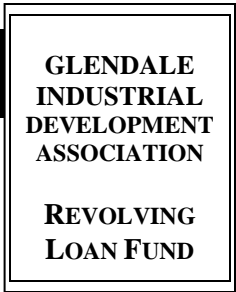


**GLENDALE INDUSTRIAL DEVELOPMENT ASSOCIATION
LOAN APPLICATION**



If you have questions or need assistance completing the attached Application, please contact: **North Central Pennsylvania Regional Planning and Development Commission**
Phone: (814)773-3162 FAX: (814) 772-7045, OR

Rita Yingling, Loan Program Administrator, 814-674-6009

I. ELIGIBILITY

You are eligible to participate in this loan program if you are a U.S. citizen or permanent resident; are 18 years of age or older; own and operate a business in GIDA's service area which includes the Coalport Borough, Beccaria Township, Irvona Borough, Clearfield County, and Reade Township and White Township, Cambria County, PA.

Loans are available up to the amount of \$25,000;
Term of the Loans: 1-5 years
Interest Rate: 4% fixed

GIDA reserves the right to determine eligibility for its lending programs on a case by case basis. There are some types of business ventures or loan requests that will not be considered and these are:

- | | |
|---|--|
| Restructuring of debt | Related-party transactions such as sale of a business from one family member to another |
| Adult entertainment | Passive real estate investments |
| Gaming | Manufacture, distribution, or sale of illicit activities or which may violate clearly expressed public policies of the Commonwealth of Pennsylvania. |
| Retail or wholesale operations that derive more than 30% of revenues from the sale of tobacco or alcohol. | |

II. DIRECTIONS FOR COMPLETING APPLICATION

Please print clearly. This application form must be completed in its entirety before it is processed. If your business is a start-up, then *the application must also be accompanied by a BUSINESS PLAN*. Existing businesses must provide a copy of the last three years income tax returns and quotes on the costs associated with the loan request. Depending on our initial review, 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 of these pages at the lower right-hand corner. Upon completion the application should be hand delivered to Northwest Savings Bank , 1475 Main Street, Coalport, PA or mailed to Glendale IDA, P.O. Box 248, Coalport, PA 16627 or North Central PA Regional Planning & Development Commission, 651 Montmorenci Road, Ridgway, PA 15853.**

General Information:

Applicant Name: _____

Name of Business: _____

Business Address: _____

Home Address: _____

Telephone Number: () _____ () _____
(Business) (Home)

Social Security Number: ____ - ____ - _____ FEIN: _____

Date of Birth: _____

Ownership Structure of the Business: (check all applicable answers)

- | | | |
|-----------------------|--------------------------------------|---------------|
| Corporation _____ | New Business _____ | |
| Partnership _____ | Expansion of Existing Business _____ | |
| Sole Proprietor _____ | Transfer of Ownership _____ | |
| Other _____ | Date Operations began _____ | Initial _____ |

Intended Use of Loan Funds:

	Amount	Specific Listing
Working Capital	\$ _____	_____
Inventory	_____	_____
Equipment	_____	_____
Other	_____	_____
	_____	_____
TOTAL LOAN REQUEST	\$ _____	_____

PLEASE ATTACH QUOTES, BIDS, AND/OR WRITTEN CONFIRMATION OF THE COSTS LISTED ABOVE TO SUBSTANTIATION THE AMOUNT AND USE OF THE LOAN FUNDS BEING REQUESTED.

What specific collateral are you willing to offer to secure this loan?

Business Plan

IF YOU OWN AN EXISTING BUSINESS, PLEASE ATTACH A COPY OF THE LAST THREE YEARS INCOME TAX RETURNS OR FINANCIAL STATEMENTS FOR YOUR BUSINESS. IF YOUR BUSINESS IS A START-UP OR LESS THAN 2 YEARS OLD, PLEASE PROVIDE A THREE-YEAR PROJECTED FINANCIAL STATEMENT TO INCLUDE A STATEMENT OF INCOME AND BALANCE SHEET. **THE SMALL BUSINESS DEVELOPMENT CENTER AT CLARION UNIVERSITY 814-393-2060 OR ST. FRANCIS UNIVERSITY at 814-472-3200 IS AVAILABLE TO ASSIST WITH THE PREPARATION OF THE BUSINESS PLAN AND THE PREPARATION OF THE PROJECTED FINANCIAL STATEMENTS.**

Local Economic Development Benefit

The purpose of the loan program is to provide financing to improve the economic conditions in rural communities. These benefits can be in the form of jobs, ownership, service, or improved skills. Indicate the nature and magnitude of these benefits being provided.

