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# ***ENTERPRISE LOAN APPLICATION PACKET***

*(for business, non-profit, other private, or public organizations)*

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An electronic version of this application packet may be found at:  
<http://www.maced.org/ED-loan-application.htm>

**c/o THE MOUNTAIN ASSOCIATION FOR  
COMMUNITY ECONOMIC DEVELOPMENT (MACED)**

**Paintsville Office  
224 Main Street  
Paintsville, KY 41240  
(606) 264-5910**

**Berea Office  
433 Chestnut Street  
Berea, KY 40403  
(859) 986-2373**

**Hazard Office  
113 Lovern Street  
Hazard, KY 41701  
(606) 439-0170**

**MACED / AIC will keep all application documents.  
If you need copies, please make them before submitting your application package.**

**(PLEASE READ THE ACCOMPANYING DISCLOSURE STATEMENT)**

Lender's Name: **MACED / AIC**  
Lender's Address: **433 Chestnut Street**  
**Berea, KY 40403**  
Lender's Phone: **(859) 986-2373**

**NOTICE OF PROHIBITION AGAINST DISCRIMINATION:**

The Federal Equal Credit Opportunity Act prohibits lenders from discriminating against loan applicants on the basis of race, color, religion, national origin, sex, marital status, or age (provided the applicant has the legal capacity to enter into a binding contract); or because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The Federal Agency that administers compliance with this law concerning the Lender is the Federal Trade Commission, 55 West Monroe Street, Suite 1825, Chicago, IL 60603, phone (877) 382-4357, web <https://www.ftc.gov>.

**NOTICE OF RIGHT TO RECEIVE A WRITTEN STATEMENT OF DENIAL REASONS:**

If your application for this loan is denied, you have the right to receive a written statement of the specific reasons for the denial. If upon denial you are not initially provided with such a statement, to obtain one please contact the Lender at their address above, within 60 days from the date you are notified of the Lender's decision. The Lender will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement.

**NOTICE OF RIGHT TO RECEIVE AN APPRAISAL REPORT:**

If you offer real estate property as collateral for this loan, the Lender may order an appraisal to determine the property's value and charge you for this appraisal. After you have paid the charge for it, the Lender will promptly give you a copy of the appraisal, even if this loan does not close. You may obtain an additional appraisal for your own use at your own cost. If you choose to obtain your own appraisal, it will not be considered by the Lender for this loan. You have the right to receive promptly a copy of any appraisal report that may have been obtained on the real estate property offered as collateral and paid for by you. To obtain a copy, please contact the Lender at their address above.

**NOTICE REGARDING ELIGIBILITY:**

Applicants *may* not be eligible to receive financing from the Lender for certain reasons, including (but not limited to) the following:

- The enterprise's employer payroll withholding taxes or sales taxes are not paid current.
- The enterprise's or principals' income, property or other taxes are not paid current.
- The enterprise or principals have outstanding tax liens.
- The enterprise or principals have been "debarred" from doing business with any federal agencies.
- The enterprise or principals have been convicted of a felony.
- Child support payments owed by the enterprise's principals are not paid current.
- The enterprise is not located within the Lender's service area.
- The purpose of the loan is not enterprise, business, or commercial.
- The purpose of the loan is to invest in securities, commodities, or non-owner occupied real estate.
- The enterprise or purpose of the loan do not provide adequate community development impact.
- The enterprise or principals do not meet the Lender's standards for credit approval.

**(PLEASE RETAIN THIS DISCLOSURE)**

<b>Date of Application</b>	
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\*\*\* Please Print or Type All Information Requested \*\*\*

