

First American Capital Corp. Loan Application Loan Check-off List

The following documentation must be submitted with this loan application. Application must be complete before a funding request will be considered. Please submit 3 copies of each of the following documents.

Please note that not all information may be applicable to your loan request. Please ask your FACC Loan Officer which documents to submit.

Business Documents/Information

- _____ Completed FACC Application for Financing

- _____ Balance sheet and profit & loss statement for previous three years

- _____ Business federal income tax returns for the last three years

- _____ A current balance sheet and a current operating statement (not over sixty days old)
- _____ Two-year projection including balance sheets and income statements and assumptions supporting these statements

- _____ Aging of receivables and payables even dated with the current interim financial statements.
- _____ For a new business, a monthly cash flow projection for the first twelve months of operation or three months beyond the breakeven point.
- _____ Brief history of the business. Brief description of business, including a description of products made or sold, services offered, and description of business' market and competition.

- _____ Schedule of Existing Deb form.
- _____ Copies of Articles of Incorporation and Bylaws if a corporation; Articles of Organization and Operation Agreement if a LLC; or any written Partnership Agreement if a partnership.

Bank Documents

- _____ Letter from bank indicating bank's participation in project. The bank should advise FACC of all covenants and/or limitations relating to the bank form.

- _____ Copy of bank's credit write-up.

- _____ FEMA Standard Flood Hazard Determination – FEMA Form 81-93

Project Information

_____ Copies of any estimates, bids, contracts, or quotations regarding work to be done or equipment to be purchased in connection with the project.

_____ Appraisal of

_____ Environmental audit or questionnaire.

_____ Offer to purchase

Personal/Individual Information

_____ Current personal financial statement for each owner with 20% or more ownership of the business.

_____ Borrowers/guarantors personal federal income tax returns for last three years.

_____ Resumes of all borrowers, guarantors, and all key management personnel.

If applicable:

_____ Statements of all subsidiaries or affiliates.

_____ Copy of lease.

Loan Application Processing Fee:

_____ \$350 for loan of \$5,000 to \$150,000 plus closing fees

_____ \$100 for \$2,500 to \$35,000 for SBA Micro Loan applicants plus closing

First American Capital Corporation (FACC) provides businesses loans to qualified businesses. To qualify under FACC program guidelines, the business must be for a for-profit enterprise located in Wisconsin and be at least 51% owned and operated by women, a person of color, low-income individuals, or individuals who demonstrate the ability to operate a small business concern. Additionally, applicants must meet FACC underwriting criteria and program expectations.

In addition, applicant certifies that no principal who owns at least 50% of the business is delinquent under the terms of any administrative or court order that requires payment of child support. Further, the applicant(s) certify(ies) that all the statement in the Business Loan Applicant and on each of the documents submitted with the applicant are true and complete. The undersigned authorizes the First American Capital Corporation to make the necessary and reasonable inquiries regarding and authorizes the FACC to make the necessary and reasonable inquiries regarding the information provided. The undersigned further agrees to notify FACC of any material changes in the information provided.

Applicant Signature

Date

Printed Name

Title

First American Capital Corporation Loan Application Borrower Information

Please complete the following information for all owners, shareholders, partners, or key management personnel. Attach additional pages if necessary.

OWNER

Name: _____ Title: _____
 _____ % of
 Address: _____ Ownership: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____ Fax/Cell: _____
 Birth date: _____ Social Security #: _____
 Email Address: _____
 Current Income: \$ _____ Per _____ Employer: _____
 Number of dependents: _____ Ages: _____
 Checking Account No.: _____ Institution and Branch: _____
 Savings Account No.: _____ Institution and Branch: _____
 Martial
 Status Married Separated Single Divorced Widowed
 Spouse's Name: _____ Social Security No.: _____

PARTNER OR SHAREHOLDER

Name: _____ Title: _____
 _____ % of
 Address: _____ Ownership: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____ Fax/Cell: _____
 Birth date: _____ Social Security #: _____
 Personal Email Address: _____
 Current Income: \$ _____ Per _____ Employer: _____
 Number of dependents: _____ Ages: _____
 Checking Account No.: _____ Institution and Branch: _____
 Savings Account No.: _____ Institution and Branch: _____
 Martial
 Status Married Separated Single Divorced Widowed
 Spouse's Name: _____ Social Security No.: _____

