



**Community  
Investment  
Corporation™**

# **COMMUNITY LENDING APPLICATION**

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**Community  
Investment  
Corporation™**

# Loan Application



**LOAN PROGRAMS & LEADERSHIP** FOR SMALL BUSINESS



**Business Information**

Primary Contact Name:			Secondary Contact Name:		
Title:			Title:		
Cell Phone:	Business Phone:	Business Fax:	Cell Phone:	Business Phone:	Business Fax:
Business (or Personal) E-mail Address:			Business (or Personal) E-mail Address:		
Name of Operating Company (include DBA if applicable):			Operating Company's Legal Name:		
Main Business Address (or Home Address if applicable):			Mailing Address (if different):		
Type of Business: <input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> (LLP) General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> S Corporation <input type="checkbox"/> C Corporation		Type of Business (e.g., Bookstore, Cleaning Services, etc.)			
		Website URL:		Federal Tax ID:	
		Business Start Date:	State Where Organized:	NAICS Code:	
<b>Bank of Account (Business)</b>					
Name of Bank:		Account Number:	Type (e.g., Checking, etc.):	Current Balance:	
Contact at Bank:		Business Phone:		Business Fax:	
<b>Bank of Account (Business)</b>					
Name of Bank:		Account Number:	Type (e.g., Checking, etc.):	Current Balance:	
Contact at Bank:		Business Phone:		Business Fax:	
<b>Bank of Account (Personal)</b>					
Name of Bank:		Account Number:	Type (e.g., Checking, etc.):	Current Balance:	
Contact at Bank:		Business Phone:		Business Fax:	
<b>Bank of Account (Personal)</b>					
Name of Bank:		Account Number:	Type (e.g., Checking, etc.):	Current Balance:	
Contact at Bank:		Business Phone:		Business Fax:	

<b>Company Status (at time of application):</b>	<input type="checkbox"/> Start-Up Company	<input type="checkbox"/> Existing Company
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**Employees***Please include any owner who receives salary/wages.*

Number of Current Employees:	Full Time Employees: _____	Full Time Equivalent*: _____
Of the Total Current Positions:	How many are held by women? _____	How many are held by minorities? _____
Estimated Number of <u>New Employees</u> that will be hired in two (2) years as a result of this project:	Full Time Employees: _____	Full Time Equivalent*: _____

*\* A full time worker works 40 hours per week or 2080 hours per year. If you employ people on a part time basis, translate their part time employment to Full Time Equivalents. For example, if you have two (2) part time employees each working 20 hours per week, the full time equivalent would be "1" (i.e., the aggregate hours represent the equivalent of one full time employee, and "1" would be entered on the Full Time Equivalent line above).*

**General Questions***If you answer yes to any of the questions, please explain on a separate sheet of paper.*

Has the business listed on the first page of this application or any other business owned by any person owning 20% or more of a business ever filed for bankruptcy or defaulted on any other debt?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the business a party to any lawsuit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you aware of any claim or threatened claim against the business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the business a guarantor, co-maker, or endorser of any obligation NOT STATED in the financial information submitted with this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Ownership Information**

*This form must be filled out and submitted by each owner with 20% or more ownership. Please make additional copies as needed.*

Business Owner's Name (First, Middle, Last):		Spouse's Name:	
Social Security Number: _____ - _____ - _____		Spouse's Social Security Number: _____ - _____ - _____	
Title:	% Ownership: _____ %	Home Phone:	Cell Phone:
Present Residence Address:		Date of Birth: (Month, Day and Year)	Place of Birth: (City & State or Foreign Country)
Duration at Present Address: From _____ To _____			
Most Recent Prior Address (omit if over 10 years ago):		Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, are you a Lawful Permanent resident alien? <input type="checkbox"/> Yes <input type="checkbox"/> No If non-U.S. Citizen, please provide alien registration number below: _____	
Duration at Prior Address: From _____ To _____			
Do you consider yourself a person with a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Please choose one of the following that applies: <input type="checkbox"/> Veteran <input type="checkbox"/> Service Disabled Veteran <input type="checkbox"/> Non-Veteran		Ethnicity: <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White (Non-Hispanic) <input type="checkbox"/> Other _____	

1. Have you <u>ever</u> filed for bankruptcy or defaulted on any other debt?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are you currently delinquent on your child support payment obligations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are you currently delinquent on your student loan payments or other government loan payments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>IT IS IMPORTANT THAT THE NEXT THREE QUESTIONS ARE ANSWERED COMPLETELY. AN ARREST OR CONVICTION RECORD WILL NOT NECESSARILY DISQUALIFY YOU; HOWEVER AN UNTRUTHFUL ANSWER WILL CAUSE YOUR APPLICATION TO BE DENIED.</b></p> <p><i>If you answer yes to the next three questions, furnish details on a separate sheet. Include dates, locations, fines, sentences, whether misdemeanor or felony dates of parole/probation, unpaid fines or penalties, name(s) under which charged, and any other pertinent information.</i></p>	
4. Are you presently under indictment, on parole or probation? If Yes, indicate date parole or probation is to expire: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you <u>ever</u> been charged with and/or arrested for any criminal offense other than a minor motor vehicle violation? Include offenses which have been dismissed, discharged, or not prosecuted. <i>All arrests and charges must be disclosed and explained on an attached sheet.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have you ever been convicted, placed on pretrial diversion, or placed on any form of probation; including adjudication withheld pending probation, for any criminal offense other than an minor vehicle violation?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Delinquent Taxes**

*List delinquent tax in the space provided. Please indicate whether you have entered into an installment/repayment agreement with the government. Please include a copy of your agreement(s) with your application.*

Type of Delinquent Taxes	Delinquent Amount	Original Due Date	Agreement
FEDERAL TAXES	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
STATE TAXES	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
MUNICIPAL TAXES	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No

**CAUTION:** Knowingly making a false statement on this form is a violation of Federal law and could result in criminal prosecution, significant civil penalties, and a denial of your loan. By signing you certify that the information on this form is true and not intentionally misleading.

