



Name of Applicant

Name of Business

The Southwest Georgia Regional Commission (SWGRC) through funds provided through the Economic Development Administration (EDA) from the Coronavirus Aid, Relief, and Economic Security (CARES) Act Revolving Loan Fund Supplemental Disaster Recovery and Resiliency Awards. The SWGRC Micro Loan Program is established to alleviate the economic distress the COVID-19 Pandemic has caused Southwest Georgia. These funds are available for businesses located in the lending area only (Baker County, Calhoun County, Colquitt County, Decatur County, Dougherty County, Early County, Grady County, Lee County, Miller County, Mitchell County, Seminole County, Terrell County, Thomas County, Worth County).

Received by Regional Commission Staff (Name)

Received On (Date)

SEPTEMBER 1, 2020

SOUTHWEST GEORGIA REGIONAL COMMISSION

181 E. Broad St. PO Box 346 Camilla, GA 31730 – 229.522.3552 – www.swgrc.org

The purpose of this Micro Loan Fund is to provide quick capital for businesses in the SWGRC lending area with economic support to recover from the COVID-19 Pandemic and become resilient businesses operating in Southwest Georgia.

ALL QUESTIONS MUST BE ANSWERED

Applicant Name(s) _____

Business Name _____

Business Address _____

Business Phone _____

Alternate Phone _____

Email Address _____

Date of Business Establishment _____

Type of Business: _____

Loan Amount \$_____ Micro Loans are made for any amount between \$5,000 - \$40,000.

Please give a brief description what your business is and how it has been affected by the coronavirus COVID-19 Pandemic.

Ownership:

___ Sole Proprietorship ___ Partnership ___ Corporation (Type) _____

If Applicant is a Partnership, give complete name and address of each partner:

Name

Name

Address

Address

A. Business Financing

Please list your current **business** debt obligations.

Bank Loan(s):

Source

Amount \$

Source

Amount \$

Source

Amount \$

Other Private Resources:

Source

Amount \$

Source

Amount \$

Public Resource(s):

Source

Amount \$

Other:

Source

Amount \$

TOTAL \$ _____

B. Loan Request

Is this loan request for:

Fix Assets: _____

Working Capital: _____

Refinancing: _____

C. Personal Financial Statement

The information below must be completed by **businessowner** and **any business partner** who has more than a 20% investment in the business.

<i>Assets</i>	<i>Amount in Dollars</i>
Cash – checking accounts	\$ _____
Cash – savings accounts	\$ _____
Certificates of deposit	\$ _____
Securities – stocks, bonds, etc	\$ _____
Notes & contracts receivable	\$ _____
Life Insurance (surrender value)	\$ _____
Personal property	\$ _____
Retirement Funds (IRA, 401k)	\$ _____
Real estate (market value)	\$ _____
Other asset _____	\$ _____
Other asset _____	\$ _____
TOTAL ASSETS	\$ _____

Details:

Notes & Contracts Held

_____		_____		_____		_____		_____		_____
From Who Owing		Balance Owing		Original Amount		Original Date		Monthly Payment		Maturity Date
_____		_____		_____		_____		_____		_____
From Who Owing		Balance Owing		Original Amount		Original Date		Monthly Payment		Maturity Date
_____		_____		_____		_____		_____		_____
From Who Owing		Balance Owing		Original Amount		Original Date		Monthly Payment		Maturity Date

Securities

_____		_____		_____		_____		_____
Name of Security		Number of Shares		Cost		Market Value		Date of acquisition
_____		_____		_____		_____		_____
Name of Security		Number of Shares		Cost		Market Value		Date of acquisition
_____		_____		_____		_____		_____
Name of Security		Number of Shares		Cost		Market Value		Date of acquisition

Real Estate

_____		_____		_____		_____
Description/Location		Market Value		Amount Owning		Original Cost
_____		_____		_____		_____
Description/Location		Market Value		Amount Owning		Original Cost
_____		_____		_____		_____
Description/Location		Market Value		Amount Owning		Original Cost

<i>Liabilities</i>	<i>Monthly payment/Months left to Pay</i>	<i>Unpaid Balance</i>
Current Debt (credit cards, accounts	\$ _____	_____
Notes payable	\$ _____	_____
Taxes payable	\$ _____	_____
Real estate mortgages	\$ _____	_____
Other _____	\$ _____	_____
Other _____	\$ _____	_____
TOTAL LIABILITIES	\$ _____	_____
NET WORTH	\$ _____	