Business Information

Business Name:		Date Established:	
Location/Street Address:			
City:	State:	Zip:	
Mailing Address (if different):			
City:	State:	Zip:	
Primary Contact:		Title:	
Telephone Number:		Tax Identification Number:	
Website Address:			
Briefly describe your business:			
Type of business:	Sole Proprietorship	Corporation	Partnership
	Limited Liability Corp.	Other:	
Current Number of Employees:			
Will the number of employees increase as a result of the loan?			No
Yes			
How many new employees do you intend to hire?			
Loan requested (in dollars): \$			
Owner's investment in the business:	\$	Cash: \$	Gift: \$
What will this loan be used for?			
Term of loan requested:		Years	
Referred to FACC by:			
Current Business Debt (Attach additional pages if necessary.)			
To Whom Payable:	Monthly Payment Amount	Original Balance	Collateral Used for Loan
	Current Balance		

Loan Program Costs

In order for FACC to review and respond to your application, please submit a Loan Application. Application charges are detailed on page one of loan application. Should your application meet our program deadlines guidelines, a Loan Closing fee (minimum) of \$ 0.00 will be collected to cover costs of providing services. You can obtain further information about this from your loan officer.

COLLATERAL OFFERED INCONSIDERATION FOR THE LOAN:

	Accounts Receivable		Inventory		Equipment		Real Estate
	Cash or Equivalent		Personal Assets		Other:		

PLEASE ANSWER ALL QUESTIONS:

1. Have you or any officers of your company ever been involved in bankruptcy or insolvency proceedings? (if yes, detail the circumstance surrounding bankruptcy) _____ Yes _____ No
2. Are you or your business involved in any pending lawsuits or have outstanding judgments? _____ Yes _____ No
3. Does your business, its owners or majority stockholders own or have a controlling interest in another business? _____ Yes _____ No
4. Are any of the individuals listed under “management” on parole or probation? _____ Yes _____ No
5. Have any of the individuals listed under “management” been convicted of a crime? _____ Yes _____ No
6. Is the business or its owners or majority stockholders, an endorser or co-maker for obligations not listed on its/their financial statements? _____ Yes _____ No
7. Are taxes current? _____ Yes _____ No

If no, how much is delinquent? _____

8. Which taxes are delinquent?
_____ Federal
_____ State
_____ City
_____ Real Estate
_____ Employment

Client Information Form

In order to meet the needs of many business owners and entrepreneurs, we must carefully review and evaluate the effectiveness of our programs to our supporters, stakeholders, and funding sources. All information collected is reported anonymously. Thank you for your assistance.

Date: _____ Business Name: _____

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ County: _____

Work Phone: _____ Home fax: _____

Birth date: _____ Social Security #: _____

Personal Email Address: _____

1. Martial Status Married Separated Single Divorced Widowed

2. What is your race?

African American Native American or Alaska Native Asian
 White/Caucasian Native Hawaiian or Pacific Islander African American and White
 Asian and White Native American/Alaskan Native and White Native American /Alaskan Native
and African American

I do not wish to respond

3. What is your ethnicity (please check one) Hispanic/Latino Non-Hispanic/Non-Latino

4. Are you Female or Male? (Please check one) Female Male

5. What is your veteran status? (Please check one)

Not a veteran

Veteran

Disable veteran

Service disconnected disability

6. Do you consider yourself a person with a disability? (Please check one) Yes No

7. Are you the head of household (please check one) Yes No

8. What was the highest grade you completed in school? (Please circle one)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 Other:

9. Have you taken any courses or training that are relevant to your business idea? (please check one) Yes No

10. What is your current employment status?

Employed by someone else

Self employed

Employed by someone else & self-employed

Unemployed

11. How did you hear about the program?

Word of Mouth Bank

Newspaper

Chamber of Commerce

Internet Radio Television Magazine
 SBA FACC Brochure

12. Which of the following closely resembles your current self-employment situation (please check one)

- Thinking about starting a business
- Am in process of starting a business but have made no sales
- Have opened a business and made sales within the last 12 months
- Have been in business with sales for more than 12 months

13. How many adults and children are in your household? Adults Children

14. Did you receive any of the following assistance? (Check all that apply)

W2/TANF Rent Assistance SSDI
 Unemployment Medicare Other
 SSI Food Stamps

15. Is it important to you that this program targets women? Yes No

16. What was your gross (before taxes) household (not individual) income last year that supported all members of the household? (please check one)

<input type="checkbox"/> Under \$10,000	<input type="checkbox"/> \$25,000-29,999	<input type="checkbox"/> \$50,000-59,999	<input type="checkbox"/> \$90,000-99,999
<input type="checkbox"/> \$10,000-14,999	<input type="checkbox"/> \$30,000-34,999	<input type="checkbox"/> \$60,000-69,999	<input type="checkbox"/> \$100,000-199,999
<input type="checkbox"/> \$15,000-19,000	<input type="checkbox"/> \$35,000-39,999	<input type="checkbox"/> \$70,000-79,999	<input type="checkbox"/> \$200,000 and Over
<input type="checkbox"/> \$20,000-24,999	<input type="checkbox"/> \$40,000-49,999	<input type="checkbox"/> \$80,000-89,999	

