



# City of West Union Revolving Loan Fund

101 North Vine Street, West Union, IA 52175  
563.422.5073

## APPLICATION

### CITY OF WEST UNION REVOLVING LOAN FUND (RLF)

**Purpose:** The purpose of the City of West Union's Revolving Loan Fund (RLF) is to provide "gap" financing to new and expanding businesses for which credit is not otherwise available on terms and conditions, which permit completion and/or the successful operation of proposed business activities.

**Eligible Projects:** Any business improvement or start-up project in the City of West Union is an eligible project. Project activities which can be funded with RLF funds include, but are not limited to: land acquisition, site preparation, building acquisition, building construction, building remodeling, machinery and equipment, furniture and fixtures, and working capital for business start-up and expansion activities.

#### Limitations on loans from the RLF:

- RLF funds will not be used to produce agriculture products through growing, cultivation, and harvesting either directly or through horizontally integrated livestock operations.
- RLF funds will not be used to finance comprehensive area-wide type planning. This does not preclude the use of grant funds for planning for a given project.
- RLF funds will not be used to fund a part of a project which is dependent on other funding unless there is a firm commitment of the other funding to ensure completion of the project.
- Loans will be made only to "small and emerging private business enterprises" as defined "Any private business that will employ 50 or fewer new employees and has less than \$1M in projected gross revenues."
- At least 51% of the outstanding interest in the applicant must be owned by those who are either citizens of the United States or reside in the United States after being legally admitted for permanent residence.
- Applications by members of the loan committee and their immediate family members shall be ineligible for funding (**CONFLICT OF INTEREST**).

**Eligible Applicants:** Applicants eligible for RLF funds include, but are not limited to: individuals, partnerships, businesses, corporations, and non-profit organizations in the City of West Union. Municipalities and county governments are not eligible applicants.

**Application Procedure:** Applications for the RLF will be accepted by the City of West Union on a continuous basis. The Loan Review Committee will review completed applications within 30 days of receipt. Applicants will be formally notified of approval, contingency approval, or denial within 10 days of the review. To apply, applicants will need to submit an RLF application to the Committee at the address listed at the top of this page.

**PROGRAM CRITERIA:**

1. Project must involve a minimum of 5% personal or business equity.
2. Applicant can apply for up to 95% of the total project costs.
3. Minimum loan is \$5,000, maximum loan is \$145,000, subject to the level of funding available in the fund.
4. Interest Rate typically will be 1% over prime not to exceed 5%. Rate is fixed and set at the time of application.
5. The maximum term of the loan is 7 years. The loan may be amortized over a shorter term.
6. Automatic payments will be required.
7. The City of West Union reserves the right to recall any RLF loan if the above requirements are not met.

**APPLICATION REQUIREMENTS:**

1. A one (1%) percent loan origination fee will be collected at the time of loan closing. Fees are to cover administrative costs of the program. Application fees cannot be included in the loan amount.
2. One or more of the following will secure a revolving loan: a lien on real estate; a lien on fixtures, furnishing, machinery, and equipment; a personal or corporate guarantee.
3. Borrower will be required to sign a promissory note.
4. Revolving loan funds cannot be used for refinancing existing debt.
5. Most revolving loans will be repaid in equal monthly payments. Loan amortization will be based on the needs of the borrower.
6. A \$100 application fee shall be submitted with each application. These fees cover costs associated with processing the application (e.g. credit reports, UCC and lien search fees, filing security documents, etc.).

**Approved borrowers will be subject to the following:**

1. Certificate of hazard and liability insurance
2. Lender's loss payable endorsement
3. Annual site visits
4. Annual financial statements

**Nondiscrimination Statement:**

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, religion, age, disability, or marital or family status.

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (202) 720-5964 (Voice and TDD). USDA is an Equal Opportunity provider and employer.

**This institution is an Equal Opportunity Provider.**



**Please provide the following information. If you need more space, attach additional sheets to this application.**

**SECTION I: BUSINESS INFORMATION**

Business Owners:

Name(s) (include middle initial): \_\_\_\_\_ SS#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Length of residency in Iowa: \_\_\_\_\_ US Citizen: \_\_\_\_\_ YES \_\_\_\_\_ NO

Business Telephone: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Cell Telephone: \_\_\_\_\_

Website Address: \_\_\_\_\_ Email: \_\_\_\_\_

Legal Business Name: \_\_\_\_\_

Doing Business As: \_\_\_\_\_

Business Location: \_\_\_\_\_

City: West Union State: Iowa County: Fayette Zip: 52175

Describe Type of Business (Product or Service): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Business Status (check one):

\_\_\_\_\_ New (under 12 months) \_\_\_\_\_ Existing (over 12 months) Date Established: \_\_\_\_\_

Current Number of Employees: \_\_\_\_\_ (Including Owner) Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

Anticipated # of Employees 2 years from now: \_\_\_\_\_ Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

Have you met all the legal requirements necessary to establish your business?

