



**Quaboag Valley
Community Development Corporation
& Quaboag Valley Business Assistance Corporation**

Business Loan Application

Business Name: _____ Bus. Phone: _____

Applicant's Name: _____ Home Phone: _____

Home Address: _____ Town: _____ Zip: _____

Email Address: _____

Please list all principals of the business or corporation:

| Name | Position |
|-------|----------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

In order for this application to be complete, all of the following items should be submitted to the address below:

- Application form (two pages attached)
- Personal Financial Statement from each of the principals
- Business Financial Statements & Tax Returns for the past three years
 - Income Statement
 - Balance Sheet
 - Cash Flow
- Additional supporting documentation specific to loan request

Please return to: **Quaboag Valley
Business Assistance Corporation
23 West Main Street, Suite 1
Ware, MA 01082**

23 West Main Street, Suite 1 · Ware, MA 01082 · (413) 967-3001 · Fax (413) 967-3008 · qvcdc.org

Serving: Belchertown, Brimfield, Brookfield, Charlton, Dudley East Brookfield, Hardwick, Holland, Monson, New Braintree, North Brookfield, Oxford, Palmer, Spencer, Southbridge, Wales, Ware, Warren, West Brookfield

The Quaboag Valley CDC/BAC is an equal opportunity employer, lender and provider and does not discriminate on the basis of age, color, disability, family/parental status, national origin, race, religion, sex, gender identity (including expression), sexual orientation, marital status, income derived from public assistance programs, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. The QVCDC is a 501 (c)3 non-profit organization, certified by the State of Massachusetts and CDFI (U.S. Treasury).

APPLICANT INFORMATION:

Full Legal name of company/borrower: _____

DBA (if applicable): _____ Phone: _____

Business Address: _____ EIN/TIN/SSN _____

_____ Zip: _____

Nature of Business: _____ DUNS #: _____

Form of Business: Proprietorship Partnership S Corporation C Corporation LLC

Number of years in business: _____

EMPLOYEE INFORMATION:

Number of Owners who work in the business: _____

Current Number of other employees: Full Time _____ Part Time _____

Will any jobs be created as a result of this loan? Yes No

If yes, how many do you project? Full Time _____ Part Time _____

| Title of Job or work function | FT or PT | # of Positions | Projected wage |
|-------------------------------|----------|----------------|----------------|
| _____ | _____ | _____ | \$ _____/hr |
| _____ | _____ | _____ | \$ _____/hr |

Will any jobs (including the owners') be saved as a result of this loan? Yes No

If yes, how many do you project? Full Time _____ Part Time _____

| Title of Job or work function | FT or PT | # of Positions | Current wage |
|-------------------------------|----------|----------------|--------------|
| _____ | _____ | _____ | \$ _____/hr |
| _____ | _____ | _____ | \$ _____/hr |

LOAN REQUEST:

1) Purposes of funds being sought: (please be specific)

| ITEM OR USE OF FUNDS: | AMOUNT | This is an Estimate | Price Quote or Attached |
|-----------------------|----------|---------------------|-------------------------|
| _____ | \$ _____ | _____ | _____ |
| _____ | \$ _____ | _____ | _____ |
| _____ | \$ _____ | _____ | _____ |
| _____ | \$ _____ | _____ | _____ |
| _____ | \$ _____ | _____ | _____ |

TOTAL AMOUNT REQUESTED: \$ _____

2) Please identify any lending institutions with which you have previously applied for a business loan:

| NAME | DATE | RESULTS | Doc Avail? |
|-------|-------|---------|------------|
| _____ | _____ | _____ | _____ |

Have you been declined by a Bank? If yes, please give the reason for decline.

