



MSBF RLF LOAN APPLICATION

Operating Company

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if not same as above) _____

Principal in Charge: _____ Phone: _____ Fax: _____

Secondary Contact Person: _____ Phone: _____ Fax: _____

Type of Business: _____ Date Established: _____

Type of Entity (check one): Proprietorship Partnership Corporation LLC

If Corporation: President: _____

 Vice Pres: _____

 Secretary: _____

Company Ownership: Name: _____ % Ownership: _____

 Name: _____ % Ownership: _____

 Name: _____ % Ownership: _____

 Name: _____ % Ownership: _____

Real Estate Holding Company *(if applicable) – if property is held personally, please indicate name here.*

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Principal in Charge: _____ Phone: _____ Fax: _____

Secondary Contact Person: _____ Phone: _____ Fax: _____

Date Established: _____

Type of Entity (check one): Proprietorship Partnership LLC

Company Ownership: Name: _____ % Ownership: _____

 Name: _____ % Ownership: _____

 Name: _____ % Ownership: _____

 Name: _____ % Ownership: _____

HISTORY AND NATURE OF THE BUSINESS

Company Name: _____

When and by whom was your company established? _____

When did you gain control of the business? _____

Please describe the nature of your business and its primary products or services: _____

PROJECT INFORMATION

Street address of project:

City: _____ County: _____ State: _____ Zip: _____

Square footage of new building: _____ Square footage your company will occupy: _____

(Please note: MSBF requires your company to occupy 51% of an existing building and 60% of new construction)

Escrow Closing Date: _____

Realtor's Name: _____ Phone: _____

Total Project Costs

Purchase of Existing Building or Equipment Only		Construction Project	
Purchase Price.....	\$ _____	Land Acquisition.....	\$ _____
Remodel/Renovation.....	\$ _____	Construction Bid.....	\$ _____
Equipment*.....	\$ _____	Architects, permits, other.....	\$ _____
Other.....	\$ _____	Equipment*.....	\$ _____
Total	\$ _____	Total	\$ _____

(Please note: Equipment to be financed must have a useful life of 10 years or greater)

If there are any tenants that will lease a portion of the building, please provide the following information:

Tenant	Square Footage	Rent Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

PERSONAL INFORMATION

Full Name: _____ **Full Name:** _____

SSN: _____ **SSN:** _____

Birthdate: _____ **Birthdate:** _____

Birthplace: _____ **Birthplace:** _____

US Citizen: Yes _____ No _____ **US Citizen:** Yes _____ No _____

Veteran: _____ **Vietnam:** _____ **Veteran:** _____ **Vietnam:** _____

% Ownership Real Estate: _____ **% Ownership Real Estate:** _____

% Ownership Operating Company: _____ **% Ownership Operating Company:** _____

Title: _____ **Title:** _____

Home Phone: _____ **Home Phone:** _____

Present Residence: _____ **Present Residence:** _____

From: _____ **To:** Present _____ **From:** _____ **To:** Present _____

Former Residence: _____ **Former Residence:** _____

From: _____ **To:** _____ **From:** _____ **To:** _____

Signature: _____ **Date:** _____

WORK EXPERIENCE

LIST CHRONOLOGICALLY, BEGINNING WITH PRESENT EMPLOYMENT

Name of Company: _____ % of business owned: _____

Full Address: _____

Street City State Zip

From: _____ To: _____ Title: _____

Duties: _____

Name of Company: _____ % of business owned: _____

Full Address: _____

Street City State Zip

From: _____ To: _____ Title: _____

Duties: _____

Name of Company: _____ % of business owned: _____

Full Address: _____

Street City State Zip

From: _____ To: _____ Title: _____

Duties: _____

EDUCATION

COLLEGE OR TECHNICAL TRAINING

1. _____

Name and Location Dates Attended Major Degree or Certificate

Comments: _____

2. _____

Name and Location Dates Attended Major Degree or Certificate

Comments: _____

3. _____

Name and Location Dates Attended Major Degree or Certificate

Comments: _____

4. _____

Name and Location Dates Attended Major Degree or Certificate

Comments: _____

MISCELLANEOUS QUESTIONS

Have you or any of your company ever been involved in bankruptcy or insolvency proceedings?

Yes ____ No ____ (If yes, please provide details on separate sheet)

Are you and your business involved in any pending or prior lawsuits?

Yes ____ No ____ (If yes, please provide details on separate sheet)

Have you ever received a RLF loan?

Yes ____ No ____ (If yes, please provide a copy of the SBA Loan Authorization and the following:)

Original Amount: _____ Date of Loan: _____

Current Balance: _____ Status: _____

IMPORTANT INFORMATION ABOUT IDENTIFICATION PROCEDURES FOR PROCESSING A RLF LOAN

To help the government fight the funding of terrorism and money laundering activities, Federal law requires Certified Development Companies to obtain, verify, and record information that identifies each person who applies for a RLF loan.

What that means for you: When you apply for a RLF loan, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

Authorization to Release Information

I/We hereby authorize any financial corporations, insurance companies, investors, credit bureaus, employers, banks, etc., to release any and/or all information on my/our records and/or accounts to Deseret Certified Development Company at its request.

I/We also authorize any information to be released by my/our original or photocopies signature.

I/We hereby certify that the enclosed information, including any attachments or exhibits provided here within or at a later date, is valid and correct to the best of my/our knowledge.

By: _____ Date: _____
Signature

Printed Name

By: _____ Date: _____
Signature

Printed Name



DEBT SCHEDULE

As of: _____

For (Company Name): _____

PAYABLE TO Institution and Account Number.	ORIGINAL AMOUNT	ORIGINAL DATE	PRESENT BALANCE	RATE OF INTEREST	MATURTY DATE	MONTHLY PAYMENT	SECURITY	CURRENT OR PAST DUE
ACCT #.								
ACCT #.								
ACCT #.								
ACCT #.								
ACCT #.								
ACCT #.								
ACCT #.								
ACCT #.								
ACCT #.								

*Dates and amounts should match information shown on current Financial Statement (Balance Sheet).

Signature: _____ Date: _____

