City of West Union
Revolving Loan Fund
www.westunion.com
Hwy 150 S, West Union, IA 52175 563-422-3908
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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:

To file a program discrimination complaint, a complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form, which can be obtained online at https://www.usda.gov/sites/default/files/documents/ad3027.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Office of the Assistant Secretary for Civil Rights (OASCR) about the nature and date of an alleged civil rights violation.

This institution is an Equal Opportunity Provider, Employer, and Lender.

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

Project Funding

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

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:
☐ Female (100%)	☐ Non-Veteran	☐ American Indian or Alaskan Native
☐ Female (51%)	☐ Vietnam-era Veteran	☐ African American
☐ Male (100%)	☐ Other Veteran	☐ Caucasian
☐ Male (51%)		☐ Hispanic
		☐ Asian/Pacific Islander ☐ Other

SECTION V: CERTIFICATIONS

Please read the following and sign the Application form below. All owners, officers or partners must sign this Application.

The information provided in this Application is accurate to the best of my knowledge. I understand that personal and/or business information may be requested pursuant to this Loan Application, and I hereby give my consent for such information to be provided. I also understand that the Lender retains the sole decision as to whether this Loan Application is approved, denied, or modified. It is my right to accept or decline the loan amount, rate and terms approved by the Lender. I understand that credit reports may be obtained in connection with this application. Upon my request, I will be informed whether or not credit reports were obtained, and if so, the name and address of the consumer reporting agency that furnished the report. I certify that neither I, nor my business, have been debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency. I certify that I am not late by 60 days or more on any child support payments.

Name (Printed): _____ Name (Printed):_____

Signature: _____ Signature: _____

Date: _____ Date: _____

SECTION VI: PERMISSION TO RELEASE INFORMATION

I authorize the credit bureau to release a copy of my credit report to the lender listed in this application.

_____ _____

Applicant Signature Date

_____ _____

Co-Applicant Signature Date

SECTION VII: APPLICATION CHECKLIST

Please submit the following information with this application:

1. Completed Business Plan (contact West Union Economic Development for samples)
2. Completed Personal Financial Statement (sample form is enclosed)
3. Existing businesses: Completed Business Balance Sheet and Profit and Loss Statement (sample form is enclosed)
4. Individual and Business Tax Returns (if applicable) for the past 3 years
5. Income Statement, Balance Sheet, and Cash Flow Projections for next 3 years. Cash Flow Projection should be monthly for first year, quarterly for second, and annual for third.
6. Resumes of owners/principal managers
7. Copy of Photo ID

Additional information may be required as determined by the Lender.

View Burden Statement

FORM APPROVED
OMB No. 0575-0018
Exp Date: 3/31/2026

USDA
Form RD 400-4
(Rev. 06-25)

Position 3

ASSURANCE AGREEMENT

(Under Title VI, Civil Rights Act of 1964)

The _____

(name of recipient)

_____

(address)

As a condition of receipt of Federal financial assistance, you acknowledge and agree that you must comply (and require any subgrantees, subrecipients, contractors, successors, transferees, and assignees to comply) with applicable provisions of Federal laws and regulations prohibiting discrimination, including but not limited to:

1. Title VI of the Civil Rights Act of 1964, as amended, which prohibits you from discriminating on the basis of race, color, or national origin (42 U.S.C. 2000d et seq.) as implemented by 7 CFR Part 15;

2. Title IX of the Education Amendments of 1972, as amended, which prohibits you from discriminating on the basis of sex in education programs or activities (20 U.S.C. 1681 et seq.) as implemented by 7 CFR Part 15a;

3. The Age Discrimination Act of 1975, as amended, which prohibits you from discriminating on the basis of age (42 U.S.C. 6101 et seq.) as implemented by 7 CFR Part 15c;

4. Section 504 of the Rehabilitation Act of 1973, as amended, which prohibits you from discriminating on the basis of disability (29 U.S.C. 794) as implemented by 7 CFR Part 15e;

5. Title VIII of the Civil Rights Act, which prohibits you from discriminating in the sale, rental, financing, and advertising of dwellings, or in the provision of services in connection therewith, on the basis of race, color, national origin, religion, disability, familial status, and sex (42 U.S.C. 3601 et seq.) as implemented by 7 CFR Part 3560.2; and

Titles II (State and Local Governments) and III (Places of public accommodation) of the Americans with Disabilities Act, which prohibit you from discriminating on the basis of disability in the operation of public entities, public and private transportation systems, places of public accommodation, and certain testing entities (42 U.S.C. 12131-12189), as implemented by 28 CFR Part 35.190(b)(1).

Responsibilities:

1. You must cooperate with any compliance review or complaint investigation conducted by USDA Rural Development (Rural Housing Service, Rural Business and Cooperative Service, and Rural Utilities Service).
2. You must give USDA Rural Development (Rural Housing Service, Rural Business and Cooperative Service, and Rural Utilities Service) access to and the right to examine and copy records, accounts, and other documents and sources of information related to the grant and permit access to facilities, personnel, and other individuals and information as may be necessary to meet statutory requirements.
3. You must keep accurate records and timely submit information (including all reports, data collection and evaluation requirements) as described by law or detailed in program guidance.
4. You must inform participants, beneficiaries, and other interested persons of the protection assured them against discrimination according to the providions of this agreement and statutory requirements.

