



**GREAT NORTHERN SERVICES**

310 Boles Street, Weed, CA 96094 - 530-938-4115 Extension 113

**BUSINESS ASSISTANCE ONLY**

APPLICATION FOR BUSINESS ASSISTANCE LOAN FOR THE COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM (CDBG)  
PLEASE FILL IN ALL LINES AND BLOCKS, IF THE LINE OR BLOCK DOES NOT PERTAIN TO YOU, INSERT N/A.

**Section 1 - APPLICANT INFORMATION** Business Assistance (Please check one)  Start Up  Expansion

| BORROWER  |                                |
|---|--------------------------------|
| NAME (Include Jr. or Sr., as applicable):   |                                |
| MARITAL STATUS:<br><input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED (CHECK ONE): <input type="checkbox"/> SINGLE <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED |                                |
| BIRTH DATE:   | SOCIAL SECURITY NUMBER:        |
| MAILING ADDRESS:  | CITY: STATE: ZIP:              |
| PRESENT ADDRESS:  | (CITY/STATE/ZIP) NO. OF YEARS: |
| HOME PHONE:   | WORK PHONE:                    |
| ARE YOU A U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO  |                                |
| ARE YOU A PERMANENT RESIDENT ALIAN? <input type="checkbox"/> YES <input type="checkbox"/> NO ID#:   |                                |
| NAME AND ADDRESS OF EMPLOYER:   |                                |
| BUSINESS PHONE NUMBER:  |                                |
| NO. OF YEARS ON JOB   | POSITION/TITLE:                |
| NAME AND ADDRESS OF PREVIOUS EMPLOYER (IF AT POSITION LESS THAN 2 YEARS)  |                                |
| CO-BORROWER   |                                |
| NAME (Include Jr. or Sr., as applicable):   |                                |
| MARITAL STATUS:<br><input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED (CHECK ONE): <input type="checkbox"/> SINGLE <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED |                                |
| BIRTH DATE:   | SOCIAL SECURITY NUMBER:        |
| MAILING ADDRESS:  | CITY: STATE: ZIP:              |
| PRESENT ADDRESS:  | (CITY/STATE/ZIP) NO. OF YEARS: |
| HOME PHONE:   | WORK PHONE:                    |
| ARE YOU A U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO  |                                |
| ARE YOU A PERMANENT RESIDENT ALIAN? <input type="checkbox"/> YES <input type="checkbox"/> NO ID#:   |                                |
| NAME AND ADDRESS OF EMPLOYER:   |                                |
| BUSINESS PHONE NUMBER:  |                                |
| NO. OF YEARS ON JOB   | POSITION/TITLE:                |
| NAME AND ADDRESS OF PREVIOUS EMPLOYER (IF AT POSITION LESS THAN 2 YEARS)  |                                |

| NUMBER OF HOUSEHOLD MEMBERS – BORROWER |               |
|--|---------------|
| Number:                                |               |
| Name:                                  | Relationship: |
| Name:                                  | Relationship: |
| Name:                                  | Relationship: |
| Name:                                  | Relationship: |
| Name:                                  | Relationship: |

| NUMBER OF HOUSEHOLD MEMBERS – CO-BORROWER |               |
|---|---------------|
| Number:                                   |               |
| Name:                                     | Relationship: |
| Name:                                     | Relationship: |
| Name:                                     | Relationship: |
| Name:                                     | Relationship: |
| Name:                                     | Relationship: |

The following information is confidential and is only used for government reporting purposes to monitor compliance with equal opportunity laws. This information is for statistical purposes only and will not affect your eligibility for the loan program that you are applying to. Please note that self-identification of race/ethnicity is voluntary. Please check all boxes that apply to you

- |  |  |   |
|--|--|---|
|  | <b>RACE</b>  | <b>ETHNICITY</b>  |
| <u>HISPANIC/LATINO</u>                           | <input type="checkbox"/> 11-WHITE                                  | <input type="checkbox"/> 16-AMRCN INDN/ALSKN NTVE                   |
| <input type="checkbox"/> 8a-MEXICAN/CHICANO      | <input type="checkbox"/> 12-BLACK/AFRICAN AMERICAN                 | <input type="checkbox"/> 17-ASIAN & WHITE                           |
| <input type="checkbox"/> 8b-CUBAN                | <input type="checkbox"/> 13-ASIAN                                  | <input type="checkbox"/> 18-BLCK/AFRCN AMRCN & WHITE                |
| <input type="checkbox"/> 8c-PUERTO RICAN         | <input type="checkbox"/> 14-AMRCN INDN/ALSKN NTVE                  | <input type="checkbox"/> 19-AMRCN IND/ALSKN NTVE & BLCK/AFRCN AMRCN |
| <input type="checkbox"/> 8d-OTHER HISPANIC/LATIN | <input type="checkbox"/> 15-NATIVE-HAWAIIAN/OTHER PACIFIC ISLANDER | <input type="checkbox"/> 20-OTHER MULTI-RACIAL _____                |

