
CORRIDOR REVITALIZATION FUND APPLICATION CHECKLIST

Items Required to Complete CRF Application:

We Do Not Accept Originals – Please Provide Copies Only!

- 1. CRF Application:** Information regarding your business request.
- 2. Summary of Financing Needs:** How much money do you need? How will the money be used? Please list purpose(s) and corresponding dollar amount(s).
- 3. Scope of Work or Estimate** for proposed construction/renovations. (Please note that an AIA form will be required prior to disbursement for all construction/renovation projects.)
- 4. Tax Returns:** Personal and business full tax returns (with schedules) for the last 3 years, signed and dated.
- 5. Business Financial Statements:** If available, balance sheets and income statements for the last 3 years. Additionally, provide the most current interim statements (not older than 90 days), signed and dated.
- 6. Business Plan**
- 7. Projected Cash Flow Statement:** Provide a month-by-month projection for the next 12 months. Provide a complete description of any key assumptions that influence financial projections, including any cash contributions to the project besides that from First State Community Loan Fund.
- 8. Personal Financial Statements:** Owners (with 20% or more ownership) must complete and sign.*
- 9. Resumes** or description of management experience and expertise: For owners and for any key persons responsible for business operations.
- 10. Licenses:** Copies of: Driver’s license; Business license; Professional licenses; and City/state required license.
- 11. **Insurances:** Copies of insurance policies/evidence of coverage: Property Insurance, Liability Insurance, and any professional insurance requirement.
- 12. **Organizational Documents:** Copies of Articles of Incorporation and Bylaws (corps); Copy of certificate of Formation (LLC); Operating Agreements; Certificates of Incorporation; EIN documents.
- 13. Site Control:** Proof of pproperty ownership, valid lease, or letter of intent.
- 14. Proof of other Grant Sources:** - Copies of grant reservations or Letters of commitment from grant sources that are being “leveraged” as part of the overall project, or in the absence of such reservations or letters of Commitment, a statement identifying any pending grant applications e.g. DDD, City of Wilmington OED Design Grant, DTV Faced Grant etc.

*All Personal Financial Statements and Personal Budget Statements should be completed by business owner and spouse, if applicable.

** Will be required prior to the disbursement of funds.

Send all information to: **First State Community Loan Fund, Attention: Delores Lee, 100 West 10th Street, Suite 300, Wilmington, DE 19801** or by email to dlee@firststateloan.org.

REQUEST AMOUNT _____

Individual Information

Applicant Name:	Phone #:	Birth Date:	Social Security #:
Home Address:		Previous Address (if less than 2 years):	
Email:			
Co-Applicant Name:	Phone #:	Birth Date:	Social Security #:
Home Address:		Previous Address (if less than 2 years):	
Email:			

Business Information:

Name of Business:	Date Business was Established:
Business Address:	Business Phone #:
	Business Fax:
	Business Email:
Type of Business (SIC):	EIN (Tax ID#):
Legal Structure: (circle one) C-Corp S-Corp LLC Partnership Sole Proprietorship	
Number of employees (All Company Divisions):	Number of employees if loan is approved:
Business Income This Year: \$	Business Income Last Year: \$
Personal Income This Year: \$	Personal Income Last Year: \$

Owners/Investors & Management of Applicant

*Optional Information

Name/Title:	SS#:	Address:	% Owned	*Race	*Sex (M or F)

SOURCES & USES

USES	CRF Fund	DEBT	OWNER'S EQUITY	TOTAL
Land and Building Acquisition	\$ -	\$ -	\$ -	\$ -
Building Improvements	\$ -	\$ -	\$ -	\$ -
Machinery & Equipment	\$ -	\$ -	\$ -	\$ -
Furniture	\$ -	\$ -	\$ -	\$ -
Inventory	\$ -	\$ -	\$ -	\$ -
Business Acquisition	\$ -	\$ -	\$ -	\$ -
Working Capital	\$ -	\$ -	\$ -	\$ -
Other	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ -	\$ -	\$ -	\$ -