5. If you (the recipient) have been accused of discrimination on the grounds of race, color, national origin), sex, age, disability, religion, or familial status, in the past three years, you must provide a list of all such proceedings, pending or completed, including outcome and copies of settlement agreements.
6. In the event any court or administrative agency makes a finding of discrimination on grounds of race, color, national origin, sex, age, disability, religion, or familial status against you, or you settle a case or matter alleging such discrimination, you must forward a copy of the complaint and findings to USDA Rural Development (Rural Housing Service, Rural Business and Cooperative Service, and Rural Utilities Service), Civil Rights Office.

Period of Obligation

In the case of any service, financial aid, covered employment, equipment, property, or structure provided, leased, or improved with federal assistance extended to the Recipient by Rural Development (Rural Housing Service, Rural Business and Cooperative Service, and Rural Utilities Service), this assurance obligates the Recipient for the period during which federal assistance is extended. In the case of any transfer of such service, financial aid, equipment, property, or structure, this assurance obligates the transferee for the period during which federal assistance is extended. If any personal property is so provided, this assurance obligates the Recipient for the period during which it retains ownership or possession of the property. In all other cases, this assurance obligates the Recipient for the period during which the federal assistance is extended to the Recipient by Rural Development (Rural Housing Service, Rural Business and Cooperative Service, and Rural Utilities Service).

Employment Practices

Where a primary objective of the federal assistance is to provide employment or where the Recipient's employment practices affect the delivery of services in programs or activities resulting from federal assistance extended by Rural Development (Rural Housing Service, Rural Business and Cooperative Service, and Rural Utilities Service), the Recipient agrees not to discriminate on the grounds of race, color, national origin, sex, age, or disability, in its employment practices. Such employment practices may include, but are not limited to, recruitment, advertising, hiring, layoff or termination, promotion, demotion, transfer, rates of pay, training and participation in upward mobility programs; or other forms of compensation and use of facilities.

Data Collection

The Recipient agrees to compile and maintain information pertaining to programs or activities developed as a result of the Recipient's receipt of federal assistance from Rural Development (Rural Housing Service, Rural Business and Cooperative Service, and Rural Utilities Service). Such information may include, but is not limited to the following: (1) the manner in which services are or will be provided and related data necessary for determining whether any persons are or will be denied such services on the basis of prohibited discrimination; (2) the population eligible to be served by race, color, national origin, sex, age, and disability; (3) data regarding covered employment; (4) the location of existing or proposed facilities connected with the program and related information adequate for determining whether the location has or will have the effect of unnecessarily denying access to any person on the basis of prohibited discrimination; (5) the present or proposed membership by race, color, national origin, sex, age and disability in any planning or advisory body which is an integral part of the program; and (6) any additional written data determined by Rural Development (Rural Housing Service, Rural Business and Cooperative Service, and Rural Utilities Service) to be relevant to the obligation to assure compliance by recipients with laws cited in this assurance agreement.

Under penalty of perjury, the undersigned officials certify that they have read and understand their obligations as herein described, that the information submitted in conjunction with this Document is accurate and complete, and that the recipient is in compliance with the nondiscrimination requirements set out above.

Rights and remedies provided for under this agreement shall be cumulative.. The United States has the right to seek judicial enforcement of these obligations.

In witness whereof, _____ on this
(name of recipient)
date has caused this agreement to be executed by its duly authorized officers and its seal affixed hereto, or, if a natural person, has hereunto executed this agreement.

(S E A L)

_____
Recipient

_____
Date

Attest:

_____
Title

_____
Title

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.

NAME	**GROSS INCOME**	**FROM WHAT SOURCE**
_____	$_____	_____
_____	$_____	_____
_____	$_____	_____
_____	$_____	_____
_____	$_____	_____
_____	$_____	_____

TOTAL GROSS INCOME **$_____**

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)	$_____

TOTAL ANNUAL EXPENSES $_____

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 & cash value – 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.)

_____ $_____

TOTAL VALUE $_____

WHAT YOU OWE:

	OWE TO WHOM?	BALANCE OWED	MONTHLY PAYMENT (Where Applicable)	PAYOFF DATE
Mortgages	_____	$_____	$_____	_____
Auto Loans	_____	$_____	$_____	_____
	_____	$_____	$_____	_____
Personal Loan	_____	$_____	$_____	_____
	_____	$_____	$_____	_____
Credit Cards	_____	$_____	$_____	_____
	_____	$_____	$_____	_____
	_____	$_____	$_____	_____
	_____	$_____	$_____	_____
	_____	$_____	$_____	_____
Student Loans	_____	$_____	$_____	_____
Child Support	_____	$_____	$_____	_____
Unpaid Taxes	_____	$_____	$_____	_____
Other	_____	$_____	$_____	_____

TOTAL AMOUNT OWED $_____

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)

	OWE TO WHOM?	BALANCE OWED	MONTHLY PAYMENT (Where Applicable)	PAYOFF DATE
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