\_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_ Not Sure

Federal Tax ID Number \_\_\_\_\_ DUNS Number: \_\_\_\_\_

Type of Business Organization:

\_\_\_\_ Partnership      \_\_\_\_ Sole Proprietorship      \_\_\_\_ Not yet established  
\_\_\_\_ S Corporation      \_\_\_\_ C Corporation      \_\_\_\_ Other \_\_\_\_\_

Is your Business:    \_\_\_\_ For-Profit    \_\_\_\_ Non-Profit

Do you have any personal/business judgments, unsettled lawsuits, major disputes, or tax liens against you, or pending against you?    \_\_\_\_ YES    \_\_\_\_ NO

If yes, please describe: \_\_\_\_\_

Has the business, or any principal of the business, been involved in bankruptcy or insolvency proceedings?    \_\_\_\_ Yes    \_\_\_\_ No    If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Have you had any past credit problems that we should be aware of?  
\_\_\_\_ Yes    \_\_\_\_ No    If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

What kind of insurance do you currently carry? (check all that apply)  
\_\_\_\_ Business    \_\_\_\_ Health    \_\_\_\_ Life    \_\_\_\_ Homeowners/renters    \_\_\_\_ Auto

Name, address, and phone number of your insurance company along with your insurance agent's name:

\_\_\_\_\_

**SECTION II: FINANCING INFORMATION (Please be specific)**

Purpose of the loan request: \_\_\_\_\_

\_\_\_\_\_

Describe how this loan will help your business: \_\_\_\_\_

\_\_\_\_\_

Have you applied to another lender(s) for financing?    \_\_\_\_ Yes    \_\_\_\_ No

If yes, what is the status of your application? \_\_\_\_\_

\_\_\_\_\_

How did you hear about the Revolving Loan Fund? \_\_\_\_\_

Total amount of Loan Request: \$ \_\_\_\_\_

Source	(grant/loan)			
	Amount	Type	Rate	Term
Conventional Financing				
State Assistance				
Job Training				
Other RLF				
Community Participation				
Applicant's Contribution				
Other				
<b>Total</b>				

Activity	Uses	Sources	Sources
	\$ Amount	\$ Amount	Provided By
Land Acquisition			
Site Preparation			
Building Acquisition			
Construction			
Remodeling			
Machinery & Equipment			
Furniture and Fixture			
Working Capital			
Other			
<b>Total</b>			

I would like to pay this loan off in \_\_\_\_\_ months.

Proposed collateral:

Business Assets \_\_\_\_\_ Mortgage \_\_\_\_\_ Co-Signer \_\_\_\_\_

Other \_\_\_\_\_

Describe any other sources of household income: \_\_\_\_\_

\_\_\_\_\_

Amount and source of personal (non-loan) funds that you have invested or plan to invest in the business/project:

Cash Amount: \$ \_\_\_\_\_

Source: \_\_\_\_\_ (savings, credit card, personal loan, other)

**SECTION III: REFERENCES**

Credit references (other banks, suppliers, utilities, credit cards, business and/or personal):

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Account number: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Account number: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Account number: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Personal references:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

**SECTION IV: DEMOGRAPHIC INFORMATION**

The following information is being obtained for statistical purposes only.

Please check those that apply:

Business Owned by:	Veteran Status:	Race/Ethnicity:
<input type="checkbox"/> Female (100%)	<input type="checkbox"/> Non-Veteran	<input type="checkbox"/> American Indian or Alaskan Native
<input type="checkbox"/> Female ( 51%)	<input type="checkbox"/> Vietnam-era Veteran	<input type="checkbox"/> African American
<input type="checkbox"/> Male (100%)	<input type="checkbox"/> Other Veteran	<input type="checkbox"/> Caucasian
<input type="checkbox"/> Male ( 51%)		<input type="checkbox"/> Hispanic
		<input type="checkbox"/> Asian/Pacific Islander
		<input type="checkbox"/> Other



## ASSURANCES

The applicant hereby assures and certifies that he or she will comply with the regulations, policies, guidelines, and requirements, as they relate to the application, acceptance and use of the Revolving Loan Fund money for this project. Also, the applicant gives assurance and certifies with respect to the loan that:

