



### Local Enterprise Assistance Program BUSINESS LOAN APPLICATION

Thank you for your interest in LEAP (Local Enterprise Assistance Program) of RBI (Rural Business Innovation Corporation). The mission of the RBI/Leap is to promote self-employment, small-scale (microenterprise) business creation, and economic independence in rural Pennsylvania.

**Directions for Completing Application:**

**Please print clearly.** The application must be completed in its entirety before it is processed. Depending on your loan request, you may be asked to provide additional information about your business or proposed business. Please make sure that you take the time to submit the most current and accurate information. Your initials are required on each page at the lower right hand corner.

#### LOAN REQUEST

|  |               |                         |
|--|---------------|-------------------------|
| <b>TOTAL LOAN REQUEST: \$</b>  |               | <b>PURPOSE OF LOAN:</b> |
| <b>INTENDED USE OF LOAN FUNDS</b> (FIGURES PROVIDED MUST ADD TO TOTAL LOAN REQUEST AMOUNT) |               |                         |
|  | <i>Amount</i> | <i>Specific Listing</i> |
| Working Capital  | \$            |                         |
| Inventory  | \$            |                         |
| Equipment  | \$            |                         |
| Lease Hold Improvements  | \$            |                         |
| Real Estate  | \$            |                         |
| Other  | \$            |                         |

#### PERSONAL INFORMATION

|  |                         |                                   |  |
|--|-------------------------|-----------------------------------|--|
| <b>CONTACT INFORMATION</b>   |                         |                                   |  |
| Primary Applicant Name:<br>(Last, First, Middle)                   |                         | Title:                            |  |
| Social Security #: _____-_____-_____                               |                         | Date of Birth: ____ / ____ / ____ |  |
| Home Phone:  | Work Phone:             | E-mail:                           |  |
| Current Address:   |                         | City:                             |  |
| State:   | Zip Code:               | County:                           |  |
| Length of Residency in PA:   | Years at above address: | U.S Citizen: ____Yes ____No       |  |
| (If less than two years at current residence)<br>Previous Address: |                         |                                   |  |
| City:  | State:                  | ZIP Code:                         |  |

#### CO- APPLICANT CONTACT INFORMATION \*THIS SECTION FOR JOINT APPLICATION ONLY\*

|  |                         |                                   |  |
|--|-------------------------|-----------------------------------|--|
| Co-Applicant Name:<br>(Last, First, Middle)                        |                         | Title:                            |  |
| Social Security #: _____-_____-_____                               |                         | Date of Birth: ____ / ____ / ____ |  |
| Home Phone:  | Work Phone:             | E-mail:                           |  |
| Current Address:   |                         | City:                             |  |
| State:   | Zip Code:               | County:                           |  |
| Length of Residency in PA:   | Years at above address: | U.S Citizen: ____Yes ____No       |  |
| (If less than two years at current residence)<br>Previous Address: |                         |                                   |  |
| City:  | State:                  | ZIP Code:                         |  |



**PERSONAL INFORMATION CONTINUED**

(Primary Applicant)

**GENERAL INFORMATION**

Most Recent Employer Information.

|  |           |         |  |
|--|-----------|---------|--|
| Name:  |           | Phone:  |  |
| Address:   |           | City:   |  |
| State:   | Zip Code: | County: |  |
| Are you currently employed? <input type="checkbox"/> YES <input type="checkbox"/> NO                                 |           |         |  |
| How long have you been employed at this job? _____ Years/Months  |           |         |  |
| Do you plan to keep this job while operating your business? <input type="checkbox"/> YES <input type="checkbox"/> NO |           |         |  |
| If YES, what are your work hours?  |           |         |  |

**REFERENCES**

Name two relatives not living with you and a personal reference who is not related.

|                  |               |             |
|------------------|---------------|-------------|
| Name:            | Relationship: | Years Known |
| Current Address: |               | City:       |
| State            | Zip Code:     | Phone:      |
| Name:            | Relationship: | Years Known |
| Current Address: |               | City:       |
| State            | Zip Code:     | Phone:      |
| Name:            | Relationship: | Years Known |
| Current Address: |               | City:       |
| State            | Zip Code:     | Phone:      |

