Payment</b>	<b>Collateral</b>

Signature

\_\_\_\_\_

Date

\_\_\_\_\_



**PERSONAL FINANCIAL STATEMENT**

*Please complete the following for EACH owner with 20% or more interest. Make additional copies as necessary.*

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

ASSETS		LIABILITIES	
Cash (Schedule 1)		Secured Notes Payable (Sch. 5)	
Listed Securities (Schedule 2)		Unsecured Notes Payable (Sch.5)	
Unlisted Securities (Schedule 3)		Accounts Payable	
Real Estate Owned (Schedule 4)		Unpaid Income Taxes	
Automobiles		Real Estate Mortgages (Sch. 4)	
Personal Property		Real Estate Taxes	
Cash Value Life Insurance		Credit Cards	
Vested Profit Sharing/Pension		Other Debts (list below)	
Other Assets (list below)			
<b>TOTAL ASSETS</b>	<b>\$</b>	<b>TOTAL LIABILITIES</b>	<b>\$</b>
		<b>EQUITY =(Total Assets – Total Liabilities)</b>	

INCOME:		CONTINGENT LIABILITIES:	
Salaries/bonuses		Endorser/Co-maker/Guarantor	
Dividends/interest		Legal Claims	
Other:		Other:	

Schedule 1 Cash and Equivalents

Type	Financial Institution	Amount	Account Name	PLEGDED?

Schedule 2 Listed Securities

Cost	Description	Market Value	Account Name	PLEGDED?

Schedule 3 Unlisted Securities

Cost	Description	Market Value	Account Name	PLEGDED?

Schedule 4 Real Estate Owned

Property Type and Address	Cost	Market Value	Mortgage Amt

Schedule 5 Notes Payable

Secured?	Financial Institution	Original Balance	Current Balance	Date Due

LEGAL INFORMATION*	YES/NO
Have you been involved in any lawsuits in the last 5 years or have any lawsuits pending?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been involved in any bankruptcy or insolvency proceedings or have any proceedings pending?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had any civil or criminal charges in the last 5 years that could have a material adverse impact on the project or have any charges pending?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any outstanding tax liens?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please provide detail on any YES responses:	

I hereby certify that to the best of my knowledge and belief, this represents a full and accurate disclosure of my assets and liabilities as of the date signed below. I also understand submitting false or misleading information in connection with an application may result in the applicant being found ineligible for financial assistance under the funding program and may be subject to civil and/or criminal prosecution.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date