**Section 3 – INCOME INFORMATION**

| BORROWER                      |            |
|-------------------------------|------------|
| Income Source:                |            |
| Projected Income: Monthly: \$ | Annual: \$ |
| Additional Income Source:     |            |
| Projected Income: Monthly: \$ | Annual: \$ |
| CO-BORROWER                   |            |
| Income Source:                |            |
| Projected Income: Monthly: \$ | Annual: \$ |
| Additional Income Source:     |            |
| Projected Income: Monthly: \$ | Annual: \$ |

**Section 4 – ASSETS**

CHECKING/SAVINGS BANK ACCOUNTS (STATEMENTS MUST BE SUBMITTED WITH APPLICATION)

| NAME & ADDRESS OF INSTITUTION | TYPE OF ACCOUNT | CURRENT BALANCE |
|-------------------------------|-----------------|-----------------|
|                               |                 |                 |
|                               |                 |                 |
|                               |                 |                 |
|                               |                 |                 |

OTHER ASSETS

| NAME & ADDRESS OF INSTITUTION | TYPE OF INVESTMENT ACCOUNT | CURRENT VALUE OF ASSET |
|-------------------------------|----------------------------|------------------------|
|                               |                            |                        |
|                               |                            |                        |
|                               |                            |                        |
|                               |                            |                        |

Section 5 – LIABILITIES

| TYPE OF EXPENSE | COMPANY ADDRESS | BALANCE | MONTHLY PAYMENT |
|-----------------|-----------------|---------|-----------------|
|                 |                 |         |                 |
|                 |                 |         |                 |
|                 |                 |         |                 |
|                 |                 |         |                 |
|                 |                 |         |                 |
|                 |                 |         |                 |

Section 6 – MONTHLY HOUSEHOLD EXPENSES

|  |                 |
|--|-----------------|
| <b>HOUSING</b>                               | Monthly Payment |
| Rent/Mortgage                                |                 |
| Homeowners Insurance                         |                 |
| Electrical/Utilities                         |                 |
| Natural Gas Utility                          |                 |
| Water Utility                                |                 |
| Telephone                                    |                 |
| Maintenance & repairs                        |                 |
| <b>VEHICLE/TRANSPORTATION</b>                | Monthly Payment |
| Vehicle Loan/Lease                           |                 |
| Vehicle Insurance Payments                   |                 |
| Gasoline                                     |                 |
| Maintenance/repair                           |                 |
| Other Transportation                         |                 |
| <b>HEALTHCARE (not covered by insurance)</b> | Monthly Payment |
| Physician/Hospital                           |                 |
| Dentist                                      |                 |
| Prescriptions Drugs                          |                 |
| Other  |                 |
| <b>CHILDCARE (monthly expense)</b>           | Amounts         |
|  |                 |
| <i>TOTAL HOUSEHOLD EXPENSE</i>               |                 |

**Section 7 – PROJECT INFORMATION**

| USE OF FUNDS               | AMOUNT |
|----------------------------|--------|
| Real Estate Acquisition    |        |
| Building Rehabilitation    |        |
| Machinery and/or Equipment |        |
| Working/Operating Capital  |        |
| Inventory                  |        |
| Other: _____               |        |
| <b>TOTAL PROJECT COSTS</b> |        |

| PROPOSED FINANCING  | AMOUNT | PERCENTAGE OF TOTAL |
|---|--------|---------------------|
| APPLICANT CONTRIBUTION TO PROJECT                                   |        |                     |
| BANK LOAN TO PROJECT  |        |                     |
| CDBG LOAN TO PROJECT  |        |                     |
| COMPANY   |        |                     |
| OTHER   |        |                     |
| <b>TOTAL PROJECT COST</b> <i>(should match above project costs)</i> |        |                     |