**ADDITIONAL REQUEST FOR INFORMATION (OPTIONAL)**

The following answers are voluntary and are requested for the purpose of determining compliance with the Federal Civil Rights Law and for our own statistical monitoring. Your response to these questions will not affect consideration of your application. By providing this information, you will assist us in assuring that this program is administered in a non-discriminatory manner.

|                                   |   |  |
|-----------------------------------|---|--|
| Marital Status:                   | Race/Ethnic Origin:                       | Are you a Veteran? <input type="checkbox"/> YES <input type="checkbox"/> NO        |
| <input type="checkbox"/> Single   | <input type="checkbox"/> African American | Do you have a disability? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| <input type="checkbox"/> Married  | <input type="checkbox"/> Asian            |  |
| <input type="checkbox"/> Widowed  | <input type="checkbox"/> Hispanic         |  |
| <input type="checkbox"/> Divorced | <input type="checkbox"/> Native American  |  |
|                                   | <input type="checkbox"/> White            |  |
|                                   | <input type="checkbox"/> Other            |  |

**BUSINESS INFORMATION**

**COMPANY INFORMATION**

|   |           |                                   |  |
|---|-----------|-----------------------------------|--|
| Company Name:   |           | Nature of Business:               |  |
| EIN#:   |           | Business Year End Date:           |  |
| Business Structure: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole-Proprietorship <input type="checkbox"/> Other, Specify: _____ |           |                                   |  |
| Phone:  | Website:  | # of Employees: _____ FT _____ PT |  |
| Company Address:  |           | City:                             |  |
| State:  | Zip Code: | County:                           |  |



**BUSINESS FINANCIAL SUMMARY**

(PLEASE PROVIDE US WITH INFORMATION ABOUT YOU CURRENT BUSINESS FINANCIAL SITUATION)

This business financial statement accurately reflects my financial situation as of \_\_\_\_\_(Date)

| ASSETS                      |                 | Liabilities              |                 |
|-----------------------------|-----------------|--------------------------|-----------------|
| Cash                        | \$ _____        | Loans from:              |                 |
| Cash in Checking Accounts   |                 | Lending Institutions     | \$ _____        |
| List Financial Institutions |                 | Friends                  | \$ _____        |
| _____                       | \$ _____        | Others                   | \$ _____        |
| _____                       | \$ _____        |                          |                 |
| _____                       | \$ _____        |                          |                 |
| Vehicle(s) Present Value    |                 | Vehicle Loans:           |                 |
| Year Make Model             |                 | Bank/Company Name        |                 |
| _____                       | \$ _____        | _____                    | \$ _____        |
| _____                       | \$ _____        | _____                    | \$ _____        |
| _____                       | \$ _____        | _____                    | \$ _____        |
| Property (Value)            | \$ _____        | Mortgages on Real Estate | \$ _____        |
| Real Estate (Value)         |                 |                          |                 |
| Address:                    | \$ _____        | _____                    |                 |
|                             |                 | Mortgage Holder          |                 |
| Other Assets (List)         |                 |                          |                 |
| _____                       | \$ _____        |                          |                 |
| _____                       | \$ _____        |                          |                 |
| <b>TOTAL</b>                | <b>\$ _____</b> | <b>TOTAL</b>             | <b>\$ _____</b> |

**BUSINESS PROFIT & LOSS  
HISTORICAL FINANCIAL INFORMATION**  
(For Existing Businesses Only)

|                     | 20__     | 20__     | 20__     |
|---------------------|----------|----------|----------|
| Gross Sales         | \$ _____ | \$ _____ | \$ _____ |
| Cost of Goods Sold  | \$ _____ | \$ _____ | \$ _____ |
| Operating Expenses  | \$ _____ | \$ _____ | \$ _____ |
| Loan Payments       | \$ _____ | \$ _____ | \$ _____ |
| Net Business Income | \$ _____ | \$ _____ | \$ _____ |
| Taken in Draw       | \$ _____ | \$ _____ | \$ _____ |

Have you ever declared bankruptcy or had any judgments recorded against this business?  YES  NO

If YES, please explain circumstances:

Do you own any unpaid taxes?  YES  NO

If YES, please list the type of taxes you owe and the amount:

**YOUR BUSINESS**

Please provide us with information on your business. Attach a business plan and cash flow projections. If more space is needed than allowed, please attach additional sheets.

