COMMUNITYWORKS (CW) COMMERCIAL REVOLVING LOAN FUND (CRLF) LOAN APPLICATION

PART I: BORROWER	INFORMATION			
Name of Company:				
Mailing Address:				
Street Address:				
Contact:	Telephone:			
Title:	Fax:			
County:	Federal I.D. #:			
Section One: Compan				
A. Type of Company:	 For-Profit Corporation Sole Proprietorship Partnership Other (Specify) 	n Non-Profit Corporation Limited Liability Compar		ability Company
-	Principal or Member	<u>% Owners</u>	ship if Any	<u>SSN #</u>
B. Type of Project:	Start-Up Company Expansion of Existing Refinance Other (Specify)		_ Construction/	/Rehab
C. Type of Business:	Retail Industrial Commercial/Service Public Entity Other (Specify):			

D. Standard Industrial Classification(s) (SIC Code):

This institution is an equal opportunity provider and employer

E.	The Company's Fiscal Year ends on:					
	Legislative Districts of Project: City County SC House SC Senate US Congress					
F.	Present Number of Employees: Total%					
	Male%					
	Female%					
	Minority%					
G.	6. Employment as a Result of the Project (if applicable):					
	 Number of new positions in 2 years:					
	 Number of full-time employees:(defined as an employee working hrs/wk). 					
Section Two: Attorney/Accountant Information						
A.	Attorney's Name:					
	Name of Firm:					
	Address:					
	Telephone:					
B.	Accountant's Name:					
	Name of Firm:					
	Address:					
	Telephone:					

PART II: PROJECT INFORMATION

Section One: Project Description

- A. Location of Project:
- B. Brief Description of Project:

Section Two: Project Budget

A. Proposed Sources and Amounts of Funds

Commercial Bank	\$,,	%
CW CRLF	\$,,	%
Other (Specify)	\$,,	%
Other (Specify)	\$,,	%
Equity	\$,,	%
TOTAL	\$,,	<u> 100 %</u>
B. Proposed Uses of Funds		
Land and Building	\$,,	%
Construction	\$,,	%
Renovation	\$,,	%
Machinery and Equipment	\$,,	%
Working Capital	\$,,	%
Site Preparation	\$,,	%
Refinancing or Other (Specify):	\$,,	%
TOTAL	\$,,	<u> 100 </u> %

C. CW CRLF Funding will be used for the following purpose(s):

Constr Renov Machi Worki Site Pr	and Building ruction ration nery and Equipment ng Capital reparation ancing or Other (Specify):		\$,, \$,, \$,, \$,, \$,, \$,,	$ \begin{array}{cccccccccccccccccccccccccccccccccccc$	
ΤΟΤΑ	AL		\$,, _	%	
D. Pa	rticipating Lender Information	(if applicable)			
Name	of Institution:				
Addre	SS:				
Loan (Officer's Name:				
Telepł	none Number: (
Addre Loan (SS:				
Section	n Three: Collateral/Security C	Offered			
Collate	eral Description:				
1. Co Lie	ollateral: en Holder:	Value: \$,	, Source of Value: Lien Amount: \$,,		
2. Co Lie	ollateral <u>:</u> en Holder:	_Value: \$,	,Source of Value: Lien Amount: \$,,,		
	llateral <u>:</u>				
Lie	en Holder:		_Lien Amount: \$ _	,,	

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PART III: BASIC EXHIBITS REQUIRED

- 1. Past Financial Information (Two Years prior Federal Income Tax Returns and Audit Reports)
- 2. Projected Financial Information
 - A. 24-month Cash Flow Projections
 - B. 24-month Profit and Loss Projections
 - C. Proforma Balance Sheet after 12 months
- _ 3. Current Financial Statements (not over 90 days old)
 - A. Balance Sheets
 - B. Profit and Loss Statements
 - 4. Personal Financial Statements on all principals having 20% or greater ownership in the business (if applicable)
- 5. For all but non-profit applicants, resumes on all principals having 20% or greater ownership in the business
 - 6. Statement regarding any current or pending litigation against the company
- 7. Commercial lender(s) Letter of Commitment (if applicable)
- 8. A Business Plan that includes a Marketing Strategy (description of sales, customers, expansion of sales) as applicable
- 9. List of indebtedness (including original date and amount, balance, rate, payment amount and terms. Identify security collateral, current or delinquent, for each loan or debt)
- 10. Copy of organizational paperwork for the business and a Certificate of Good Standing from the Secretary of States (needed before closing)
 - 11. Names of affiliates and/or subsidiary firms, if applicable

NOTE: Other documentation may be required to support the application, such as a copy of contracts, letters of reference, leases, credit reports, etc. These will be required as deemed necessary by CommunityWorks

PART IV: QUALIFYING STATEMENT

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I hereby certify that the information represented in this application is an accurate statement of the current position of the applicant and acknowledge that this has been made in conjunction with a request to borrow funds from the CommunityWorks Commercial Revolving Loan Fund.

In conjunction with this application, I authorize the CW to verify any information contained in the loan application. Therefore, CW is authorized to request any and all information on current and past accounts, both personal (on principals with a 20% ownership share or greater) and corporate, for use in connection with this loan application.

Borrowing Entity

Name and Title

Signature

Date

AUTHORIZATION AND PERMISSION

I understand that COMMUNITYWORKS (CW) wishes to use my name, likeness, image, voice, appearance and performance for use in internal or external productions, including but not limited to, web, print, video, audio or for other legal purposes ("Production Materials"). I agree that my participation is completely voluntary.

For adequate consideration hereby received, I irrevocably give CW my consent to use my name, likeness, image, voice, appearance, and performance for purposes of and surrender any ownership I may have in the Production Materials. It is my intention for CW to own the Production Materials and I understand they may become part of the CW's permanent collection. I grant CW, with my approval in each instance, the right to edit, mix, duplicate, use, and re-use the approved Production Materials in whole or in part and to grant CW's third party vendors a limited license to use the Production Materials in a way sanctioned by CW.

I irrevocably release CW from any and all claims in connection with the use of the Production Materials.

I am at least 18 years of age, have read the foregoing, understand the above terms and conditions, and agree to all of them.

DATE:_____

Name and Title of Authorized Representative

Signature of Authorized Representative