



93 E High Street, Suite 214
Waynesburg, PA 15370
Tel: 724-627-9259
Fax: 724-627-6569
www.greencountyida.org

Greene County Industrial Development Authority

Thank you for your interest in the Greene County Industrial Development Authority's Revolving Loan Program. The goal of our Loan Program is to provide small businesses with loans to start-up and expand in Greene County, Pennsylvania.

Please review this package to determine if it is right for your business. Formal application requires:

- ✓ A completed application form.
- ✓ Signed application guidelines.
- ✓ Sign and return the enclosed permission form and attach a \$30.00 check for each applicant to cover the cost of the credit inquiry(s).

Mail the completed package to:

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- ✓ Packets can also be received by email, fax, or delivered in person.

Our most successful applicants supply complete application packages, demonstrate a strong potential for job creation, and show the ability to repay the loan in a timely manner. Since every business venture involves a degree of risk, an approved loan applicant may be expected to share the risk by pledging additional collateral, or in appropriate cases, a mortgage on their residence.

Once we have received your completed application, the package will be processed first through pre-qualification. Upon pre-qualification approval, you will be contacted to collect additional documents listed on page two (2) of the business application. We look forward to working with you in the near future!

Your bridge to the future

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"USDA prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital or family status. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at 202-720-2600 (voice and TDD). To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 14th and Independence Avenue, SW, Washington, DC 20250-9410 or call 202-720-5964 (voice of TDD). USDA is an equal opportunity provider and employer."

To process this application, all requested information must be provided.

Business Credit Application

“Greene County Industrial Development Authority is an equal opportunity provider, employer, and lender”



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Section I-General Information

Company Legal Name: _____ Phone: _____

Number of Employees: _____ Fax: _____

Company Address: _____ City: _____ State: _____ Zip: _____

Company Mailing Address: _____ City: _____ State: _____ Zip: _____

Are facilities owned or leased _____ Monthly Pmt. _____ Years in Business _____

Tax ID # _____ Type of Business (SIC) _____ Gross Annual Sales _____

Business Structure: Sole Proprietorship Partnership S Corporation C Corporation Limited Liability Corp. /Company

Section II-Credit Request Information

How much would you like to borrow and requested payment terms: \$ _____ Term _____

How are you using the funds: _____

Type of Loan: Equipment Real Estate Working Capital

What is your collateral and its estimated value: _____

If more space is needed for answers, please attach additional sheets to this form.

Section III-Company Owners (20% or more) If applicable; or Company Officers

Name	Title	SS #	Percent of Ownership

Section IV-Outstanding Business Loan

Lender	Type of Loan	Current Balance	Monthly Payment	Secured By

Section V-Other Information

Any unsettled lawsuits, judgments, or disputes: Yes No If yes, what and why _____

Bankruptcy ever filed by business: Yes No If yes, when _____

Any outstanding tax obligations: Yes No If yes, why _____

Section VI-Other Financial Services Used By Company/Owner

Service	Yes	No	If yes, name of provider	Balance
Checking Account	<input type="checkbox"/>	<input type="checkbox"/>		\$
Savings Account	<input type="checkbox"/>	<input type="checkbox"/>		\$
Cash Management	<input type="checkbox"/>	<input type="checkbox"/>		\$
Other:	<input type="checkbox"/>	<input type="checkbox"/>		\$

- GCIDA may check credit and trade references in reviewing this application, and disclose information about its credit experienced with applicant, as authorized by the law.
- GCIDA may also check the personal credit history of the principal owner(s) and/or key individual(s), in addition to the information requested on this application.
- GCIDA may subsequently request additional information from applicant.

Signature

As an authorized agent of the applicant company, I have stated that everything in the application and information submitted along with the application is true. I (we) agree the Greene County Industrial Development Authority may provide information about me (us) or my (our) accounts to others.

