**ELIGIBILITY CHECKLIST**

[ ]  The business is located in a non-urbanized area in one of the following counties:

 Clay, Parke, Putnam, Sullivan, Vermillion, or Vigo.

[ ]  The business has been denied for a loan with a financial institution and/or other local RLF.

[ ]  The business employs 50 or fewer employees.

[ ]  The business has less than $1 million in projected annual revenue.

**A. BORROWER INFORMATION**

**Business Legal Name**

**Telephone** **Fax**

**Website** **Email**

Click or tap here to enter text.

**Business Physical Address City/Zip/County**

Click or tap here to enter text.

**Mailing Address (if different from above) City/Zip/County**

Click or tap here to enter text.

**TIN NAICS/SIC CODE**

**Type of Ownership**

[ ]  **Sole Proprietorship** [ ]  **General Partnership** [ ]  **Limited Partnership**

[ ]  **Corporation** [ ]  **LLC/LLP** [ ]  **Other**

**Number of Employees Number of years/months in operation**

Click or tap here to enter text Click or tap here to enter text.

**Business Contact (Individual filling form) Title**

Click or tap here to enter text.

**Phone number Email**

**How did you hear about us?**

|  |
| --- |
|  |

**B. PRINCIPALS**

**(Owners, Partners, Officers, and any other individual holding ownership of the business)**

(ATTACH SEPARATE SHEET IF NECESSARY)

|  |  |
| --- | --- |
| **NAME AND TITLE** | **ADDRESS** |
|  |  |
| **TELEPHONE** | **SOCIAL SECURITY NUMBER**  |
|  |  |
| **DATE OF BIRTH**  | **PERCENTAGE OF OWNERSHIP**  |
|  |  |
| **NAME AND TITLE** | **ADDRESS** |
|  |  |
| **TELEPHONE** | **SOCIAL SECURITY NUMBER**  |
|  |  |
| **DATE OF BIRTH**  | **PERCENTAGE OF OWNERSHIP**  |
|  |  |
| **NAME AND TITLE** | **ADDRESS** |
|  |  |
| **TELEPHONE** | **SOCIAL SECURITY NUMBER**  |
|  |  |
| **DATE OF BIRTH**  | **PERCENTAGE OF OWNERSHIP**  |
|  |  |

**C. MANAGEMENT**

LIST KEY MANAGERS, EMPLOYEES AND OFFICERS

|  |  |  |
| --- | --- | --- |
| **NAME** | **TITLE/ROLE** | **YEARS OF EXPERIENCE** |
|  |  |  |
|  |  |  |
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**D. BACKGROUND INFORMATION**

PROVIDE A BRIEF DESCRIPTION OF YOUR BUSINESS PRODUCTS AND SERVICES INCLUDING THE GEOGRAPHIC

AREA THAT YOUR BUSINESS SERVES.

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PROVIDE INFORMATION ON PREVIOUS BUSINESS EXPERIENCE AND ADDITIONAL EXPERIENCE RELEVANT TO COMPANY PURPOSE.

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EXPLAIN FUTURE PLANS OR PROJECTIONS FOR THE BUSINESS INCLUDING THE NUMBER OF NEW JOBS THAT WILL BE CREATED OR RETAINED BY THIS PROJECT AND ANY ADDITIONAL COMMUNITY BENEFITS.

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WHAT IS THE APPROXIMATE ANNUAL REVENUE FOR THE BUSINESS?

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**E. PROFESSIONAL SERVICES/ BUSINESS ADVISORS**

LIST INFORMATION FOR ANY PARTY OR INDIVIDUAL WHO POVIDES PROFESSIONAL SERVICES TO THE BUSINESS.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **NAME**  | **ADDRESS**  | **PHONE NUMBER** |
| **ATTORNEY** |  |  |  |
| **ACCOUNTANT** |  |  |  |
| **INSURANCE AGENT** |  |  |  |
| **OTHER:** |  |  |  |
| **OTHER:** |  |  |  |

**F. FINANCING**

ATTACH COPIES OF ANY EXISTING FINANCING COMMITMENTS.

|  |  |  |  |
| --- | --- | --- | --- |
| **LENDER** | **PURPOSE** | **AMOUNT**  | **RATE** |
|  |  | **$** |  |
|  |  | **$** |  |
|  |  | **$** |  |
|  |  | **$** |  |
|  |  | **$** |  |
|  |  | **$** |  |
| **TOTAL**  |  | **$** |  |

DESCRIBE ADDITIONAL SOURCES OF FINANCING FOR UNEXPECTED EXPENSES.

|  |
| --- |
|  |

**G. FINANCIAL INFORMATION**

BANKING/ASSET INFORMATION

|  |  |  |
| --- | --- | --- |
| **BANK/FINANCIAL INSTITUTION** | **ACCOUNT TYPE** | **BALANCE**  |
|  |  |  |
|  |  |  |
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CREDIT INFORMATION