**1. INFORMATION ABOUT THE ENTERPRISE (business, non-profit, other private, or public organization)**

<b>Full Legal Name of Enterprise</b>		(the "Enterprise")			
<b>Trade (d/b/a) Name (if different)</b>		<b>Total/Gross Revenues Last 12 Months</b>	\$		
<b>Road Address of Enterprise</b>		<b>Current # Employees Before this Financing</b>	#	FULL TIME #	PART TIME #
<b>City, State &amp; Zip Address</b>		<b># Employees Lost Without this Financing</b>	#	FULL TIME #	PART TIME #
<b>Mailing Address (if different)</b>		<b># Employees Added With this Financing</b>	#	FULL TIME #	PART TIME #
<b>Mailing City, State &amp; Zip (if different)</b>		<b>Amount Past Due on Payroll Taxes (or None)</b>	\$		
<b>Brief Description of Enterprise</b>		<b>DUNS Number of Enterprise (or None)</b>	#		
<b>Phone Number of Enterprise ( )</b>		<b>Name &amp; Title of Contact Person</b>			
<b>Web Site Address of Enterprise</b>		<b>E-Mail Address of Contact Person</b>			
<b>Legal Form (corp., LLC, etc.)</b>		<b>Month &amp; Year Enterprise Established (or Startup)</b>			
<b>Federal ID# (EIN or TIN) of Enterprise #</b>		<b>State &amp; County of Primary Operation</b>			

**2. INFORMATION ABOUT THE PRINCIPAL OWNERS**

(check here if this is a non-profit enterprise and skip on to section 3)

	1 <sup>st</sup> Principal Owner	2 <sup>nd</sup> Principal Owner	3 <sup>rd</sup> Principal Owner	4 <sup>th</sup> Principal Owner
<b>Full Legal Name of Principal Owner</b>				
<b>Social Security Number</b>				
<b>Home Road Address</b>				
<b>Home City, State &amp; Zip</b>				
<b>Home / Mobile Phone Number ( )</b>	( )	( )	( )	( )
<b>Work / Mobile Phone Number ( )</b>	( )	( )	( )	( )
<b>Title / Position with Enterprise</b>				
<b>Percentage of Enterprise Owned</b>	%	%	%	%
<b>U.S. Citizen?</b>	Yes / No	Yes / No	Yes / No	Yes / No
<b>Military Veteran?</b>	Yes / No	Yes / No	Yes / No	Yes / No
<b>Disabled?</b>	Yes / No	Yes / No	Yes / No	Yes / No

NOTE: The following two lines of information may be required by the federal government for certain types of loans in order to monitor the lender's compliance with equal credit opportunity laws. You are not required to furnish this information, but are encouraged to do so. You may select one or more designations for "Race & Ethnicity". The law prohibits a lender from discriminating based on this information, or on whether you choose to furnish it. However, if you choose not to furnish the information and you have made this application in person, under federal guidelines the lender may be required to note sex and race & ethnicity on the basis of visual observation or surname. If you do not wish to furnish the information, please indicate "No" in the response space.

<b>Sex</b> (circle or select)	Female / Male / No	Female / Male / No	Female / Male / No	Female / Male / No
<b>Race &amp; Ethnicity</b> (circle or select one)	African / Asian / European / Hispanic / Native / Pacific / Other / Multi / No	African / Asian / European / Hispanic / Native / Pacific / Other / Multi / No	African / Asian / European / Hispanic / Native / Pacific / Other / Multi / No	African / Asian / European / Hispanic / Native / Pacific / Other / Multi / No

NOTE: If two or more Principals occupy the same family household, please indicate with "Same" for the following 3 questions for all but the 1st occupant listed.

<b>Number of People in Family</b>	#	#	#	#
<b>Annual Family Income from this Enterprise</b>	\$	\$	\$	\$
<b>Annual Income Total for Family</b>	\$	\$	\$	\$
<b>Current on Child Support? (or None)</b>	Yes / No / None	Yes / No / None	Yes / No / None	Yes / No / None

**3. INFORMATION ABOUT THE EMPLOYEES**

(check here if this is a startup enterprise with no employees yet and skip on to section 4)