**Project Costs & Funding\***

Machinery & Equipment \$ \_\_\_\_\_  
 Real Estate Purchase \_\_\_\_\_  
 Inventory \_\_\_\_\_  
 Leasehold Improvements \_\_\_\_\_  
 Marketing/Promotional Materials \_\_\_\_\_  
 Deposits/Professional Fees  
 (specify) \_\_\_\_\_  
 Working Capital \_\_\_\_\_

**TOTAL PROJECT COST\*\*:** \$ \_\_\_\_\_

Amount of Loan Request \$ \_\_\_\_\_  
 Equity Injection \_\_\_\_\_  
 Funds from the business  
 (not applicable to start-ups) \_\_\_\_\_  
 Other (specify) \_\_\_\_\_

**TOTAL PROJECT FUNDING\*\*:** \$ \_\_\_\_\_

\*A Sources and Uses Worksheet can be submitted in place of completing this section.  
 \*\*Total Project Cost must equal Total Project Funding

**Personal References**

*Two references are required for all Owners of 20% or more of the business. Please attach additional sheets if necessary.*

**Business Owner's Name:**

Reference #1 (Relative not living with Business Owner):

Reference #2:

Name

Name

Address

Address

City State Zip

City State Zip

Home Phone Cell Phone

Home Phone Cell Phone

Relationship to Business Owner

Relationship to Business Owner

**Business Owner's Name:**

Reference #1 (Relative not living with Business Owner):

Reference #2:

Name

Name

Address

Address

City State Zip

City State Zip

Home Phone Cell Phone

Home Phone Cell Phone

Relationship to Business Owner

Relationship to Business Owner

**AUTHORIZATION OF RELEASE**

**IMPORTANT:** This application must be signed by the applicant and by all owners of 20% or more of the company.

The undersigned hereby certify that the information provided in this Application and in all attachments (excluding personal financial statements and resumes) is true and accurate and not intentionally misleading. The undersigned hereby authorize Community Investment Corporation and/or the Connecticut Health and Educational Facilities Authority (for Childcare MicroLoan applications) to make inquiries as required to verify information as part of this Application, including personal financial statements and resumes, and to obtain the credit reports of the undersigned.

In addition, each individual undersigned certifies that his or her personal financial statement and resume is true and accurate and not intentionally misleading. The undersigned agree that banks, credit agencies and references are authorized to give Community Investment Corporation and/or the Connecticut Health and Educational Facilities Authority (for Childcare MicroLoan applications) any and all information in connection with matters referred to in this Application.

The undersigned agree loan funds obtained as a result of this Application will be used exclusively for the purposes contained in this Application as may be amended.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Date



United States of America  
**SMALL BUSINESS ADMINISTRATION**  
**STATEMENT OF PERSONAL HISTORY**

**Please Read Carefully:** SBA uses Form 912 as one part of its assessment of program eligibility. Please reference SBA Regulations and Standard Operating Procedures if you have any questions about who must submit this form and where to submit it. For further information, please call SBA's Answer Desk at 1-800-U-ASK-SBA (1-800-827-5722), or check SBA's website at [www.sba.gov](http://www.sba.gov). **DO NOT SEND COMPLETED FORMS TO OMB as this will delay the processing of your application; send forms to the address provided by your lender or SBA representative.**

Name and Address of Applicant (Firm Name)(Street, City, State, and ZIP Code)		SBA District/Disaster Area Office	
Amount Applied for (when applicable)	File No. (if known)		

1. Personal Statement of: (State name in full, if no middle name, state (NMN), or if initial only, indicate initial.) List all former names used, and dates each name was used. Use separate sheet if necessary.  First _____ Middle _____ Last _____	2. Give the percentage of ownership or stock owned or to be owned in the small business or the development company _____ Social Security No. _____  3. Date of Birth (Month, day, and year) _____  4. Place of Birth: (City & State or Foreign Country) _____
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Name and Address of participating lender or surety co. (when applicable and known)	5. U.S. Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO INITIALS: _____ If No, are you a Lawful Permanent resident alien: <input type="checkbox"/> YES <input type="checkbox"/> NO If non- U.S. citizen provide alien registration number: _____
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6. Present residence address: From: _____ To: _____ Address: _____  Home Telephone No. (Include Area Code): _____ Business Telephone No. (Include Area Code): _____	Most recent prior address (omit if over 10 years ago): From: _____ To: _____ Address: _____
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**PLEASE SEE REVERSE SIDE FOR EXPLANATION REGARDING DISCLOSURE OF INFORMATION AND THE USES OF SUCH INFORMATION.**

**YOU MUST INITIAL YOUR RESPONSES TO QUESTIONS 5,7,8 AND 9.**

**IF YOU ANSWER "YES" TO 7, 8, OR 9, FURNISH DETAILS ON A SEPARATE SHEET. INCLUDE DATES, LOCATION, FINES, SENTENCES, WHETHER MISDEMEANOR OR FELONY, DATES OF PAROLE/PROBATION, UNPAID FINES OR PENALTIES, NAME(S) UNDER WHICH CHARGED, AND ANY OTHER PERTINENT INFORMATION. AN ARREST OR CONVICTION RECORD WILL NOT NECESSARILY DISQUALIFY YOU; HOWEVER, AN UNTRUTHFUL ANSWER WILL CAUSE YOUR APPLICATION TO BE DENIED AND SUBJECT YOU TO OTHER PENALTIES AS NOTED BELOW.**

7. Are you presently subject to an indictment, criminal information, arraignment, or other means by which formal criminal charges are brought in any jurisdiction?  
 Yes  No INITIALS: \_\_\_\_\_

8. Have you been arrested in the past six months for any criminal offense?  
 Yes  No INITIALS: \_\_\_\_\_

9. For any criminal offense – other than a minor vehicle violation – have you ever: 1) been convicted; 2) plead guilty; 3) plead nolo contendere; 4) been placed on pretrial diversion; or 5) been placed on any form of parole or probation (including probation before judgment).  
 Yes  No INITIALS: \_\_\_\_\_

10. I authorize the Small Business Administration Office of Inspector General to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for programs authorized by the Small Business Act, and the Small Business Investment Act.

**CAUTION - PENALTIES FOR FALSE STATEMENTS:** Knowingly making a false statement on this form is a violation of Federal law and could result in criminal prosecution, significant civil penalties, and a denial of your loan, surety bond, or other program participation. A false statement is punishable under 18 USC 1001 and 3571 by imprisonment of not more than five years and/or a fine of up to \$250,000; under 15 USC 645 by imprisonment of not more than two years and/or a fine of not more than \$5,000; and, if submitted to a Federally insured institution, under 18 USC 1014 by imprisonment of not more than thirty years and/or a fine of not more than \$1,000,000.

Signature	Title	Date
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<b>Agency Use Only</b> 11. <input type="checkbox"/> Fingerprints Waived _____ Date _____ Approving Authority _____ <input type="checkbox"/> Fingerprints Required _____ Date _____ Approving Authority _____ Date Sent to OIG _____	12. <input type="checkbox"/> Cleared for Processing _____ Date _____ Approving Authority _____ 13. <input type="checkbox"/> Request a Character Evaluation _____ Date _____ Approving Authority _____ (Required whenever 7, 8 or 9 are answered "yes" even if cleared for processing.)
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PLEASE NOTE: The estimated burden for completing this form is 15 minutes per response. You are not required to respond to any collection of information unless it displays a currently valid OMB approval number. If you wish to submit comments on the burden for completing this form, direct these comments to U.S. Small Business Administration, Chief, AIB, 409 3rd St., S.W., Washington D.C. 20416 and Desk Officer for the Small Business Administration, Office of Management and Budget, New Executive Office Building, Room 10202, Washington, D.C. 20503. OMB Approval 3245-0178. **DO NOT SEND COMPLETED FORMS TO OMB as this will delay the processing of your application; send forms to the address provided by your lender or SBA representative.**



## NOTICES REQUIRED BY LAW

The following is a brief summary of the laws applicable to this solicitation of information.