PERSONAL FINANCIAL STATEMENT

Applicant(s) Name:	Social Security #:	Birth Date:
Home Address:		Home Telephone #:

Assets		Liabilities and Net Worth	
Cash on Hand & Deposits	\$	Loans Outstanding	\$
Marketable Stocks and Bonds	\$	Automobile Loans	\$
Notes Receivable (see schedule B on back of page)	\$	Credit Card Balances	\$
Cash Value of Life Insurance (see schedule C on back of page)	\$	Life Insurance Loans	\$
Deferred Compensation	\$	Real Estate- Residence Loans	\$
Pension Funds & IRA	\$	Real Estate- Residence Loans	\$
Real Estate Owned- Residence (see Schd. D on back of page)	\$	Real Estate Investment Loans	\$
Real Estate Owned Investments	\$	Other Debts- Lists:	\$
Vehicles Owned - List	\$	Business Debts – Lists	\$
	\$	Total Liabilities	\$
Business Assets (if needed attach a list)	\$	Net Worth	\$
Total Assets	\$	Total Liabilities & Net Worth	\$

All Owners with more than 20% ownership in the business must complete a Personal Financial Statement.

REFERENCES

Business References: Please provide three credit references.

<p>Name and address</p> <hr/> <p>Phone: _____</p>
<p>Name and address</p> <hr/> <p>Phone: _____</p>
<p>Name and address</p> <hr/> <p>Phone: _____</p>

I attest that if I receive a funding from the FSCLF it will be used for the business purposes specified in is application and not for personal use.

I attest that to the best of my knowledge all of the information on this application is true. I authorize the FSCLF to investigate and verify the above information, and to contact my personal and business references regarding this application. I also authorize the FSCLF to perform a credit check. I understand that FSCLF will keep this application whether or not I receive a loan. I will make myself available to respond to any questions that may arise from this application.

I give my consent for FSCLF to publicize this Loan/Grant, which includes the use of my image, in the media, as part of marketing and public relations for the FSCLF.

My signature below authorizes First State Community Loan Fund, its agents or assignees to investigate my personal and business financial credit history and to obtain all other necessary credit information including information on liens, debts, and other financial obligations for the purpose of loan and financial evaluation related to this application. I authorize any holder of credit information about me to answer any questions relating to this application. I agree to comply with all federal, state and local laws and regulations to the extent applicable. This authorization shall be a continuing authorization during the application process and during the entire period that I/we may have a loan, or any other form of indebtedness to First State Community Loan Fund, its' Affiliates or Assigns. My signature below assures and warrants the information contained herein as accurate and complete and that I have not willfully or knowingly omitted any information critical to this credit application. If at any time during this credit application process I become aware of any additional information relating to my personal or business credit relationship I will immediately disclose that information to First State Community Loan Fund at 100 West 10th Street, Suite 300, Wilmington, DE 19801 or call (302) 652-6774.

Applicant's Signature: _____ **Date:** _____

Co-Applicant's Signature: _____ **Date:** _____

First State Community Loan Fund realizes that our customers entrust us with personal information and it is our policy to maintain our customers' information in a confidential manner. This institution is an equal opportunity provider, and employer.

SOURCES & USES				
USES	CRF Fund	DEBT	OWNER'S EQUITY	TOTAL
Land and Building Acquisition	\$ -	\$ -	\$ -	\$ -
Building Improvements	\$ -	\$ -	\$ -	\$ -
Machinery & Equipment	\$ -	\$ -	\$ -	\$ -
Furniture	\$ -	\$ -	\$ -	\$ -
Inventory	\$ -	\$ -	\$ -	\$ -
Business Acquisition	\$ -	\$ -	\$ -	\$ -
Working Capital	\$ -	\$ -	\$ -	\$ -
Other	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ -	\$ -	\$ -	\$ -