Authorized Signature (must be officer of company)

Title

Printed Name

Date

Authorized Signature

Title

Printed Name

Date

Check List of Attachments:

NEW BUSINESSES:

- ___ PERSONAL FEDERAL INCOME TAX RETURNS FOR THE PAST THREE YEARS
- ___ BUSINESS PLAN (FREE HELP WITH YOUR PLAN IS AVAILABLE THROUGH SBDC)
- ___ FINANCIAL PROJECTIONS FOR THREE YEARS

EXISTING BUSINESSES:

- ___ PERSONAL FEDERAL INCOME TAX RETURNS FOR THE PAST THREE YEARS
- ___ BUSINESS FEDERAL TAX RETURNS FOR THE PAST THREE YEARS
- ___ PROFIT AND LOSS STATEMENT FOR THE LAST FISCAL YEAR
- ___ BALANCE SHEET FOR THE LAST FISCAL YEAR
- ___ ABRIDGED BUSINESS PLAN
- ___ FINANCIAL PROJECTIONS FOR THREE YEARS

**If the business is a corporation, you must enclose a copy of your state acknowledgment of articles on incorporation.*

**If the business is a partnership, you must provide a copy of your Partnership Agreement.*

NOTES:

If you plan to offer collateral, documentation must be available to demonstrate ownership.

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PERSONAL FINANCIAL STATEMENT

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To Applicant – Provide a separate statement for each person owning 20% or more of business or guarantors

NAME	FIRST	M.I.	LAST	SOCIAL SECURITY NUMBER	DATE OF BIRTH	
1					/ /	
2					/ /	
CURRENT HOME ADDRESS & PREVIOUS ADDRESS				<input type="checkbox"/> OWN	<input type="checkbox"/> RENT	PHONE
1						
2						

Instructions

1. Total Assets should equal Total Liabilities + Net Worth
2. Please note a jointly owned asset by placing an “X” in the Jointly Owned column (J.O.)
3. *Provide details on next sheet - Schedule 1

Assets	J.O.	Liabilities	
CASH/CHECKING/SAVINGS		REAL ESTATE MORTGAGE *	\$
INVESTMENTS – STOCKS & BONDS*		INSTALLMENT LOANS # PAYMENTS AT \$	
ACCOUNTS & LOANS RECEIVABLE		CREDIT CARD	
REAL ESTATE OWNED*		FEDERAL INCOME TAX	
AUTOMOBILE *		OTHER LIABILITIES	
IRA/PENSION FUND*		TOTAL LIABILITIES	
OTHER ASSETS		NET WORTH (TOTAL ASSETS MINUS TOTAL LIABILITES)	
TOTAL ASSETS		TOTAL LIABILITIES + NET WORTH	

Sources of Income

ALIMONY-CHILD SUPPORT Inclusion of alimony, separate maintenance, or child support as income is voluntary and need not be revealed if you do not wish to have it considered. If you choose to include such payments please describe it by the court and case number, the amount and the name and address of the person obligated to pay that amount to you. If you are responsible for paying alimony, separate maintenance or child support please give particulars of he obligation along with your other obligations.

Personal Information

OCCUPATION OR TYPE OF BUSINESS	EMPLOYER	POSITION HELD	HOW LONG EMPLOYED	SALARY
1	1	1	1	\$
2	2	2	2	\$

Other Information

- ENDORSER OR COMAKER ON NOTES? Amount _____
- DEFENDANT IN ANY LEGAL ACTION? Date _____
- BANKRUPTCY EVER FILED? Date Filed _____
- DEPENDENTS? - Number of Dependents _____

BONUS & COMMISSIONS	\$
DIVIDENDS & INTEREST	\$
NET RENTS & ROYALTIES	\$
OTHER (ITEMIZE)	\$
TOTAL ANNUAL INCOME	\$

SIGNATURE: _____ DATE: _____

SIGNATURE: _____ DATE: _____

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SCHEDULE 1

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Instructions

Use this Schedule 1 to provide details for any areas that have an *asterisks* next to them on the Personal Financial Statement.

INVESTMENTS	DESCRIPTION	REGISTERED IN NAME OF	NO SHARES OR PAR	TOTAL MARKET VALUE	WHERE PLEDGED	
STOCKS & BONDS						
REAL ESTATE OWNED	DESCRIPTION AND LOCATION	TITLE IN NAME OF	MARKET VALUE	MORTGAGE LENDER	BALANCE	MONTHLY PAYMENT
AUTOMOBILE	YEAR MAKE & MODEL	TITLE IN NAME OF	MARKET VALUE	LENDER	BALANCE	MONTHLY PAYMENT
INDIVIDUAL RETIREMENT ACCOUNT/ PENSION FUND	DESCRIPTION	REGISTERED IN NAME OF	VALUE	INSTITUTION	CASH VALUE	

You confirm that this application is given to us for the purpose of obtaining credit from time to time, you have read it and it is true and complete: and you authorize us to obtain information from others concerning your credit standing and other relevant information impacting this application and to provide to others information about our transactions and experienced with you in addition to the information requested on the application. GCIDA may subsequently request additional information from you. **IMPORTANT INFORMATION:** Except as otherwise prohibited by law, you agree and consent that we, GCIDA may share all information about you that we have or may obtain. Under the Fair Credit Reporting Act, there is certain credit information that cannot be shared if you tell us by writing to GCIDA 93 E. High St. Suite 214, Waynesburg PA 15370 including your name, address and social security number.