### **Paperwork Reduction Act (44 U.S.C. Chapter 35)**

SBA is collecting the information on this form to make a character and credit eligibility decision to fund or deny you a loan or other form of assistance. The information is required in order for SBA to have sufficient information to determine whether to provide you with the requested assistance. The information collected may be checked against criminal history indices of the Federal Bureau of Investigation.

### **Privacy Act (5 U.S.C. § 552a)**

Any person can request to see or get copies of any personal information that SBA has in his or her file, when that file is retrieved by individual identifiers, such as name or social security numbers. Requests for information about another party may be denied unless SBA has the written permission of the individual to release the information to the requestor or unless the information is subject to disclosure under the Freedom of Information Act.

Under the provisions of the Privacy Act, you are not required to provide your social security number. Failure to provide your social security number may not affect any right, benefit or privilege to which you are entitled. Disclosures of name and other personal identifiers are, however, required for a benefit, as SBA requires an individual seeking assistance from SBA to provide it with sufficient information for it to make a character determination. In determining whether an individual is of good character, SBA considers the person's integrity, candor, and disposition toward criminal actions. In making loans pursuant to section 7(a)(6) the Small Business Act (the Act), 15 USC § 636 (a)(6), SBA is required to have reasonable assurance that the loan is of sound value and will be repaid or that it is in the best interest of the Government to grant the assistance requested. Additionally, SBA is specifically authorized to verify your criminal history, or lack thereof, pursuant to section 7(a)(1)(B), 15 USC § 636(a)(1)(B). Further, for all forms of assistance, SBA is authorized to make all investigations necessary to ensure that a person has not engaged in acts that violate or will violate the Act or the Small Business Investment Act, 15 USC §§ 634(b)(11) and 687b(a). For these purposes, you are asked to voluntarily provide your social security number to assist SBA in making a character determination and to distinguish you from other individuals with the same or similar name or other personal identifier.

When the information collected on this form indicates a violation or potential violation of law, whether civil, criminal, or administrative in nature, SBA may refer it to the appropriate agency, whether Federal, State, local, or foreign, charged with responsibility for or otherwise involved in investigation, prosecution, enforcement or prevention of such violations. See 74 Fed. Reg. 14890 (2009) for other published routine uses.

# U.S. SMALL BUSINESS ADMINISTRATION

## **PART C**

### **Statements Required by Law and Executive Order**

Federal executive agencies, including the Small Business Administration (SBA), are required to withhold or limit financial assistance, to impose special conditions on approved loans, to provide special notices to applicants or borrowers and to require special reports and data from borrowers in order to comply with legislation passed by the Congress and Executive Orders issued by the President and by the provisions of various inter-agency agreements. SBA has issued regulations and procedures that implement these laws and executive orders, and they are contained in Parts 112, 113, 116, and 117, Title 13, Code of Federal Regulations Chapter 1, or Standard Operating Procedures.

#### **Freedom of Information Act (5 U.S.C. 552)**

This law provides, with some exceptions, that SBA must supply information reflected in agency files and records to a person requesting it. Information about approved loans that will be automatically released includes, among other things, statistics on our loan programs (individual borrowers are not identified in the statistics) and other information such as the names of the borrowers (and their officers, directors, stockholders or partners), the collateral pledged to secure the loan, the amount of the loan, its purpose in general terms and the maturity. Proprietary data on a borrower would not routinely be made available to third parties. All requests under this Act are to be addressed to the nearest SBA office and be identified as a Freedom of Information request.

#### **Privacy Act (5 U.S.C. 552a)**

A person can request to see or get copies of any personal information that SBA has in his or her file when that file is retrieved by individual identifiers such as name or social security numbers. Requests for information about another party may be denied unless SBA has the written permission of the individual to release the information to the requestor or unless the information is subject to disclosure under the Freedom of Information Act.

Under the provisions of the Privacy Act, you are not required to provide your social security number. But see Debt Collection notice below. Disclosures of name and other personal identifiers are, required for a benefit, as SBA requires an individual seeking assistance from SBA to provide it with sufficient information for it to make a character determination. In determining whether an individual is of good character, SBA considers the person's integrity, candor, and disposition toward criminal actions. In making loans pursuant to section 7(a)(6) of the Small Business Act (the Act), 15 USC Section 636(a)(6), SBA is required to have reasonable assurance that the loan is of sound value and will be repaid or that it is in the best interest of the Government to grant the assistance requested. Additionally, SBA is specifically authorized to verify your criminal history, or lack thereof, pursuant to section 7(a)(1)(B), 15 USC Section 636(a)(1)(B). Further, for all forms of assistance, SBA is authorized to make all investigations necessary to ensure that a person has not engaged in acts that violate or will violate the Act or the Small Business Investment Act, 15 USC Sections 634(b)(11) and 687(b)(a). For these purposes, you are asked to voluntarily provide your social security number to assist SBA in making a character determination and to distinguish you from other individuals with the same or similar name or other personal identifier.

The Privacy Act authorizes SBA to make certain "routine uses" of information protected by that Act. One such routine use for SBA's loan system of records is that when this information indicates a violation or potential violation of law, whether civil, criminal, or administrative in nature, SBA may refer it to the appropriate agency, whether Federal, State, local or foreign, charged with responsibility for or otherwise involved in investigation, prosecution, enforcement or prevention of such violations. Another routine use of personal information is to assist in obtaining credit bureau reports, including business credit reports on the small business borrower and consumer credit reports and scores on the principals of the small business and guarantors on the loan for purposes of originating, servicing, and liquidating small business loans and for purposes of routine periodic loan portfolio management and lender monitoring. See, SBA-21, Loan System, at 74 FR 14890 (April 1, 2009) as amended by notices published at 77 FR 15835 (3/16/2012) and 77 FR 61467 (10/9/2012) for additional background and other routine uses.

#### **Right to Financial Privacy Act of 1978 (12 U.S.C. 3401)**

This is notice to you as required by the Right of Financial Privacy Act of 1978, of SBA's access rights to financial records held by financial institutions that are or have been doing business with you or your business, including any financial institutions participating in a loan or loan guarantee. The law provides that SBA shall have a right of access to your financial records in connection with its consideration or administration of assistance to you in the form of a Government loan or loan guaranty agreement. SBA is required to provide a certificate of its compliance with the Act to a financial institution in connection with its first request for access to your financial records, after which no further certification is required for subsequent accesses. The law also provides that SBA's access rights continue for the term of any approved loan or loan guaranty agreement. No further notice to you of SBA's access rights is required during the term of any such agreement.

The law also authorizes SBA to transfer to another Government authority any financial records included in an application for a loan, or concerning an approved loan or loan guarantee, as necessary to process, service or foreclose on a loan or loan guarantee or to collect on a defaulted loan or loan guarantee. No other transfer of your financial records to another Government authority will be permitted by SBA except as required or permitted by law.