1. It possesses legal authority to apply for the loan.
2. It will give the City of West Union and any authorized representative access to and the right to examine all records, books, papers, or documents related to the loan.
3. The project will be properly and efficiently administered, operated and maintained.
4. It will establish safeguards to prohibit employees from using their positions for a purpose that is or gives the appearance of being motivated by a desire for private gain for themselves or others, particularly those with whom they have family, business, or other ties.
5. It will comply with Title VI of the Civil Rights Act of 1964 (PL 88-352) and in accordance with Title VI of that Act, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under this project.
6. It will comply with Title VI of the Civil Rights Act of 1964 (42 USC 2000d) prohibiting employment discrimination where the primary purpose of a loan is to provide employment. It will comply with the civil rights laws listed below. The application of these laws is described and explained in the EDA's Civil Rights Guidelines.
  - a. Section 112 of Public Law 92-65 (42 USC 3123). Prohibits sex discrimination in assistance provided under the Public Works and Economic Development Act of 1965, as amended.
  - b. Section 504 of the Rehabilitation Act of 1973 (26 USC 794). Prohibits discrimination against disabled persons in any program or activity receiving Federal financial assistance.
  - c. Age Discrimination Act of 1975 (42 USC 6102). Prohibits discrimination on the basis of age in any program or activity receiving Federal assistance.
7. It will insure that the facilities under its ownership, lease or supervision which shall be utilized in the accomplishment of the project are not listed on the Environmental Protection Agency's (EPA) list of violating facilities and that it will notify the City of West Union of the receipt of any communication from the Director of the EPA Office of Environmental Review indicating that a facility to be utilized in the project is under consideration for listing by the EPA.
8. It will cause work on the project to be commenced within a reasonable time after receipt of notification from the Loan Review Committee indicating that funds have been approved and that the project will be prosecuted to completion with reasonable diligence.
9. It will comply with the national flood insurance requirements on any project assisted with Local Revolving Loan funds.
10. It will not dispose of or encumber its title or other interests in the site and facilities during the period of the loan.
11. It will have sufficient funds available to meet the non-RLF share of the cost of the project.
12. It will assure that any structure constructed with Revolving Loan Funds, to which the public has access, will be constructed so as to allow access by the disabled.

The applicant further agrees that in the event it fails to comply with its undertakings hereunder, the City of West Union may call, cancel, terminate, accelerate repayment or suspend in whole or part the financial assistance provided or to be provided by the Revolving Loan Fund, and that the City of West Union may take any other action that may be deemed necessary or appropriated to effectuate the requirements of this document.

The Applicant acknowledges that he or she has read, understood, and agrees to the provisions of the above document.

Date: \_\_\_\_\_

By \_\_\_\_\_, \_\_\_\_\_  
Title  
\_\_\_\_\_, \_\_\_\_\_  
Title

Attest: \_\_\_\_\_

***Please only complete this section if you don't already have a personal/business financial statement to include***

**PERSONAL FINANCIAL STATEMENT**

*\*All owners of 20% or more of the company need to complete both the Personal Financial Statement and the Personal Balance Sheet*

1. **ANNUAL GROSS INCOME:** Please show actual gross income for the previous twelve months for all household members.

<b><u>NAME</u></b>	<b><u>GROSS INCOME</u></b>	<b><u>FROM WHAT SOURCE</u></b>
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
<b>TOTAL GROSS INCOME</b>	<b>\$ _____</b>	

2. **ANNUAL HOUSEHOLD EXPENSES:** Please show personal expenses for the previous twelve months. **Do not include business expenses in this section.**

Mortgage payments (12 months)	\$ _____
Rent/Mortgage payments (12 months)	\$ _____
Car payments (12 months)	\$ _____
Installment debt/credit cards	\$ _____
Insurance	
Property	\$ _____
Auto	\$ _____
Health/Life	\$ _____
Real Estate Taxes	\$ _____
Income Taxes	\$ _____
Utilities	
Heat	\$ _____
Lights/Electric	\$ _____
Phone	\$ _____
Water	\$ _____
Misc. (cable etc.)	\$ _____
Medical expenses (not covered by insurance)	\$ _____
Education (include student loans)	\$ _____
Food	\$ _____
Other (list)	\$ _____
<b>TOTAL ANNUAL EXPENSES</b>	<b>\$ _____</b>