SIGNATURE: _____ DATE: _____

SIGNATURE: _____ DATE: _____

PERMISSION FOR CREDIT INQUIRIES

I/We authorized the Greene County Industrial Development Authority (Lender) to make whatever credit inquiries are required in support of this loan application and at any time during the loan period. I/We authorize and instruct any person or consumer-reporting agency to comply and furnish to Lender any information it may have or obtain in response to such credit inquiries and agree that the same will remain Lender’s property whether or not a loan is granted.

I/We recognize that we are seeking a loan from a non-profit organization composed of volunteers working to help our community. In consideration of Lender reviewing this application, we hereby expressly release, waive and discharge the Greene County Industrial Development Authority and its directors, officers, employees and agents from any and all claims arising out of or related to this loan application or any loan we may or may not receive, as well as any subsequent dealings we may have with the Greene County Industrial Development Authority, especially with respect to any consultation and Technical Assistance which might be provided. We understand that, without this release, the Greene County Industrial Development Authority will not consider our loan request.

All information set forth in this application is declared to be a true representation of the facts for the purpose of obtaining this loan, and I/We recognize that any willful misrepresentation on this application could result in criminal action.

(Business Name)

(Borrower’s Signature)

(Print Borrower’s Name & S. S. Number)

(Partner or Co-signer)

(Print Partner or Co-signer’s Name & S.S. Number)

*Suretyship Signer (Print & Sign Name)

Address S.S. Number

*Suretyship Signer (Print & Sign Name)

Address S.S. Number

WITNESS:

(Signature)

(Print Name)

(Date)

*****NOTE*****

*Often, in order to grant an applicant the loan requested, it is necessary for GCIDA to ask for a Suretyship Signer—someone who will guarantee the loan if the Borrower is unable to pay or if the collateral offered is jointly owned.

In order for us to assure ourselves that this Surety Signer has the financial substance to back the Borrower’s pledge, it is necessary for us to request a credit report on the Surety Signer(s).

Therefore, if you, the Borrower, can foresee the need for a Surety Signer, it can measurably shorten the time to loan closing if you get their signature(s) address(s) and Social Security number(s) early in the application process, like now.

Please attach a check for \$30.00 to cover the cost of credit investigations.

Make check payable to: GCIDA

Thank you

Loan Request Certification Form

Greene County Industrial Development Authority
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RE: APPLICATION

I hereby certify that I am unable to obtain sufficient credit elsewhere to finance my actual needs at reasonable rates and terms, taking into consideration prevailing private and cooperative rates and terms in my community area.

GCIDA's participation in my proposed project is essential in finalizing my overall package.

Date

Signature of Applicant

Date

Signature of Applicant

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the Federal Government for certain types of loans related to a dwelling in order to monitor the lender's compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may discriminate neither on the basis of this information, or on whether you choose to furnish it. If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race, or sex, under Federal regulations, this lender is required to note the information on the basis of visual observation or surname. If you do not wish to furnish the information, please check the box below.
 (Lender must review the above material to assure the disclosures satisfy all requirements to which the lender is subject under applicable state law for the particular type of loan applied for.)

BORROWER	CO-BORROWER
I do not wish to furnish this information	I do not wish to furnish this information
Ethnicity: Hispanic or Latino Not Hispanic or Latino	Ethnicity: Hispanic or Latino Not Hispanic or Latino
Race: American Indian or Alaska Native Native Hawaiian or Other Pacific Islander Black or African American White Asian	Race: American Indian or Alaska Native Native Hawaiian or Other Pacific Islander Black or African American White Asian
Sex: Female Male	Sex: Female Male
Veteran: Yes No	Veteran: Yes No
To be Completed by Interviewer This application was taken by: face-to-face interview by telephone by mail internet	Name & Address of Interviewer's Employer:
Interviewer's Name <i>(Print or Type)</i>	Interviewer's Phone Number
Interviewer's Signature	Date

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 To file a complaint of discrimination write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W.,
 Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TDD).