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CREDITOR** | **PURPOSE** | **ORIGINAL LOAN AMT** | **CURRENT BALANCE** | **MATURITY DATE** |
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**COLLATERAL**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **COST** | **VALUE** | **LIEN OR LOAN BALANCE** |
| **LAND/BUIDLING**  |  |  |  |
| **INVENTORY** |  |  |  |
| **MACHINERY/EQUIPMENT** |  |  |  |
| **ACCOUNTS RECEIVABLE**  |  |  |  |
| **OTHER:** |  |  |  |
| **OTHER:** |  |  |  |

**MISCELLANEOUS INFORMATION**

**1. HAS THE BUSINESS OR OWNER BEEN TURNED DOWN FOR A BUSINESS LOAN?**

IF YES, PROVIDE DETAILS INCLUDING THE DATE OF DENIAL, THE AMOUNT, AND THE ENTITY THAT DENIED THE LOAN. PLEASE INCLUDE THE LETTER OF DENIAL WITH THIS APPLICATION.

|  |
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**2. HAS THE BUSINESS OR OWNER EVER DECLARED BANKRUPTCY?**

INCLUDE DETAILS IN AREA BELOW. USE SEPARATE SHEET IF NECESSARY.

|  |
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|  |

**3. IS THE BUSINESS A DEFENDANT IN ANY ONGOING LAWSUIT?**

INCLUDE DETAILS IN THE AREA BELOW. USE SEPARATE SHEET IF NECESSARY.

|  |
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|  |

**3. ARE THERE ANY UNSATISFIED JUDGEMENTS ON THE OWNER OR BUSINESS?**

INCLUDE DETAILS IN THE AREA BELOW. USE SEPARATE SHEET IF NECESSARY.

|  |
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|  |

4**. DO YOU OWE BACK TAXES TO THE STATE OR FEDERAL GOVERNMENT?**

INCLUDE DETAILS IN THE AREA BELOW. USE SEPARATE SHEET IF NECESSARY.

|  |
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**5. ARE YOU A RELATIVE OR BUSINESS PARTNER OF A THRIVE WEST CENTRAL EMPLOYEE OR LOAN ADVISORY**

**BOARD MEMBER?**

IF YES, EXPLAIN YOUR RELATIONSHIP IN THE AREA BELOW. USE SEPARATE SHEET IF NECESSARY.

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**H. LOAN REQUEST**

**AMOUNT OF LOAN REQUEST DATE FINANCING NEEDED**

|  |
| --- |
| **$** |

|  |
| --- |
|  |

**PURPOSE OF LOAN**

|  |  |
| --- | --- |
| LAND PURCHASE  | $ |
| BUILDING PURCHASE  | $ |
| EQUIPMENT PURCHASE  | $ |
| LEASE/LEASEHOLD IMPROVEMENT | $ |
| NEW CONSTRUCTION | $ |
| RENOVATION  | $ |
| WORKING CAPITAL (SPECIFY) | $ |
| OTHER (SPECIFY) | $ |
| OTHER (SPECIFY) | $ |
| **TOTAL** | $ |

**I. REFERENCES**

|  |  |  |
| --- | --- | --- |
| NAME | EMAIL ADDRESS | PHONE NUMBER |
|  |  |  |
|  |  |  |
|  |  |  |

**J. CERTIFICATION**

As the authorized representative of the applicant, I certify that all information submitted in this application and supporting documentation is true and to the best of my knowledge as of the date provided below. All information contained within submitted documents may be verified for accuracy.

**NAME**   **TITLE**

 **SIGNATURE DATE**

**The following documents need to be completed and submitted for the application to be considered.**

**APPLICATION AND DOCUMENT CHECKLIST**

[ ]  Loan Application Completed and Signed (required)

[ ]  Credit Report Authorization Form (required)

[ ]  Personal Financial Statement or related document such as SBA form 413 (required)

[ ]  Letter of Rejection from Bank/Credit Union and/or RLF (required)

[ ]  Business Tax Returns for last two years (required)

[ ]  Personal Tax Returns for each principal owner for last two years (required)

[ ]  Profit and Loss Statement (required)

[ ]  Current Balance Sheet within last 90 days (required)

[ ]  Prior lien holder agreement (required, if applicable)

[ ]  Business Plan (recommended)

*Please submit* ***all required documents*** *and* ***completed application*** *electronically via the Thrive RLF website or mail to:*

***Thrive West Central, ATTN: Revolving Loan Fund, 2800 Poplar St. Suite 9A, Terre Haute, IN 47803.***

*All mailed submissions must be received by the application deadline to be eligible for funding.*