Race & Ethnicity:	African / Black		American Indian / Alaskan Native		Asian		European / White		Latino / Hispanic		Native Hawaiian / Pacific Islander		Other Ethnicity		Multi-Ethnic	
	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male
Current Full Time Non-Seasonal Employees	#															
Current Part Time or Seasonal Employees	#															
# Employees (FT + PT) paid \$10.07 or Less per Hour	#		# Employees (FT + PT) paid \$10.08 to \$20.16 per Hour		#	# Employees (FT + PT) paid \$20.17 to \$30.23 per Hour		#	# Employees (FT + PT) paid \$30.24 or More per Hour		#					
# of Paid Holidays Offered Each Year	#		Does the Enterprise Offer Paid Sick Time?		Yes / No		Does the Enterprise Offer Paid Vacation Time?		Yes / No				Yes / No			
Does the Enterprise Offer Health Insurance?	Yes / No		Does Enterprise Contribute to Health Insurance?		Yes / No / n/a		Are 50%+ of Employees Enrolled in Health Insur.?		Yes / No / n/a				Yes / No / n/a			
Does the Enterprise Offer a Retirement Plan?	Yes / No		Does Enterprise Contribute to Retirement Plan?		Yes / No / n/a		Are 50%+ of Employees Enrolled in Retirem. Plan?		Yes / No / n/a				Yes / No / n/a			

**4. LOAN(S) REQUESTED**

Amount	Repayment Term	Purpose(s)
\$		
\$		
\$		

**5. COLLATERAL (enterprise and/or personal assets available to secure the proposed financing as collateral)**

Description of Assets	Ownership Titled In Name(s) Of	Current Market Value	Date & Source Of Market Value	Existing Lien Amounts
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$

**6. AGREEMENT, CERTIFICATION & AUTHORIZATION**

The Enterprise named in section 1. above (the "Enterprise") hereby submits this Enterprise Loan Application (the "Application") to MACED / AIC (the "Lender") for business or commercial purpose financing. The Enterprise hereby agrees that this Application must be accompanied by additional supporting information as directed by the Lender in order to be considered for approval. The Enterprise also agrees that the Lender is relying upon the information provided in this Application, including all supporting information, for consideration of financing for the Enterprise. The Enterprise further agrees that the Lender will retain this Application and all supporting information whether or not this Application is approved and agrees to make any copies it may need prior to submission.

The Enterprise hereby certifies, represents, and warrants that all of the information provided in this Application, including all supporting information, is true and complete, and that the Lender may consider this information as continuing to be true and complete until a written notice of change is given to the Lender by the Enterprise. The undersigned "Authorized Person" hereby personally certifies, represents, and warrants that they are a legal representative of the Enterprise and its principal owners, and they are authorized to execute and submit this Application on behalf of the Enterprise and its principal owners.

As represented by the undersigned "Authorized Person", the Enterprise and its principal owners hereby authorize the Lender to make all inquiries it deems necessary to verify the accuracy of the information provided in this Application, including all supporting information, and to determine the creditworthiness of the Enterprise and its principal owners. The Enterprise and its principal owners hereby further authorize the Lender to share the information provided in this Application, including all supporting information, with prospective funding partners that the Lender might use to help fund the financing requested.

By: \_\_\_\_\_  
 Signature of Authorized Person                      Name of Authorized Person & Title                      Date Signed

**7. CHECKLIST FOR INFORMATION NEEDED**

- Enterprise Loan Application Form ..... this form completed, signed & dated
- Business Plan \* ..... for help please find your nearest Small Business Development Center - SBDC - at www.ksbdc.org
- Enterprise Financial Projections \*    ..... for each of the next 3 years, monthly with annual totals & supporting assumptions
- Enterprise Current Year Financial Statement .... year-to-date income statement & balance sheet, current within the past 2 months
- Enterprise Income Tax Returns    ..... for each of the past 3 years, including all schedules
- Personal Financial Statement ..... from each Enterprise owner, current within the past 3 months
- Personal Income Tax Returns   ..... from each Enterprise owner, for each of the past 2 years, including all schedules
- Other Information ..... as directed by MACED / AIC
- \$25 Application Fee ..... include check payable to MACED / AIC

\* Enterprises with tax returns covering at least two full years may not need to provide a business plan & financial projections - check with MACED / AIC

# PERSONAL FINANCIAL STATEMENT

Provided to **MACED/AIC** as of: \_\_\_\_\_ (effective date) by: \_\_\_\_\_

Primary Statement Provider				Joint Statement Provider (complete if any income or assets listed at full value are owned jointly)			
Full Legal Name				Full Legal Name			
Social Security #		Date of Birth		Social Security #		Date of Birth	
Home Road Address		Since Mo./Yr.		Home Road Address		Since Mo./Yr.	
Home City, State & Zip		Pers. Phone ( )		Home City, State & Zip		Pers. Phone ( )	
Occupation		Since Mo./Yr.		Occupation		Since Mo./Yr.	
Employer		Since Mo./Yr.		Employer		Since Mo./Yr.	
Work Road Address				Work Road Address			
Work City, State & Zip		Work Phone ( )		Work City, State & Zip		Work Phone ( )	