If this request is for an existing business, have there been any claims of violating laws and regulations filed against it either by a person, court organization or Federal agency in the past five years? _____

If yes, please give, on an attached sheet, a brief description of the circumstances surrounding the claim and the current status of the situation.

Initial _____

What is your bank of account?

Personal

Name of Bank

Street Address

City State Zip

Business

Name of Bank

Street Address

City State Zip

Do you have any business notes or loans outstanding at the present time?

If yes, please complete the following:

Name of Funding source: _____
 Address: _____
 Rate: _____
 Term: _____
 Date of final payment: _____
 Relationship: _____

Please submit three credit references for the business:

_____ Name	_____ Name	_____ Name
_____ Relationship	_____ Relationship	_____ Relationship
_____ Address	_____ Address	_____ Address
_____ City, State, Zip ()	_____ City, State, Zip ()	_____ City, State, Zip ()
_____ Telephone	_____ Telephone	_____ Telephone

PERSONAL FINANCIAL STATEMENT

Please provide us with information about your current financial situation. If more space is needed than allowed, please attach additional sheets.

This personal financial statement accurately reflects my financial situation as of _____ (date).

ASSETS		LIABILITIES	
	Amount		Balance
Cash	\$ _____	Loans from Lending Institutions	\$ _____
Cash in Checking Account(s)		Friends	_____
List Financial Institutions	\$ _____	Others	_____
	_____		_____
Cash in Saving Account(s)		Credit Card Balance	
List Financial Institutions	\$ _____	Company Name	\$ _____
	_____	Company Name	
		Company Name	
Securities, Stocks and Bonds	\$ _____		
Automobile(s)-(present value)		Vehicle Loans	
Year Make Model	\$ _____	Company Name	\$ _____
	_____	Company Name	_____
	_____	Company Name	_____
Personal Property (Value)	\$ _____	Company Name	_____
Real Estate (Value)	\$ _____		
(List Address)	_____		

Other Assets (List)	\$ _____	Mortgage on Real Estate	\$ _____
		Mortgage Holder	
TOTAL	\$ _____	TOTAL	\$ _____

Have you ever declared bankruptcy or had any judgments recorded against you? If yes, explain circumstances.

Do you owe any unpaid taxes? _____ Yes _____ No
 If yes, please list the type of taxes you owe and the amount.

PART C: PERSONAL BUDGET STATEMENT

Please tell us about your monthly income and expenses.

Income		Expenses	
	Amount		Amount
Take Home Pay		Loan Payments to	
From the Business	\$ _____	Lending Institutions	\$ _____
From other jobs	_____	Friends	_____
Spouse	_____	Others	_____
Government Payments		Credit Card(s)	\$ _____
AFDC	\$ _____	Vehicle:	
Social Security	_____	Fuel	\$ _____
Food Stamps	_____	Insurance	_____
Unemployment	_____	Repairs	_____
Housing Assistance	_____	Loans	_____
Other Income	\$ _____	Rent/Mortgage Where You Live	\$ _____
Interest Income	_____	Mortgage on Rental Property	_____
Bonuses/Commissions	_____	Second Mortgage/Home Equity Loan	_____
Rental Income	_____	Household Expenses	
Child Support*	_____	Insurance Payments	\$ _____
Alimony*	_____	Property Taxes	_____
		Utilities:	
		Electricity	_____
		Phone	_____
		Gas (Heat)	_____
		Cable	_____
		Water/Sewer	_____
		Family Support Expenses	
		Food	\$ _____
		Clothing	_____
		Medical Expenses	_____
		Child Care	_____
		Alimony	_____
		Child Support	_____
		Other Expenses	_____
TOTAL INCOME	\$ _____	TOTAL EXPENSES	\$ _____

Briefly describe the Product or Service of the business:

What level of Sales and Employment do you estimate the Business will generate during the first three years of operation?

YEAR	SALES	EMPLOYMENT YEAR END (FTE)
20__	\$ _____	_____
20__	\$ _____	_____
20__	\$ _____	_____

Total Employment over the period _____

Explain how these estimates were reached:

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Certificates:

Non-Discrimination Certification:

I hereby certify that this company does not deny services, employment, or membership to persons based on political preference, race, religion, age, sex, sexual orientation, disability, or marital status.