**Debt Collection Act of 1982 Deficit Reduction Act of 1984** (31 U.S.C. 3701 et seq. and other titles)

These laws require SBA to aggressively collect any loan payments which become delinquent. SBA must obtain your taxpayer identification number when you apply for a loan. If you receive a loan, and do not make payments as they come due, SBA may take one or more of the following actions:

- Report the status of your loan(s) to credit bureaus
- Hire a collection agency to collect your loan
- Offset your income tax refund or other amounts due to you from the Federal Government
- Suspend or debar you or your company from doing business with the Federal Government
- Refer your loan to the Department of Justice or other attorneys for litigation
- Foreclose on collateral or take other action permitted in the loan instruments

**Flood Disaster Protection Act** (42 U.S.C. 4011)

Regulations have been issued by the Federal Insurance Administration (FIA) and by SBA implementing this Act and its amendments. These regulations prohibit SBA from making certain loans in an FIA designated floodplain unless Federal flood insurance is purchased as a condition of the loan. Failure to maintain the required level of flood insurance makes the applicant ineligible for any future financial assistance from SBA under any program, including disaster assistance.

**Executive Orders -- Floodplain Management and Wetland Protection (42 F.R. 26951 and 42 F.R. 26961)**

The SBA discourages any settlement in or development of a floodplain or a wetland. This statement is to notify all SBA loan applicants that such actions are hazardous to both life and property and should be avoided. The additional cost of flood preventive construction must be considered in addition to the possible loss of all assets and investments in future floods.

**Occupational Safety and Health Act** (15 U.S.C. 651 et seq.)

This legislation authorizes the Occupational Safety and Health Administration in the Department of Labor to require businesses to modify facilities and procedures to protect employees or pay penalty fees. In some instances, the business can be forced to cease operations or be prevented from starting operations in a new facility. Therefore, in some instances SBA may require additional information from an applicant to determine whether the business will be in compliance with OSHA regulations and allowed to operate its facility after the loan is approved and disbursed. Signing this form as borrower is a certification that the OSA requirements that apply to the borrower's business have been determined and the borrower to the best of its knowledge is in compliance.

**Civil Rights Legislation**

All businesses receiving SBA financial assistance must agree not to discriminate in any business practice, including employment practices and services to the public, on the basis of categories cited in 13 C.F.R., Parts 112, 113, and 117 of SBA Regulations. This includes making their goods and services available to handicapped clients or customers. All business borrowers will be required to display the "Equal Employment Opportunity Poster" prescribed by SBA.

**Equal Credit Opportunity Act** (15 U.S.C. 1691)

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status or age (provided that the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program, or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The Federal agency that administers compliance with this law concerning this creditor is the Federal Trade Commission, Equal Credit Opportunity, Washington, D.C. 20580.

**Executive Order 11738 -- Environmental Protection** (38 C.F.R. 25161)

The Executive Order charges SBA with administering its loan programs in a manner that will result in effective enforcement of the Clean Air Act, the Federal Water Pollution Act and other environmental protection legislation. SBA must, therefore, impose conditions on some loans. By acknowledging receipt of this form and presenting the application, the principals of all small businesses borrowing \$100,000 or more in direct funds stipulate to the following:

1. That any facility used, or to be used, by the subject firm is not cited on the EPA list of Violating Facilities.
2. That subject firm will comply with all the requirements of Section 114 of the Clean Air Act (42 U.S.C. 7414) and Section 308 of the Water Act (33 U.S.C 1318) relating to inspection, monitoring, entry, reports and information, as well as all other requirements specified in Section 114 and Section 308 of the respective Acts, and all regulations and guidelines issued thereunder.
3. That subject firm will notify SBA of the receipt of any communication from the Director of the Environmental Protection Agency indicating that a facility utilized, or to be utilized, by subject firm is under consideration to be listed on the EPA List of Violating Facilities.

**Immigration and Nationality Act** (8 U.S.C. 1101, et seq., as amended)

If you are an alien who was in this country illegally since before January 1, 1982, you may have been granted lawful temporary resident status by the United States Citizenship and Immigration Services pursuant to the Immigration Reform and Control Act of 1986 (Pub. L. 99-603). For five years from the date you are granted such status, you are not eligible for financial assistance from the SBA in the form of a loan or guaranty under section 7(a) of the Small Business Act unless you are disabled or a Cuban or Haitian entrant. When you sign this document, you are making the certification that the Immigration Reform and Control Act of 1986 does not apply to you, or if it does apply, more than five years have elapsed since you have been granted lawful temporary resident status pursuant to such 1986 legislation.

**Lead-Based Paint Poisoning Prevention Act** (42 U.S.C. 4821 et seq.)

Borrowers using SBA funds for the construction or rehabilitation of a residential structure are prohibited from using lead-based paint (as defined in SBA regulations) on all interior surfaces, whether accessible or not, and exterior surfaces, such as stairs, decks, porches, railings, windows and doors, which are readily accessible to children under 7 years of age. A "residential structure" is any home, apartment, hotel, motel, orphanage, boarding school, dormitory, day care center, extended care facility, college or other school housing, hospital, group practice or community facility and all other residential or institutional structures where persons reside.

**Executive Order 12549 as amended by E.O. 12689, Debarment and Suspension and 2 CFR Part 2700**

1. The prospective lower tier participant certifies, by submission of this loan application, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
2. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participants shall attach an explanation to the loan application.

**Applicant Notifications**

The Applicants, its proprietors, partners, officers or stockholders owning 20% or more of the Applicant  have/  have not been involved in bankruptcy or insolvency proceedings. This question covers not only the Applicant, but also the personal bankruptcy or insolvency proceedings of proprietors, partners, officers or stockholders owning 20% or more of the Applicant. You must attach copies of the proceedings, if any.

The Applicant, its proprietors, partners, officers or stockholders owning 20% or more the Applicant  are/  are not involved in any pending lawsuits. This question covers not only the Applicant, but also proprietors, partners, officers or stockholders owning 20% or more of the Applicant in their personal capacities.

**Applicant's Acknowledgment**

My signature acknowledges receipt of these Statements Required by Laws and Executive Orders, that I have read it and that I have a copy for my files. My signature represents my agreement to comply with the requirements SBA makes in connection with the approval of my loan request and to comply, whenever applicable, with the limitations contained in these Statements.

**Certification as to Application Accuracy – Criminal Penalties for False Statements**

The undersigned certifies that all information provided to the CDC, and that all information in, and submitted with this application, including all exhibits is true and complete to the best of his or her knowledge--Applicant acknowledges that the application and exhibits are submitted to the CDC and to SBA so that the CDC and SBA can decide whether to approve this application. Any future submissions of information to the CDC must be accompanied by a certification as to the accuracy of that information.

The undersigned acknowledges that whoever makes any false statement or report, or willfully overvalues any land property or security for the purpose of influencing in any way the action of the SBA under the Small Business Investment Act, as amended, may be punished by a fine of not more than \$1,000,000 or by imprisonment for up to 30 years, or both, pursuant to 18 U.S.C. 1014. The undersigned further acknowledges that, in connection with a 504 loan, submission of any false statement to the CDC or SBA or submission of any record to the CDC or SBA omitting material information can result in civil money penalties and additional monetary liability up to three times the amount of damages which the Government sustains because of the false statement under the False Claims Act, 31 U.S.C. 3729.

