

Augusta Housing & Community Development Department (AHCDD)
Small Business Development Loan Program Application Checklist

Complete the attached application and submit the following:

___1. **Complete Application Package**

___2. **Business Plan**

- a. *Describe your business.* What are your products and /or services? Who are your competitors? How will your business operate and be managed?
- b. *Describe your marketing plan.* Who are your customers? (Support information with demographics and/ or market analysis). Who are your competitors? What is your competitive advantage? Discuss your advertising strategy.
- c. *List your business asset requirements.* How much cash do you need to cover 3-6 months of operating expenses? What is your inventory need? What equipment, furniture, fixture, leasehold improvements and vehicles do you need?
- d. Describe the business skills acquired from previous work experience, training and education for each person owning 20% or more of your business. Include a discussion of the skills necessary to successfully operate your business.
- e. Include resumes or description of management experience and expertise: For owners and for any key persons responsible for business operations.

___3. **Projected Financial Statements** (Projections should be based on the assumption that you will get the loan.)

- a. Cash Flow: Month-by-Month projections for the next 12 months.
- b. Income Statement: A 12 month statement that reflects the months addressed in the cash flow projection.
- c. Key Assumptions: A complete description of any issues that affect financial projections.

___4. **Business Financial Statements** (existing businesses): If available, provide the last 2 years of fiscal statements including a balance sheet, income statement, and the most current interim statement (must be within 45-60 days of the application). All documents must be signed and dated.

- ____5. **Business Tax Returns** (Existing businesses): If available, provide for the last (2) years.
- ____6. **Personal Financial Statement:** Provide a personal financial statement for each person with 20% or more ownership in the business.
- ____7. **Personal Tax Returns:** Provide 2 years of personal tax returns for each person with 20% or more ownership in the business.
- ____8. **Copy of Lease:** If you are renting space to conduct your business, please provide a copy of your lease agreement (if available) or proposed leasing terms.
- ____9. **Partnership Agreement** (if applicable)
- ____10. **Articles of Incorporation, By-Laws/Regulations** (if applicable)
- ____11. **Copy of Business License and Other Licenses** (if applicable)
- ____12. **Proof of Insurance** (if applicable)
- ____13. **Zoning Compliance** (if applicable)

Other Application Checklist Items (may or may not be applicable)

- ____14. For all equipment purchases and/or minor building renovations, provide contractors estimates, suppliers price quotations and purchase orders.
- ____15. If you are planning to purchase real estate, please submit a complete copy of the Agreement of Sale. If your property is to be renovated, submit a copy of the deed.
- ____16. If you are planning to renovate commercial real estate, please submit preliminary plans and specifications for new construction or renovation and cost estimates prepared by a qualified, independent third party (General Contractor or Architect).
- ____17. Agreement pledging to create new permanent, full -time low/moderate income jobs.
- ____18. Any additional information that will assist CDIC in analyzing your application.

Application and attachments should be submitted in a sealed envelope. Applicants should notify AHCDD of any changes in or additional to the information Submitted. **Send all information to:**

Augusta Housing & Community Development Department (AHCDD)
Attn: AHCDD Business Loan Department
925 Laney Walker Blvd., 2nd Floor
Augusta, GA 30901

Contact: (706) 821-1797

**AUGUSTA HOUSING
& COMMUNITY DEVELOPMENT DEPARTMENT (AHCDD)
SMALL BUSINESS DEVELOPMENT LOAN PROGRAM**

Loan Application

This form is designed to provide AHCDD with sufficient information to permit effective consideration of your loan request. **A fully completed application will eliminate unnecessary delays.**

I. General Information

Name of applicant: _____

Name of business: _____

Address of business: _____

Contact person: _____

Telephone number: _____ Fax number: _____

Name of Current Bank: _____

Branch Address: _____

Bank Officer: _____

Phone Number: _____

II. Ownership & Management

Structure of business (Check One)

- Corporation Professional Corporation Limited Liability Corporation
 Sub Chapter S Corporation Partnership Sole Proprietorship

Ownership of applicant company (*List all owners & stockholders with 20% or more of total ownership*):

Name	Percentage Owned
1.	
2.	
3.	

**Note: There is a \$35 application fee payable to Augusta Housing and Community Development when this application is submitted.
*This fee is non-refundable.***

Key Management

Name	Titles/Duties	Yrs. With Co.	Annual Comp. Salary/Bonuses		Life Ins. Amount
1.					
2.					
3.					

III. Company History/Profile

Month/Year business was established: ___/____

Tax ID or EIN#: _____

Line of Business: _____

SIC: _____

Employment:

Number of employees: full-time: _____ part-time: _____

Jobs to be created (next two years): full-time: _____ part-time: _____

IV. Existing Business Loans Payable

Whom Payable/ Account, Number	Original Amount	Loan Date month/year	Term	Interest Rate	Outstanding Balance	Collateral
1.		/				
2.		/				
3.		/				

V. DESCRIPTION OF PROPOSED FINANCING

LOAN REQUEST (Please Itemize):

Real Estate Acquisition: \$ _____

Building Renovations: _____

Leasehold Improvements: _____

Machinery & Equipment: _____

Inventory: _____

Working Capital: _____

Other (describe): _____

Total Loan Request: \$ _____

VI. COLLATERAL (include current business and personal assets)

Dollar Amount

Accounts Receivable \$ _____

Furniture, fixtures: _____

Inventory: _____

Machinery & Equipment _____

Real Estate Equity: _____

Auto _____

Year _____ Make _____

Other _____

Other _____

Total Collateral \$ _____

a. Has the Applicant or any Owner of the company ever been convicted, charged with, or arrested for any criminal offense other than a minor motor vehicle violation? Yes___No___(If yes, please furnish details on a separate exhibit)

b. Is the Applicant or any Owner a party to a claim or lawsuit? Yes___No___(If yes, please furnish details on a separate exhibit)

c. Are any business assets currently pledged as collateral? Yes___No___(If yes, please furnish details on a separate exhibit)

d. Has the Applicant or any Owner ever declared bankruptcy? Yes___No___(If yes, please furnish details on a separate exhibit)

I/We authorize the AHCDD to investigate my/our personal and business financial credit history as necessary to process a loan application, and give AHCDD and/or an authorized agent the authority to pull this credit report. The undersigned authorize any person or consumer reporting agency to give you any information it may have on the undersigned. Each of the undersigned authorizes you to answer questions about your credit experience with the undersigned. The applicant certified that all information provided in conjunction with this application for credit is complete, true, and correct.

THE UNDERSIGNED, in applying for financial assistance from **AHCDD**, recognizes that prior to receiving any financial assistance he or she will agree to comply with all federal, state and local laws and regulations to the extent that such are applicable. If approved, for a loan, all parties agree to comply with the terms and conditions of the loan documents.

Name of Business:

Date:

Signature/Title:

Signature/Title:

EQUAL CREDIT OPPORTUNITY ACT

The Federal Equal Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided 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, Room 500, 633 Indiana Avenue, N.W., Washington, DC 20580.

For External Use Only:

Officer Name _____

Date Received _____