**NET INCOME** (Total Gross Income minus Total Annual Expenses) \$ \_\_\_\_\_

# PERSONAL BALANCE SHEET

**WHAT YOU OWN**

**CURRENT VALUE**

Cash on hand or in banks	\$ _____
Bank accounts (name of bank, checking and/or savings)	\$ _____
_____	_____
_____	_____
Investments (retirement accounts, mutual/money market funds, stocks, bonds)	\$ _____
_____	_____
Residential real estate (describe)	\$ _____
_____	_____
Other real estate (describe)	\$ _____
_____	_____
Life Insurance (company, policy number & <u>cash value</u> – there is no cash value for term insurance)	\$ _____
_____	_____
Automobiles (make, model, year, mileage, condition)	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Money other people owe you (notes, mortgages)	\$ _____
_____	\$ _____
Other valuable assets (jewelry, furnishings, art, collections, etc.)	\$ _____
_____	\$ _____
<b>TOTAL VALUE \$ _____</b>	

**WHAT YOU OWE:**

	<u>OWE TO WHOM?</u>	<u>BALANCE OWED</u>	<u>MONTHLY PAYMENT</u> (Where Applicable)	<u>PAYOFF DATE</u>
Mortgages	_____	\$ _____	\$ _____	_____
Auto Loans	_____	\$ _____	\$ _____	_____
	_____	\$ _____	\$ _____	_____
Personal Loan	_____	\$ _____	\$ _____	_____
	_____	\$ _____	\$ _____	_____
Credit Cards	_____	\$ _____	\$ _____	_____
	_____	\$ _____	\$ _____	_____
	_____	\$ _____	\$ _____	_____
	_____	\$ _____	\$ _____	_____
Student Loans	_____	\$ _____	\$ _____	_____
Child Support	_____	\$ _____	\$ _____	_____
Unpaid Taxes	_____	\$ _____	\$ _____	_____
Other	_____	\$ _____	\$ _____	_____
<b>TOTAL AMOUNT OWED</b>		\$ _____		

**NET WORTH** (Total Value minus Total Amount Owed) \$ \_\_\_\_\_

Signature 1 _____	Date _____	Social Security No. _____
Signature 2 _____ (if joint household ownership team)	Date _____	Social Security No. _____

# **BUSINESS BALANCE SHEET**

**(To be completed by existing businesses only)**

**WHAT YOUR BUSINESS OWNS**

**CURRENT VALUE**

Cash on hand	\$ _____
Bank accounts (name of bank)	\$ _____
Real Estate (describe)	\$ _____
Equipment	\$ _____
Furniture and Fixtures	\$ _____
Inventory (supplies, merchandise)	\$ _____
Automobiles (make, model, year, mileage, condition)	\$ _____
_____	\$ _____
_____	\$ _____
Accounts receivable (money customers owe you)	\$ _____
Other	\$ _____

**TOTAL VALUE** \$ \_\_\_\_\_

**WHAT YOUR BUSINESS OWES: (amount due now)**

	<u>OWE TO WHOM?</u>	<u>BALANCE OWED</u>	<u>MONTHLY PAYMENT</u> (Where Applicable)	<u>PAYOFF DATE</u>
Mortgage	_____	\$ _____	\$ _____	_____
Bills, Accts. payable, due suppliers:				
	_____	\$ _____	\$ _____	_____
	_____	\$ _____	\$ _____	_____
	_____	\$ _____	\$ _____	_____
	_____	\$ _____	\$ _____	_____
Loans:				
Business	_____	\$ _____	\$ _____	_____
	_____	\$ _____	\$ _____	_____
Auto Loans	_____	\$ _____	\$ _____	_____
	_____	\$ _____	\$ _____	_____
Credit Cards	_____	\$ _____	\$ _____	_____
	_____	\$ _____	\$ _____	_____
	_____	\$ _____	\$ _____	_____
Unpaid Taxes	_____	\$ _____	\$ _____	_____
Other	_____	\$ _____	\$ _____	_____

**TOTAL AMOUNT OWED** \$ \_\_\_\_\_

**NET WORTH** (Total Value minus Total Amount Owed) \$ \_\_\_\_\_

# **BUSINESS PROFIT AND LOSS STATEMENT**

**SECTION I:** Historical Financial Information for the past five fiscal years, as applicable:  
**(To be completed by existing businesses only – please fill in year)**

	Year _____	Year _____	Year _____	Year _____	Current Year to Date
Gross Sales	\$_____	\$_____	\$_____	\$_____	\$_____
Cost of goods sold	\$_____	\$_____	\$_____	\$_____	\$_____
Operating expenses	\$_____	\$_____	\$_____	\$_____	\$_____
Net business income	\$_____	\$_____	\$_____	\$_____	\$_____
Loan payments	\$_____	\$_____	\$_____	\$_____	\$_____
Owners draw (salary)	\$_____	\$_____	\$_____	\$_____	\$_____

\_\_\_\_\_  
 Signature Title

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature Title

\_\_\_\_\_  
 Date