(Each Proprietor, each General Partner, each Limited Partner or Stockholder owning 20% or more, and each Guarantor must sign. Each person should only sign once.)

If Applicant is a proprietor or partnership, sign below:

If Applicant is an L.L.C. or corporation, sign below:

\_\_\_\_\_  
Name of Business

\_\_\_\_\_  
Corporate Name

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

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

Attested by: \_\_\_\_\_ (seal, if required)

Additional Proprietors, Partners, Stockholders or Guarantors as required.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**U.S. SMALL BUSINESS ADMINISTRATION  
APPLICATION FOR SECTION 504 LOAN**

**PART D  
Instructions for Third Party Lender Certification for Loans Made For Debt Refinancing**

The Third Party Lender must provide the following certifications in its commitment letter submitted as Exhibit 17 of SBA Form 1244, Application for Section 504 Loan.

The Third Party Lender certifies that it has no reason to believe that the following statements are not true:

1. Either:
  - (a.) Substantially all (85% or more) of the proceeds of the indebtedness being refinanced were used to acquire and Eligible Fixed Asset (e.g. land, including a building situated thereon, to construct a building thereon, or to purchase equipment) and the remaining amount (15% or less) was incurred for the benefit of the small business seeking the refinancing; or
  - (b) If the Eligible Fixed Asset(s) was (were) originally financed through a commercial loan (the "original loan") that was subsequently refinanced one or more times:
    - (i) substantially all (85% or more) of the proceeds of the original loan was used to acquire an Eligible Fixed Asset (e.g., land, including a building situated thereon, to construct a building thereon, or to purchase equipment) and the remaining (15% or less) was incurred for the small business seeking the refinancing; and
    - (ii) the existing debt is the most recent refinancing of the original loan.
2. All of the proceeds of the indebtedness being refinanced were used for the benefit of the small business.
3. For Same Institution Debt:

For Debt Refinancing as Part of an Expansion

If the indebtedness being refinanced is debt of the Third Party Lender, or any of its affiliates, (Same Institution Debt), the Third Party Lender must certify that it is not in a position to sustain a loss causing a shift to SBA or all or part of a potential loss from the existing debt.



## Personal Household Budget

<b>INCOME</b>
---------------

**Annual Income:**

Your Wages (W-2 & 1099)	\$ _____
Your Spouse's Wages (W-2 & 1099)	\$ _____
Other Income (Child Support, Retirement, etc.)	\$ _____
<b>(1) TOTAL Monthly Income</b>	\$ _____

<b>EXPENSES</b>
-----------------

**Monthly Housing Expenses:**

Property Taxes, Water & Sewer	\$ _____
Rent (List Mortgage Payment Under Debt)	\$ _____
Homeowner/Renters Insurance	\$ _____
Gas/Electric	\$ _____
Phone, Local & Long Distance Calls	\$ _____
DSL or High Speed Internet	\$ _____
Cell Phone	\$ _____
Cable TV & Video Rentals	\$ _____
Cleaning Supplies & Service	\$ _____
Lawn Care	\$ _____
Other Maintenance	\$ _____
<b>(2) TOTAL Housing Expenses</b>	\$ _____

**Monthly Food Expenses:**

Groceries	\$ _____
School Lunches	\$ _____
Out to Eat Expense	\$ _____
<b>(3) TOTAL Food Expenses</b>	\$ _____

**Monthly Transportation Expenses (List Car Payment Under Debt):**

Gas Costs for Vehicle	\$ _____
Vehicle Repairs & Oil Changes	\$ _____
Parking	\$ _____
Public Transportation	\$ _____
<b>(4) TOTAL Transportation Expenses</b>	\$ _____

**Monthly Clothing Expenses:**

Clothes for Self/Spouse	\$ _____
Work Clothes/Uniforms	\$ _____
Laundry/Dry Cleaning	\$ _____
Clothes for Children	\$ _____
Other	\$ _____
<b>(5) TOTAL Clothing Expenses</b>	\$ _____



**Monthly Health Expenses:**

Health Care Premium \$ \_\_\_\_\_  
 Life Insurance \$ \_\_\_\_\_  
 Doctor & Dentist Co-Pays \$ \_\_\_\_\_

**(6) TOTAL Health Expenses** \$ \_\_\_\_\_

**Monthly Miscellaneous Expense:**

Charity \$ \_\_\_\_\_  
 Tuition \$ \_\_\_\_\_  
 Personal Care (Hair Grooming, Gym, etc) \$ \_\_\_\_\_  
 Recreation/Entertainment \$ \_\_\_\_\_  
 Pets \$ \_\_\_\_\_  
 Organization & Membership Dues \$ \_\_\_\_\_  
 Newspaper/Magazines \$ \_\_\_\_\_  
 Child Care & Family Obligations \$ \_\_\_\_\_  
 Cigarettes & Alcohol \$ \_\_\_\_\_  
 Other \$ \_\_\_\_\_

**(7) TOTAL Miscellaneous Expenses** \$ \_\_\_\_\_

**Monthly Debt Payments:**

**Provide Name and Monthly Payment (example CITI Visa \$32.00)**

Credit Card Name \_\_\_\_\_ \$ \_\_\_\_\_  
 Credit Card Name \_\_\_\_\_ \$ \_\_\_\_\_  
 Credit Card Name \_\_\_\_\_ \$ \_\_\_\_\_  
 Personal Line of Credit \_\_\_\_\_ \$ \_\_\_\_\_  
 Auto Loan \_\_\_\_\_ \$ \_\_\_\_\_  
 Auto Loan \_\_\_\_\_ \$ \_\_\_\_\_  
 Student Loans \_\_\_\_\_ \$ \_\_\_\_\_  
 Home Mortgage \_\_\_\_\_ \$ \_\_\_\_\_  
 Equity Line of Credit \_\_\_\_\_ \$ \_\_\_\_\_  
 Back Taxes \_\_\_\_\_ \$ \_\_\_\_\_  
 Judgments \_\_\_\_\_ \$ \_\_\_\_\_  
 Child Support \_\_\_\_\_ \$ \_\_\_\_\_

**(8) TOTAL Other Debts** \$ \_\_\_\_\_

**(9) TOTAL Monthly Expenses (Sum of 2 through 8)** \$ \_\_\_\_\_

**Monthly Savings:**

Savings \$ \_\_\_\_\_  
 Emergency Fund \$ \_\_\_\_\_  
 Retirement \$ \_\_\_\_\_  
 Special Needs (Identify) \_\_\_\_\_ \$ \_\_\_\_\_

**(10) TOTAL Savings** \$ \_\_\_\_\_



SUMMARY	
Monthly Income (Line 1)	\$
<b>MINUS</b> Total Monthly Expenses and Debt (Line 9)	\$
<b>Equals: Net Monthly Income or Loss w/o Savings</b>	\$
<b>PLUS</b> Total Savings (Line 10)	\$
<b>Equals: Net Monthly Income or Loss</b>	\$

\_\_\_\_\_  
Sign Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date





**GOVERNMENT FINANCING**

Have you or any officers ever had any other government financing?