List all partners:

|       |          |                   |
|-------|----------|-------------------|
| Name: | Address: |                   |
| City: | State:   | ZIP Code: County: |
| Name: | Address: |                   |
| City: | State:   | ZIP Code: County: |

What kind of business / personal insurance do you carry? (Check all that apply)

Business  Health  Life  Homeowners' / Renters'  Auto



**YOUR BUSINESS CONTINUED**

Will this business operate:  Full-Time  Part-Time  Seasonal

Not including yourself, this business currently or will employ: # of Employees \_\_\_\_\_ Full-Time \_\_\_\_\_ Part-Time

What are the average number of hours per week you will work?

Have you previously owned a business?  YES  NO

Why did you choose to be in this business?

Please describe your experiences in this type of business:

**Eligibility**

You are eligible to participate in the RBI/LEAP Loan Program if you are a U.S. citizen or permanent resident; reside in, own and operate a business in, or have definite plans to start a business in, one of the following Pennsylvania counties: Columbia, Luzerne, Lycoming, Montour, Northumberland, Schuylkill, Snyder, Sullivan or Union; are 18 years of age or older; if your existing business employs fewer than five (5) full time employees; the maximum loan amount requested, and the total financing need, cannot exceed \$35,000.

**Eligible uses of Loan proceeds:** Purchase of real estate; or renovations to a building; Purchase of machinery or equipment; Vehicle purchase (if to be used for business); and Working Capital.

**Ineligible uses of Loan proceeds:** Passive real estate ownership; Manufacture, distribution or sale of products or services intended by the borrower to be used in illegal or illicit activities; Operations by any person or business which derives more than 40% of its gross revenues from the manufacture, distribution or sale of alcoholic beverages; Operations by any person or business which derives its gross revenues from services incident to the termination of pregnancy; Manufacture, distribution or sale of products or services intended by the borrower to disseminate the doctrines of an individual religious sect or denomination; Clubs (including sports clubs, country clubs and health clubs); Sky boxes, or other private luxury boxes; Gambling; Race tracks; Hot tub facilities; Massage parlors; Manufacture, distribution, or sale of sexually oriented materials, products or services; manufacture, distribution or sale of products or services which violates the clearly expressed public policies of the United States, Commonwealth or Pennsylvania, or Local Municipalities.

Please read the following carefully, and sign below. All owners, partners, and officers must sign this application

**Notice of Intent to Apply for Joint Credit**

We intend to apply for Joint Credit. (initials) \_\_\_\_\_

I/we certify that any statements made, and the information provided on this application, as well as any other information provided in connection with this loan request, are true and complete. I/we understand that personal and/or business information, as well as reports from credit reporting agencies, may be obtained, pursuant to this application. Credit reports will be obtained through First Keystone Bank. I/we hereby give my/our consent for such information to be provided. I/we further understand that the lender retains the right to approve, deny, or modify this loan request, and that is my/our right to accept or decline the loan amount, rate, and terms offered by the lender. Upon my/our request, I/we will be provided with the name and address of any such consumer credit reporting agency.

\_\_\_\_\_  
Applicant's Name (Printed)

\_\_\_\_\_  
Co-Applicant's Name (printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Applicant Checklist:

- \$25.00 application fee (must accompany this application-nonrefundable)
- Completed Business Plan (mandatory, must include with application)
- 2 year personal income tax returns  
(most recent complete federal only must include with application)
- Any additional information requested by the lender

RBI/LEAP prohibits discrimination in all of its programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital or family status

RURAL BUSINESS INNOVATION CORPORATION IS AN EQUAL OPPORTUNITY LENDER AND EMPLOYER.