**Section 8 – EXISTING FACILITY INFORMATION**

**EXISTING FACILITY - OWNED OR LEASED**

| IF OWNED – PURCHASE PRICE        | \$ |
|----------------------------------|----|
| Existing Mortgage payments       | \$ |
| Current Market Value of Facility | \$ |
| Recent Appraised Value           | \$ |

| IF LEASED                  | \$ |
|----------------------------|----|
| Monthly Rent/Lease Payment | \$ |
| Expiration Date of Lease   | \$ |

**Section 9 - INFORMATION REQUIRED BY LOAN REVIEW COMMITTEE** *(exhibits to application)*

1. Brief history and description of business and a business plan
2. Detailed description of project and use of loan funds
3. Personal financial statement for each owner
4. Business financial statement for last three (3) years and current statement, balance sheet, profit and loss, cash flow if loan is for an expansion
5. Actuals together with two (2) years of monthly income projections for an expansion loan. (Include in projections as expenses item amounts you can afford to pay city monthly)
6. Three (3) years of monthly income projections for a start-up loan
7. Any construction estimates, purchase agreements or other applicable documentation
8. Personal tax returns for the last three years
9. Business tax returns for the last three years, if applicable
10. Complete credit application or provide recent credit report *(If unavailable, GNC will obtain)*
11. Resumes for key personnel
12. If start-up, provide two years of projected balance sheets
13. Provide three (3) years tax returns, three (3) years profit/loss statements, balance sheets and cash flow or until business shows profitability; copies of leases, contracts, employment agreements, business plan and market analysis **for any additional businesses where borrower has a 20% or greater ownership interest.**

**Section 10 – CERTIFICATIONS**

It is the City’s policy to verify all information contained in this application. All information given on this application will be kept in confidence and used only for application for the City Business Assistance or Microenterprise Program.

**CONFIDENTIALITY**

In order to process an application, the City may supply and receive information as detailed in the “Consent to Release” clause below. Information may also need to be released to comply with auditing requirements of program funders. With these two exceptions, all personal and identifying information on an application remains fully confidential.

- I/We certify that the information given on this form is accurate and complete to the best of our knowledge, and I/we authorize you to obtain such information as you may require verifying the information contained herein. I/We also understand that information contained in this application is subject to review by the State of California, Department of Housing and Community Development, and the U.S. Department of Housing and Urban Development.
- I/We affirm that each answer is true and correct and is made for the purpose of obtaining assistance under the City Business Assistance or Microenterprise Program and you are entitled to rely thereon, whether or not you obtain further and/additional information.
- I/We further affirm that I/We are aware that, if such a loan is approved by the City, I/We will work with the staff to comply with all policies and procedures as outlined by the City’s Business Assistance Guidelines, and that I/We will willingly secure the loan in the amount necessary with a duly executed Deed of Trust Deed Note.
- Consent to Release Information: I/We authorize representatives from the City to supply and receive information to/from all other City’s Business Assistance Programs that I/we have applied to, from my/our employer(s), my/our financial institution(s), to verify the information contained in this application. This information includes, but is not limited to bank statements, employment status, income, outstanding debts, verification of mortgage, verification of benefits, and other financial information. I also authorize representatives from any of the City’s Business Assistance Programs to allow inspection and reproduction of any financial records or information in their possession. I/We understand that information in this application may be shared with funders for the purpose of funding compliance.
- I/We understand that the income I/we use to qualify for a business loan must be the same as the income I/we claim in this application.
- I release all representatives from any of the City’s Business Assistance Programs from any and all liability arising from release of such information. This authorization is limited solely to information requested for processing of my application form the City’s Business Programs.
- If I/we purchase a home under any of the Business Assistance Programs listed on this application I/we agree to and use the home as our principle residence.
- I understand that completion of this application does not guarantee my/our eligibility for the programs and/or that I/we will successfully purchase a home through the City’s Business Programs.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



*Solutions to improve lives  
and enrich communities*

TO WHOM IT MAY CONCERN:

I/we hereby authorize you to release to the City /Great Northern Services for verification purposes information concerning:

- Employment history, dates, income, hours, etc.
- Checking and Savings account records
- Social Security pension benefits and continuation thereof
- Mortgage loan/rent rating (opening date, high credit, payment amount, loan balance, and payment record)
- Any information deemed necessary in connection with a consumer credit report for a loan transaction.

The information is for the confidential use of this lender in compiling a mortgage loan credit report. This authorization is to remain in effect for 120 days from the signature date.

A photographic or carbon copy of this authorization, being a photographic or carbon copy of the signature(s) of the undersigned, may be deemed to be equivalent of the original and may be used as duplicate original.

Your prompt reply will help my loan transaction.

Thank You,

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date