17. Is there someone else in your household earning income (for example spouse, partner, adult children, relative)? (please check on) Yes No

REQUEST FOR ASSISTANCE AND CERTIFICATION

I request business management counseling and/or training from the First American Capital Corporation (FACC) which is funded partly by the Small Business Administration. I agree to cooperate should I be selected to participate in surveys designed to evaluate SBA-funded services. I understand that any information received by FACC will be held in confidence to the extent permitted by law. I further understand that the counselor or trainer in this program has agreed 1) not to recommend goods or services in which he/she has an interest and 2) not to accept fees or commissions developing from this counseling relationship. In consideration of SBA's funding of FACC and the assistance to be furnished, I agree to waive claims arising out of this assistance against SBA personnel, FACC, its host organization, and the resource counselor(s) who assisted me.

I formally authorize FACC to use my name and image for promotional activities sponsored by FACC.

I certify that all my statements on this form are correct to my best of knowledge and that I will cooperate in providing follow-up information to evaluate the effectiveness of the program if asked by authorized representative of FACC.

Applicant Signature

Date

First American Capital Corporation Loan Application Application Loan Agreement

In consideration of the services performed in processing its application for First American Capital Corp. (FACC) Revolving Loan Fund (RLF) for: _____

The undersigned Borrower agrees:

1. To pay a non-refundable \$350.00 application fee.
2. Upon receipt of the fee, FACC will begin credit review and analysis, accumulation and preparation of RLF application documents, processing of the loan application through the loan committee and upon approval, begin the collection of legal documents for closing. Loan Administrator's credit review process which includes personal and business credit inquiries with the appropriate credit reporting organization.
3. Borrower is responsible for all out of pocket costs including UCC Searches, credit review, title insurance and legal fees incurred by FACC for loan documentation and closing. Any costs or legal fees not paid out of loan proceeds remain the responsibility of the Borrower.
4. All final credit and eligibility decisions concerning any and all applications remain the sole responsibility and discretion of the FACC RLF Committee.
5. To authorize FACC to check your credit and employment history and any other information contained herein.
6. Please enclose check with this executed agreement made payable to: First American Capital Corp.

Borrower Signature

Date

#2 Borrower Signature

Date

First American Capital Corporation Loan Application Borrower’s Certification and Authorization

DISCLOSURE

First American Capital Corp. (FACC), has a subcontracting relationship with Mitchell Bank of Milwaukee, Wisconsin, and WBD Finance Corporation. We use Mitchell Bank or WBD Finance Corporation for various loan underwriting, file review and credit reporting services.

Your signature below is an acknowledgement that the FACC will order your personal credit report through Mitchell Bank or WBD Finance Corporation.

CERTIFICATION

The undersigned certify the following:

1. I/We has applied for a small business loan with FACC. In applying for the loan, I/We completed a loan application containing various information on the purpose of the loan, the amount and source of the down payment, employment and income information and assets and liabilities. W/We certify that all the information is true and complete. I/We made no misrepresentations in the loan application or other documents, nor did I/We omit any pertinent information.
2. I/We understand and agrees that FACC reserves the right to change the loan review process to a full documentation program. This may include verifying the information provided on the application with the employer and/or the financial institution.
3. I/We understand that it is a Federal crime punishable by fine or imprisonment, or both, to knowingly make false statements when applying for this loan, as applicable under the provisions of Title 18, United States Code, Section 1014.

AUTHORIZATION TO RELEASE INFORMATION

To Whom It May Concern:

1. I/We have applied for a small business loan from **FACC**. As part of the application process, **FACC** and/or **Mitchell Bank** and/or the **WBD Finance Corporation** may verify information contained in my/our loan application and in other documents required in connection with the loan, either before the loan is closed or as part of its quality control program.
2. I/We authorizes you to provide to **FACC** and/or **Mitchell Bank** and/or **WBD Finance Corporation** any and all information and documentation that they request. Such information includes, but is not limited to, employment history and income, bank, money market and similar account balances, credit history and copies of income tax forms. **FACC** and/or **Mitchell Bank** and/or **WBD Finance Corporation** may address this authorization to any party named in the loan application.
3. A copy of this authorization may be accepted as the original.
4. Your prompt reply to First American Capital Corp. is appreciated.

Borrower Signature

Social Security Number

Borrower Signature

Social Security Number