**\*\*\* PLEASE COMPLETE THE SCHEDULES ON PAGE 2 NEXT, THEN RESUME BELOW \*\*\***

Assets Owned (exclude any with doubtful value)		Current Value	Liabilities Owed (list contingent liabilities in separate section below)		Current Amount
Cash & Equivalents, non-retirement (from Schedule 1)	\$		Accounts & Bills Due	\$	
Qualified Retirement Funds (from Schedules 1 & 2)	\$		Securities Margin Accounts (from Schedule 6)	\$	
Publicly Traded Securities & Funds, non-retirement (Sched. 2)	\$		Credit Cards (from Schedule 6)	\$	
Closely Held Business Interests (from Schedule 2)	\$		Lines of Credit, non-real estate (from Schedule 6)	\$	
Cash Surrender Value of Life Insurance (from Schedule 3)	\$		Loans against Life Insurance (from Schedule 6)	\$	
Vehicles & Equipment (from Schedule 4)	\$		Installment Loans, non-real estate (from Schedule 6)	\$	
Wholly Owned Real Estate (from Schedule 5)	\$		Real Estate Secured Loans & Lines (from Schedule 6)	\$	
Partially Owned Real Estate (from Schedule 5)	\$		Taxes Owed or Accrued	\$	
Notes or Accounts Receivable (detail if >10% of assets)	\$		Deferred Taxes on Qualified Retirement Funds	\$	
Household & Personal Property (detail if >10% of assets)	\$		Deferred Taxes on Unrealized Capital Gains	\$	
<b>Other Assets &amp; Property (detail below)</b>			<b>Other Direct Liabilities &amp; Debt (detail below)</b>		
			Total of "Other Debt" (from Schedule 6)		
<b>Total Assets:</b>		\$	<b>Total Liabilities:</b>		\$
minus <b>Total Liabilities:</b>		-\$	← (please be sure to complete the schedules on page 2)		
equals <b>Net Worth:</b>		\$			

Expenses		Income				Contingent Liabilities	
Current Payments Annualized		Current Annualized		Primary Provider	Joint Provider	Amount Potentially Liable	
Housing Rental (if not owned)	\$	Base Salary & Wages	\$		\$	Pending Lawsuits	\$
Housing Utilities	\$	Commissions & Bonuses	\$		\$	Contested Taxes	\$
Insurance Premiums	\$	Interest & Investments	\$		\$	Other Disputed Liabilities	\$
Property Taxes	\$	Real Estate Rent (net)	\$		\$	Lease Agreements	\$
Income Taxes	\$	Other Income *	\$		\$	Contingent Debts (Sched. 6)	\$
Alimony/Child Support	\$	<b>Total Income:</b>	\$		\$	<b>Total Cont. Liabs:</b>	\$
Vehicle Lease(s)	\$	Sources of Other Income *				Has either Statement Provider ever been declared bankrupt or insolvent?	Yes: <input type="checkbox"/> or No: <input type="checkbox"/>
Direct Debts (Sched. 6)	\$	Taxes Filed & Paid through: _____ (year) _____ (year)				If Yes, in which month & year filed: _____	
Other: _____	\$	* Alimony, child support & separate maintenance income does not have to be disclosed unless it is to be considered a basis for repaying credit.				County & state filed: _____	
Other: _____	\$						
<b>Total Expenses:</b>	\$						