\_\_\_\_\_  
Yes

\_\_\_\_\_  
No

If yes, explain.

Name of Agency	Original Amount	Date of Request	Approved or Declined	Loan Number	Balance	Status	Purpose

If yes, did the government incur any loss related to the loan(s)?

\_\_\_\_\_  
Yes

\_\_\_\_\_  
No

If yes, explain: \_\_\_\_\_

Has the business ever had any other government financing?

\_\_\_\_\_  
Yes

\_\_\_\_\_  
No

If yes, explain.

Name of Agency	Original Amount	Date of Request	Approved or Declined	Loan Number	Balance	Status	Purpose

If yes, did the government incur any loss related to the loan(s)?

\_\_\_\_\_  
Yes

\_\_\_\_\_  
No

If yes, explain: \_\_\_\_\_

Signatures:

Company

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

By: \_\_\_\_\_

\_\_\_\_\_  
Date

GUARANTORS:

By: \_\_\_\_\_

\_\_\_\_\_  
Date

By: \_\_\_\_\_

\_\_\_\_\_  
Date

By: \_\_\_\_\_

\_\_\_\_\_  
Date

By: \_\_\_\_\_

\_\_\_\_\_  
Date



**Community  
Investment  
Corporation™**

**SCHEDULE OF BUSINESS DEBT FOR** \_\_\_\_\_

**As Of** \_\_\_\_\_

(If possible, the information on this schedule should match the debt structure on the interim financial statement.)

Creditor Name/ Address	Original Amount	Original Date	Present Balance	Interest Rate	Maturity Date	Monthly Payment	Security	Payment Status
<b>Totals:</b>								

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

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

Guarantors: \_\_\_\_\_



**Community  
Investment  
Corporation™**

**Community Investment Corporation  
Personal Resume Form  
Required of all 20% or more owners\***

Name \_\_\_\_\_  
First Middle Maiden Last

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Race \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ U.S. Citizen? – If not, provide alien registration no. \_\_\_\_\_

Present Residence Address: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Most Recent Prior Address (omit if over 10 years): \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Spouse's Name \_\_\_\_\_  
First Middle Maiden Last

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Race \_\_\_\_\_

Does the Government Employ You?  Yes  No If yes, give the name of the agency and position: \_\_\_\_\_

**MILITARY SERVICE BACKGROUND**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank At Discharge: \_\_\_\_\_ Honorable?: \_\_\_\_\_

Job Description: \_\_\_\_\_

**EDUCATION (College or Technical Training)**

Name: \_\_\_\_\_ Location: \_\_\_\_\_

Dates Attended: \_\_\_\_\_ Major: \_\_\_\_\_ Degree or Certificate Earned: \_\_\_\_\_

Comments: \_\_\_\_\_

Name: \_\_\_\_\_ Location: \_\_\_\_\_

Dates Attended: \_\_\_\_\_ Major: \_\_\_\_\_ Degree or Certificate Earned: \_\_\_\_\_

Comments: \_\_\_\_\_

\* May attach resume

**WORK EXPERIENCE (List chronologically, beginning with present employment)**

Name of Company: \_\_\_\_\_ % of Business Owned: \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Name of Company: \_\_\_\_\_ % of Business Owned: \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Name of Company: \_\_\_\_\_ % of Business Owned: \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

## LGL-001 Power of Attorney

### Part I: Taxpayer(s) Giving a Power of Attorney to Another Person

Taxpayer's Name			Social Security Number
Spouse's Name (Personal income tax or individual use tax only)			Social Security Number
Mailing Address			Connecticut Tax Registration Number
City	State	ZIP Code	Federal Employer Identification Number

Taxpayer is: (Check box)

- Corporation   
  Partnership   
  Sole Proprietorship   
  Trust (other than a business trust)   
  Estate  
 Individual   
  Limited Liability Company   
  Business Trust   
  Other (specify) \_\_\_\_\_

### Part II: Declaration of Person(s) Giving Power of Attorney and Powers Given

See instructions for who may execute this power of attorney. This power of attorney revokes all previous powers of attorney on file with the Department of Revenue Services (DRS) for the same tax matters and years or periods covered by this power of attorney.

Any of the attorney(s)-in-fact are authorized, subject to revocation, to receive tax returns and tax return information as defined in Conn. Gen. Stat. §12-15, and to perform on behalf of the taxpayer(s) the following acts for the tax matters described below. The authority does not include the power to sign certain returns unless specifically stated below.

**Check the boxes for the powers given to:**

- Receive, but not to endorse and collect, checks (made payable to the taxpayer mentioned above) in payment of any refund of Connecticut taxes, penalties, or interest.
- Execute waivers (including offers of waivers) of restrictions on assessment or collection of deficiencies in tax and waivers of notice of disallowance of a claim for credit or refund.
- Execute or terminate consents extending the statutory period for assessment or collection of tax.
- Execute closing agreements under Conn. Gen. Stat. §12-2e.
- Delegate authority or to substitute another representative.
- Represent the taxpayer(s) named above before DRS.
- Sign returns. (See instructions.)

**Declaration:** I am the taxpayer identified in Part I, or if I am not the taxpayer identified in Part I, I have been authorized by the taxpayer to execute this power of attorney on behalf of the taxpayer and I am permitted by the instructions on this Form LGL-001 to execute this power of attorney. I declare under penalty of law that I have examined this document (including any accompanying schedules and statements) and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return or document to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both.

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

### Part III: Power of Attorney Given To

The taxpayer(s) named above appoints the following individual(s) as attorney(s)-in-fact to represent the taxpayer(s) before DRS and receive tax returns and return information for the following tax matters. Specify all tax types and periods affected by this power of attorney with the understanding that this authority applies only to the tax types and periods listed below. Enter the date of death for succession and estate taxes. Indicate the representative to whom a copy of any notice from DRS should be sent by checking the box below. Check one box only.

Name	Address	Check One Box	Telephone Number
		<input type="checkbox"/>	
		<input type="checkbox"/>	
<b>Tax Type (Sales Tax, Gift Tax, etc.)</b>		<b>Year(s) or Period(s)</b>	

## Instructions

Use **LGL-001**, *Power of Attorney*, to authorize one or more individuals to represent you before DRS. This authorization allows your representative(s) to receive and inspect confidential tax information and to act on your behalf in matters before DRS.

Connecticut law stipulates that all official mailings will be sent to the taxpayer of record at the address on file with DRS. As a matter of policy, DRS also provides taxpayers with the right to have a copy of any notice sent to its counsel or other qualified representative who has properly executed and filed this power of attorney with DRS for the type of tax and tax period that is the subject of the notice. This power of attorney does not change the requirement that DRS send all official mailings directly to the taxpayer.