Application Certification:

I hereby certify and affirm by my signature below that the information contained in the otherwise supplied, as part of this application is complete and current to the best of my knowledge. I further understand that intentional misrepresentation of facts may be the basis for denial of credit. The undersigned also authorizes North Central to make all inquiries it deems necessary to verify accuracy of the information provided herein. The undersigned hereby further certifies that the proceeds of any loan made as a result of this application will be used for business purposes only, and will not be used to pay current debt, general fees related to the preparation of these documents, or for personal or consumer purposes.

Signature Date

Name printed Title

Signature Date

Name printed Title

Assurances

- A) I certify that all information in this application is true and complete to the best of my knowledge.
- B) I certify that I have not been convicted of any felony or any misdemeanor involving theft, dishonesty, deception, false swearing, or the filing or submission of any false or misleading information to any agency of government, nor are any changes of any such offenses pending.
- C) I give assurance that we will comply with sections 112 and 113 of volume 13 of the code of Federal Regulations, These code sections prohibit discrimination on the grounds of race, color, religion, sex, marital status, handicap, age or national origin by recipients of Federal financial assistance and require appropriate reports and access to books and records. These requirements are applicable to anyone who buys or takes control of the business. I realize that if I do not comply with these non-discrimination requirements, North Central can call, terminate or accelerate repayment of my loan.
- D) I give assurance that this project is in compliance with all state, local, and federal environmental and zoning regulations. I further certify that the business is not currently under citation for pollution violations and that all applicable future anti-pollution standards shall be met.
- E) I authorize disclosure of all information submitted with this application to the financial institution agreeing to participate in the loan.
- F) Loans will not be made to applicants for the sole purpose of relocating an enterprise from one area in the north central area to another. Loan will be called if loan recipient locates outside the six County North Central regions.
- G) I give assurance that I shall now and throughout the term of this loan provide any and all information requested by North Central personnel for the purposes of monitoring my loan and evaluating the micro loan program and its impact.
- H) A consideration for any management and technical assistance that may be provided, I waive all claims against North Central and its consultants.
- I) AUTHORITY TO COLLECT PERSONAL INFORMATION: This information is provided pursuant to Public Law 93-570 (privacy Act of 1974.)
- J) EFFECTS of NON-DISCLOSURE: Omission of any items may result in your application not receiving full consideration.
- K) Section 612 of Public Law 103-403 dated October 22, 1994, requires certification by all principals of a borrower, who owns 50% or more of the voting interests of the business that they are not more than 60 days delinquent with regard to child support. All micro loan Program (7m) intermediary lenders will obtain this certification from their micro-borrowers.

I HAVE READ AND AGREE TO THE ABOVE ASSURANCES

If applicant is a PROPRIETOR OR GENERAL PARTNER, sign below:

By

Date

If applicant is a CORPORATION, sign below:

Company name

By

Date

INSTRUCTIONS FOR CERTIFICATION

1. By signing and submitting this proposal, the prospective primary recipient is providing the certification set out below.
2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. The prospective participant shall submit explanation of why it cannot provide the certification set out below. The certification pr explanation will be considered in connection with the department or agency's determination whether or not to enter into this transaction, however, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.
3. The certification in this clause is a material representation of fact upon which reliance was placed when the department or agency determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered erroneous certification, in addition to other remedies available to the Federal Government, may terminate this transaction for cause or default.
4. The prospective primary participant shall provide immediate written notice to the department or agency to which this proposal is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstance.
5. The terms "covered transaction", "debarred", "suspended", "ineligible", "lower tier covered transaction", "participant", "person", "primary covered transaction", "principal", "proposal", and "voluntarily excluded", as used in this clause have the meanings set forth in the Definitions and Coverage sections of the rules implemented Executive Order 12549. You may contact the department or agency to which this proposal is submitted for assistance in obtaining a copy of those regulations. (13 CFR Part 145).
6. The prospective primary participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency entering into this transaction.
7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility, and voluntary Lower Tier Transactions," provided by the department or agency entering into this covered transaction, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the ineligibility of its principals. Each participant may, but is not required to, check the Non procurement list.
9. Nothing Contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification in this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to the remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.

I/We the undersigned, verify that/we were unable to finance

loan project without the United State Department of Agriculture Rural Business Services Enterprise Revolving Loan Funds as administered by the Glendale Industrial Development Association and the USDA RBS or GIDA is not supplanting Bank Financing

Name

Date