## Understanding, Certification, Agreement & Authorization

Each Statement Provider understands that this Financial Statement by itself is NOT an application for credit and must be accompanied by additional information as directed by MACED/AIC (the "Lender") in order to be considered for credit. The information contained in this Financial Statement, including all Schedules, is hereby provided for the purpose of obtaining or maintaining credit with the Lender on behalf of each Statement Provider, or persons, groups, or organizations in whose behalf each Statement Provider may either individually, severally, or jointly with others, execute a guaranty in favor of the Lender. Each Statement Provider understands that the Lender is relying upon the information provided in this Financial Statement, including designations as to ownership of property and liability of debt, in deciding to grant or continue credit. Each Statement Provider hereby certifies, represents, and warrants that all of the information provided in this Financial Statement is true and complete, and that the Lender may consider this Financial Statement as continuing to be true and complete until a written notice of a change is given to the Lender by each Statement Provider. As long as a loan or commitment to lend is outstanding, each Statement Provider hereby agrees to update this Financial Statement for the Lender no less often than annually. Each Statement Provider hereby authorizes the Lender to make all inquiries it deems necessary to verify the accuracy of the information provided and statements made in this Financial Statement, and to determine the creditworthiness of each Statement Provider. Each Statement Provider also hereby authorizes the Lender to answer questions from and provide information to other parties about its credit experience with each Statement Provider.

Signature of Primary Statement Provider: _____	Date Signed: _____
Signature of Joint Statement Provider: _____	Date Signed: _____

# PERSONAL FINANCIAL STATEMENT (SCHEDULES)

please summarize schedule totals on page 1

## Schedule 1 - Cash Deposits & Equivalents

Name of Bank or Custodian for Deposit Account	City & State of Bank or Custodian	Name(s) of Titled Owner of Deposit Account	Type of Deposit Account (checking, savings, money market, CD, etc.)	Total Amount of Deposit	Portion in Qual. Retirem't Accts.	Amt. Pledged as Collateral
				\$		detail debt below in Schedule 6
				\$		
				\$		

## Schedule 2 - Business Investments, Stocks, Bonds, Funds & Other Securities

Name of Company or Agency Invested In	Public or Close?	If Close, % Owned	Name of Broker or Other Custodian for Investment	Name(s) of Titled Owner of Investment	Type of Investment or Securities	# Shares or \$ Face Value	Current Market Value	Date & Source of Market Value	Portion in Qual. Retirem't Funds	Loan or Margin Amount Owed
	P or C	%					\$			detail debt below in Schedule 6
	P or C	%					\$			
	P or C	%					\$			

## Schedule 3 - Life Insurance

Name of Insurance Company	Name of Insurance Agent	City & State of Agent	Name(s) of Person Insured	Name(s) of Titled Owner of Policy	Name(s) of Primary Beneficiary	Mo. & Yr. Issued	Type of Policy	Face Amount Payable at Death	Current Cash Surrender Value	Current Loan Amount Owed
								\$	\$	detail debt below in Schedule 6
								\$	\$	
								\$	\$	

## Schedule 4 - Motor Vehicles & Equipment (including water & air craft)

Year & Manufacturer	Model Name or Number	Mileage or Hours	Type of Vehicle, Craft or Equipment	Name(s) of Titled Owner of Vehicle, Craft or Equipment	Mo. & Yr. Purchased	Original Cost	Current Market Value	Date & Source of Market Value	Pled-ged?	Current Loan Amount Owed
						\$	\$		Y or N	detail debt below in Schedule 6
						\$	\$		Y or N	
						\$	\$		Y or N	
						\$	\$		Y or N	

## Schedule 5 - Real Estate (including both wholly & partially owned property)

Street Address of Property	City & State of Property	Type of Property	% Owned	Name(s) of Titled Owner of Property	Mo. & Yr. Purchased	* Original (%) Cost	* Current (%) Market Value	Date & Source of Market Value	* Mo. (%) Rental Inc.	Current Loan Amount Owed
			%			\$	\$			\$
			%			\$	\$			\$
			%			\$	\$			\$

## Schedule 6 - Debts Owed Directly (as borrower) or Contingently (as co-signer, guarantor, or endorser)

Name of Lender	City & State of Lender	Direct Cont.?	Name(s) of Debtor for this Obligation	Mo. & Yr. Originated	Term in Yrs.	Credit Limit or Original Amount	Type of Debt	Purpose of Debt	Collateral Pledged	Monthly Payment	Current Amount Owed
		D or C				\$				\$	\$
		D or C				\$				\$	\$
		D or C				\$				\$	\$
		D or C				\$				\$	\$
		D or C				\$				\$	\$
		D or C				\$				\$	\$
		D or C				\$				\$	\$