COLLATERAL INFORMATION:

Please identify those business or personal assets available to secure the loan, which you are requesting:

Accounts Receivable: Value: \$ _____ Insured? _____ Date: _____ (attach aging report)

Equipment:

| Item | Current Value: | Existing Lien holder: |
|-------|----------------|-----------------------|
| _____ | \$ _____ | _____ |
| _____ | \$ _____ | _____ |
| _____ | \$ _____ | _____ |

Inventory: Total Current Value: \$ _____ (Attach itemization)

Real Estate: Type: _____
 Location: _____ Market Value: _____ Last Appraisal: _____

Savings Accts/CDs:

| Bank: | Value: | Acct #: | Type of Acct. |
|-------|----------|---------|---------------|
| _____ | \$ _____ | _____ | _____ |
| _____ | \$ _____ | _____ | _____ |

Vehicle(s):

| Description | Current Value: | Existing Lien holder: |
|-------------|----------------|-----------------------|
| _____ | \$ _____ | _____ |
| _____ | \$ _____ | _____ |

Other: _____ Value: \$ _____

CREDIT INFORMATION:

If you answer yes to any of the first three questions, please explain in detail, on a separate sheet of paper.

1. Do you have any outstanding unpaid sales, payroll or income taxes? Yes No
2. Have you, your spouse, or your business ever declared bankruptcy? Yes No
3. Is this business a party or claim to any lawsuit? Yes No
4. Please list all leases, mortgages, auto loans, charge accounts or other business liabilities:

| Creditor | Type of Loan/ Loan # | Original Amount/ Line of Credit | Current Balance | Monthly Payment |
|----------|-------------------------|------------------------------------|-----------------|-----------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

CERTIFICATION BY OWNERS or PRINCIPALS: The undersigned is providing this information to support its financing request and understands that QVBAC is relying on this information to support the financing request, and hereby represents that this information is true, correct and complete. The undersigned will provide notice of any material change in his/her financial condition including in his/her ability to perform under his/her obligations to the QVBAC. The undersigned authorizes any person or consumer-reporting agency to give QVBAC information it may have on the undersigned. The undersigned authorizes QVBAC to answer questions and/or provide credit information to credit reporting agencies and other parties.

 Authorized Signature Printed Name/Title Date

 Authorized Signature Printed Name/Title Date

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, religion, sex, gender identity, (including gender expression), sexual orientation, disability, age, marital status, family/parental status, political beliefs, or reprisal or retaliation for prior civil rights activity. Persons who require alternative means of communication for program information should contact us.

To file a complaint of discrimination, complete Complaint Form AD-3027, http://www.ascr.usda.gov/complaint_filing_cust.html or write USDA, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (866)632-9992 for a copy of the complaint form and fax to (202) 690-7442

Revised 05/2016 **The Quaboag Valley Business Assistance Corporation is an equal opportunity employer, lender, and provider.**

Racial Status Information Block for ultimate recipients

The following information is requested by the federal government in order to monitor our compliance with various civil rights laws. You are not required to furnish this information, but are encouraged to do so. The law requires that intermediary/lender may not discriminate based upon this information, nor whether you choose to furnish it. However if you choose not to furnish it, under federal regulation, the intermediary is required to note the ethnicity, race, and gender on the basis of visual observation or surname. If you do not wish to furnish the above information, please check the box below.

Ultimate Recipient: *(please complete)*

I do not wish to furnish this information: _____

Ethnicity:

Hispanic or Latino _____

Not Hispanic or Latino _____

Race/National Origin:

American Indian or Alaskan Native _____

Asian _____

Black or African American _____

Native Hawaiian or other Pacific Islander _____

White _____

Other (Specify) _____

Gender:

Female _____

Male _____

All organizations, whether a public body, non-profit corporation, or a for profit corporation (partnerships, limited liability corporations, and proprietorships) must collect, maintain, and provide data on race, gender, and any other information necessary to determine compliance with civil rights laws. This format is available to assist you in collecting needed data.

Applications for service and/or use of the USDA financed facility & employment, should be designed to collect gender, racial and ethnic information. You, or your organization are required to collect the data, but the users, members, occupants are under no obligation to disclose it. This sample format can be used for summarizing your data.

Ultimate Loan Recipient Employees Information

of employees (jobs saved) _____

of employees (jobs created) _____

Date Verified _____

UR Employee racial information

| Ethnicity | Male | Female | Total |
|-------------------------------|-------------|---------------|--------------|
| Hispanic/Latino | | | |
| Non-Hispanic | | | |
| Race | | | |
| AM Indian/Alaskan Native | | | |
| Asian | | | |
| Black/African AM | | | |
| White | | | |
| Native Hawaiian/ Pac Islander | | | |
| Total | | | |