### Part I: Taxpayer(s) Giving a Power of Attorney to Another Person

Provide the taxpayer's name and address and either your Social Security Number (SSN) or Connecticut Tax Registration Number and Federal Employer Identification Number. If you are a sole proprietor, enter your name and SSN. Do not enter your trade name. Do not use your representative's address as your own.

#### Your spouse's name is not required except for joint personal income tax or individual use tax returns.

If you are filing a joint personal income tax return and you and your spouse have the same representative(s), include your spouse's name and SSN in the space provided. Otherwise, each spouse must file a separate LGL-001.

Check the box that describes the taxpayer.

### Part II: Declaration of the Person Giving Power of Attorney And Powers Given

Any person giving a power of attorney to another person(s) must sign this declaration and must check the box for **each** act being granted to the attorney-in-fact to perform in matters before DRS. If a tax matter concerns a joint return, **both** husband and wife must sign in the space provided if they wish to be represented by the same person(s).

#### Who may execute this power of attorney?

- Any individual if the request is for an income tax return filed by that individual (or filed by that individual and his or her spouse if the request is for a joint income tax return);

Conn. Agencies Regs. §12-725-1(b) allows an agent, or a fiduciary charged with the care of the person or property of the taxpayer, to make and sign a return only when illness, absence, minority, or other good cause prevents the person required or permitted to make or file a Connecticut income tax return from doing so. You **must** state a reason why the taxpayer cannot sign the return.

- A limited liability company (LLC) member if the taxpayer is an LLC and has no manager or a manager if the taxpayer is an LLC and has managers;
- The sole proprietor if the taxpayer is a sole proprietorship;
- A general partner if the taxpayer is a partnership or a limited partnership;
- The administrator or executor if the taxpayer is an estate;
- The trustee if the taxpayer is a trust;
- If the taxpayer is a corporation, a principal officer or corporate officer (who has legal authority to bind the corporation), any

person who is designated by the board of directors or other governing body of the corporation, any officer or employee of the corporation upon written request signed by a principal officer of the corporation and attested to by the secretary or other officer of the corporation, or any other person who is authorized to receive or inspect the corporation's return or return information under I.R.C. §6103(e)(1)(D);

- The successor, receiver, guarantor, or any assignee of the taxpayer; **or**
- The authorized representative of any of the above.

### Part III: Power of Attorney Given To

Provide the name, address, and telephone number of the person(s) designated by you to be your attorney(s)-in-fact. If you are adding additional representatives to an existing power of attorney, include the names of all individuals you wish to represent you. This power of attorney revokes all previous powers of attorney on file with DRS for the same tax matters and years or periods covered by this power of attorney.

Enter the tax type and the tax periods or tax years that are the subject of this power of attorney. Be specific about the type of tax at issue (refer to the following examples):

- Withholding tax;
- Income tax;
- Sales and use taxes;
- Corporation business tax;
- Admissions and dues tax;
- Estate tax;
- Gift tax;
- Motor vehicle fuels tax;
- Gross earnings tax (petroleum, gas, hospital, community antenna);
- Cigarette tax distributor; **and**
- Individual use tax.

The terms **years** and **periods** can indicate various time frames.

A *tax year* may be a calendar year of 1/1/06 through 12/31/06 or a fiscal year of 7/1/06 through 6/30/07 for corporation tax. A *tax period* may have one or more monthly or quarterly periods.

Example: A sales and use tax period of 1/1/04 through 12/31/06 may contain 36 monthly or 12 quarterly periods.

Indicate the tax year(s) or tax period(s) to be covered by the power of attorney.

### Where to File

Do not send an LGL-001 to DRS unless you have been in contact with DRS and determined that you would like a third party to represent your interests before the agency.

Mail, fax, or deliver LGL-001 directly to the DRS employee or unit with whom the attorney-in-fact will interact. Consult a DRS representative to find out the name and the address or fax number where the LGL-001 should be directed. To contact DRS, call 1-800-382-9463 (Connecticut calls outside the Greater Hartford calling area only) and select Option 2 from a touch-tone phone, or 860-297-5962 (from anywhere). TTY, TDD, and Text Telephone users **only** may transmit inquiries anytime by calling 860-297-4911.



**Community  
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Corporation™**

**DRS Authorization- Personal**

**ATTENTION:** Arthur Berman  
Department of Revenue Services  
92 Sigourney Avenue  
Hartford, CT 06106-5032

Dear Mr. Berman:

In connection with a proposed loan to be made by the Community Investment Corporation (CIC), I hereby request that the Department of Revenue Services issue a status letter for the below listed individuals concerning Individual Tax Returns and Payments:

Name	Social Security #
_____	_____
_____	_____

Please fax your response to CIC’s President, Mark S. Cousineau at (203) 776-6837 and send the original to Mark S. Cousineau at CIC, 2315 Whitney Ave. Suite 2B, Hamden, CT 06518.

Thank you in advance for your assistance.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

**NOTE: ALL BORROWERS MUST SIGN. ADD LINES IF NEEDED.**

2315 Whitney Avenue, Suite 2B | Hamden, CT 06518 | Phone (203) 776-6172  
Fax (203) 776-6837 | [www.CICLending.com](http://www.CICLending.com)





**Community  
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**DRS Authorization- Business**

**ATTENTION:** Irene Wozniak  
Department of Revenue Services  
25 Sigourney Avenue  
Hartford, CT 06106-5032

Dear Ms. Wozniak:

In connection with a proposed loan to be made by the Community Investment Corporation (CIC), I hereby request that the Department of Revenue Services issue a status letter for the below listed entity concerning Sales and Use Tax Returns and Payments, Withholding Tax Returns and Payments, and Corporate Tax Returns and Payments:

Name	CT State Tax ID #
_____	_____
_____	_____
_____	_____

Please fax your response to CIC’s President, Mark S. Cousineau at (203) 776-6837 and send the original to Mark S. Cousineau at CIC, 2315 Whitney Ave. Suite 2B, Hamden, CT 06518.

Thank you in advance for your assistance.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name and Title (if applicable)

\_\_\_\_\_  
Print Name and Title (if applicable)

**NOTE: ALL BORROWERS MUST SIGN. ADD LINES IF NEEDED.**



# SECRETARY OF THE STATE OF CONNECTICUT

MAILING ADDRESS: COMMERCIAL RECORDING DIVISION, CONNECTICUT SECRETARY OF THE STATE, P.O. BOX 150470, HARTFORD, CT 06115-0470

DELIVERY ADDRESS: COMMERCIAL RECORDING DIVISION, CONNECTICUT SECRETARY OF THE STATE, 30 TRINITY STREET, HARTFORD, CT 06106

PHONE: 860-509-6003

WEBSITE: [www.concord-sots.ct.gov](http://www.concord-sots.ct.gov)

## ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY - DOMESTIC

C.G.S. §§34-120; 34-121

USE INK. COMPLETE ALL SECTIONS. PRINT OR TYPE. ATTACH 8 1/2 X 11 SHEETS IF NECESSARY.

<b>FILING PARTY</b> (CONFIRMATION WILL BE SENT TO THIS ADDRESS): NAME: ADDRESS: CITY: STATE: ZIP:		<b>FILING FEE: \$120</b> MAKE CHECKS PAYABLE TO "SECRETARY OF THE STATE"
<b>1. NAME OF LIMITED LIABILITY COMPANY - <u>REQUIRED</u>:</b> (MUST INCLUDE BUSINESS DESIGNATION I.E. LLC, L.L.C., ETC.)		
<b>2. DESCRIPTION OF BUSINESS TO BE TRANSACTED OR PURPOSE TO BE PROMOTED - <u>REQUIRED</u>:</b> ATTACH 8 1/2 X 11 SHEETS IF NECESSARY.		
<b>3. LLC'S PRINCIPAL OFFICE ADDRESS - <u>REQUIRED</u>:</b> (NO P.O. BOX) PROVIDE FULL ADDRESS. "SAME AS ABOVE" NOT ACCEPTABLE. ADDRESS: CITY: STATE: ZIP:		
<b>4. MAILING ADDRESS, IF DIFFERENT THAN #3:</b> PROVIDE FULL ADDRESS. "SAME AS ABOVE" NOT ACCEPTABLE. ADDRESS: CITY: STATE: ZIP:		
<b>5. APPOINTMENT OF STATUTORY AGENT FOR SERVICE OF PROCESS - <u>REQUIRED</u>:</b> (COMPLETE A OR B NOT BOTH) <input type="checkbox"/> <b>A. IF AGENT IS AN INDIVIDUAL.</b> PRINT OR TYPE FULL LEGAL NAME:		
<b>BUSINESS ADDRESS</b> (P.O. BOX NOT ACCEPTABLE) IF NONE, MUST STATE "NONE"		<b>CONNECTICUT RESIDENCE ADDRESS</b> (P.O. BOX NOT ACCEPTABLE)
ADDRESS: CITY: STATE: ZIP:	ADDRESS: CITY: STATE: ZIP:	
<b>SIGNATURE ACCEPTING APPOINTMENT:</b>		

**B. IF AGENT IS A BUSINESS:**

**PRINT OR TYPE NAME OF BUSINESS AS IT APPEARS ON OUR RECORDS:**

**CT BUSINESS ADDRESS** (P.O. BOX UNACCEPTABLE)

ADDRESS:

CITY:

STATE:

ZIP:

**SIGNATURE ACCEPTING APPOINTMENT ON BEHALF OF AGENT:**

[Signature line]

**PRINT NAME & TITLE OF PERSON SIGNING:**

[Name and Title line]

**6. MANAGER OR MEMBER INFORMATION-REQUIRED:** (MUST LIST AT LEAST ONE MANAGER OR MEMBER OF THE LLC.)  
ATTACH 8 1/2 X 11 SHEETS IF NECESSARY.

NAME	TITLE	BUSINESS ADDRESS (No. P.O. Box) IF NONE, MUST STATE "NONE"	RESIDENCE ADDRESS: (No. P.O. Box)

**7. MANAGEMENT - PLACE A CHECK NEXT TO THE FOLLOWING STATEMENT ONLY IF IT APPLIES**

MANAGEMENT OF THE LIMITED LIABILITY COMPANY SHALL BE VESTED IN A MANAGER OR MANAGERS

**8. EXECUTION:** (SUBJECT TO PENALTY OF FALSE STATEMENT)

DATED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_\_

NAME OF ORGANIZER (PRINT OR TYPE)	SIGNATURE

AN ANNUAL REPORT WILL BE DUE YEARLY IN THE ANNIVERSARY MONTH THAT THE ENTITY WAS FORMED/REGISTERED AND CAN BE EASILY FILED ONLINE @ [www.concord-sots.ct.gov](http://www.concord-sots.ct.gov)  
CONTACT YOUR TAX ADVISOR OR THE TAXPAYER SERVICE CENTER AT THE DEPARTMENT OF REVENUE SERVICES AS TO ANY POTENTIAL TAX LIABILITY RELATING TO YOUR BUSINESS, INCLUDING QUESTIONS ABOUT THE BUSINESS ENTITY TAX.  
TAX PAYER SERVICE CENTER: (800) 382-9463 OR (860) 297-5962 OR GO TO [www.ct.gov/drs](http://www.ct.gov/drs)

## **INSTRUCTIONS**

1. Name of Limited Liability Company-REQUIRED: The name MUST INCLUDE business designation, such as Limited Liability Company, LLC, L.L.C., Limited Liability Co., Ltd. Liability Company, or Ltd. Liability Co., and the name must be distinguishable from all other active business names on record with this office.
2. Nature of Business-REQUIRED: It is sufficient to state that the purpose of the limited liability company is to engage in any lawful act or activity for which a limited liability company may be formed under the Connecticut Limited Liability Company Act.
3. Principal Office-REQUIRED: Include street number, street, city, state and zip code.
4. Mailing Address-OPTIONAL: Fill in an address other than the principal business address if you would like the annual report sent elsewhere.
5. Appointment of statutory agent for process-REQUIRED: THE LIMITED LIABILITY COMPANY MAY NOT BE ITS OWN AGENT. An individual or entity (other than this LLC) must be appointed to accept legal process, notice or demand served upon the limited liability company. The agent may be EITHER:
  - a. Any individual who is a resident of Connecticut, including a manager or member of the LLC.
    - An individual must provide the complete street address of his or her business and a Connecticut residence address.  
(If no business address, must state none).
    - The agent must sign accepting the appointment.

**or**
  - b. One of the following business types, on record with this office, with a Connecticut address:
    - A Connecticut corporation, limited liability company, limited liability partnership or statutory trust.
    - A foreign corporation, limited liability company, limited liability partnership or statutory trust, which has obtained a certificate of authority to transact business in Connecticut and has a Connecticut address on file with this office.
      - Provide the Connecticut principal office address in the block designated for "Business address". The agent must sign accepting the appointment and the person signing on behalf of a business must print his/her name and title next to his/her signature.
6. Manager or member information-REQUIRED: The limited liability company must list the name, title, business and residence address of at least one manager or member of the limited liability company. (if no business address, must state none). Include street number, street, city, state and zip code. (Additional member(s) and manager(s) information may be included on an attached 8 ½ x 11 sheet.)
7. Management: If the limited liability company is to be managed by its member(s) do not check the box.
8. Execution-REQUIRED: The organizer must print or type his or her full legal name and provide a signature. Note that the execution is made under the penalties of false statement, certifying that the information provided in the document is true. \*THE LIMITED LIABILITY COMPANY MAY NOT BE ITS OWN ORGANIZER BUT A MANAGER/MEMBER MAY BE THE ORGANIZER.

.\*\*\*YOU ARE REQUIRED TO FILE ARTICLES OF DISSOLUTION IF YOU DISSOLVE YOUR BUSINESS.\*\*\*

**Note:** LLC's may have as many managers/members as they wish. However, only three will be shown on the database. Additional names will be available by requesting copies of the original filing.