Details:

Credit Card & Charge Card Debt

_____		_____
Name of Card / Center		Amount Due

_____		_____
Name of Card / Center		Amount Due

_____		_____
Name of Card / Center		Amount Due

_____		_____
Name of Card / Center		Amount Due

Notes Payable (excluding monthly bills)

_____		_____		_____		_____		_____		_____
Name of Creditor		Amount owing		Original Amount		Monthly Payment		Interest Rate		Secured by (Leine)

_____		_____		_____		_____		_____		_____
Name of Creditor		Amount owing		Original Amount		Monthly Payment		Interest Rate		Secured by (Leine)

_____		_____		_____		_____		_____		_____
Name of Creditor		Amount owing		Original Amount		Monthly Payment		Interest Rate		Secured by (Leine)

_____		_____		_____		_____		_____		_____
Name of Creditor		Amount owing		Original Amount		Monthly Payment		Interest Rate		Secured by (Leine)

Mortgage / Real Estate Loans Payable

_____		_____		_____		_____		_____		_____
Name of Creditor		Amount owing		Original Amount		Monthly Payment		Interest Rate		Secured by (Leine)

_____		_____		_____		_____		_____		_____
Name of Creditor		Amount owing		Original Amount		Monthly Payment		Interest Rate		Secured by (Leine)

_____		_____		_____		_____		_____		_____
Name of Creditor		Amount owing		Original Amount		Monthly Payment		Interest Rate		Secured by (Leine)

D. Borrower Simple Resume

Name: _____

Address, Phone, Email: _____

Education (give name(s) and addresses of institution(s) and dates of attendance):

Name *Dates Attended*

Location *Diploma, Certification, or Degree held*

Name *Dates Attended*

Location *Diploma, Certification, or Degree held*

Name *Dates Attended*

Location *Diploma, Certification, or Degree held*

Military Service give branch and dates served. Specify duties and responsibilities. Indicate type of discharge. Indicate if on reserve status.

Awards and Special Credentials note scholarships, performance awards, special certifications, etc..

References provide names and addresses of at least three persons not related to you. These people should know you, your work, and your character.

Name, Contact Phone Number, Relationship

Name, Contact Phone Number, Relationship

Name, Contact Phone Number, Relationship

E. Personal Financial Statement

OMB APPROVAL NO.3245-0178
Expiration Date: 07/31/2022

	<p>United States of America SMALL BUSINESS ADMINISTRATION STATEMENT OF PERSONAL HISTORY</p>	<p>Please Read Carefully and Fully Complete: 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. 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.</p>	
<p>1a. Name and Address of Applicant (Firm Name)(Street, City, State, ZIP Code and E-mail)</p>		<p>SBA District/Disaster Area Office</p>	
		<p>Amount Applied for (when applicable)</p>	<p>File No. (if known)</p>
<p>1b. 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.</p>		<p>2. Give the percentage of ownership in the small business</p>	<p>Social Security No.</p>
<p>First</p>	<p>Middle</p>	<p>Last</p>	
		<p>3. Date of Birth (Month, day, and year)</p>	
		<p>4. Place of Birth: (City & State or Foreign Country)</p>	
<p>If applicable, Name and Address of participating lender or surety co.</p>		<p>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 Alien Registration number _____ If no, country of citizenship: _____</p>	
<p>6. Present residence address:</p> <p>From:</p> <p>To:</p> <p>Address:</p> <p>Home Telephone No. (Include Area Code):</p> <p>Business Telephone No. (Include Area Code):</p>		<p>Most recent prior address (omit if over 10 years ago):</p> <p>From:</p> <p>To:</p> <p>Address:</p>	
<p>PLEASE SEE REVERSE SIDE FOR EXPLANATION REGARDING DISCLOSURE OF INFORMATION AND THE USES OF SUCH INFORMATION.</p> <p>YOU MUST INITIAL YOUR RESPONSES TO QUESTIONS 5,7,8 AND 9.</p> <p>IF YOU ANSWER "YES" TO 7, 8, OR 9, YOU MUST FURNISH DETAILS ON A SEPARATE SHEET. INCLUDE DATES, LOCATION, FINES, SENTENCES, 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.</p>			
<p>7. Are you presently subject to an indictment, criminal information, arraignment, or other means by which formal criminal charges are brought in any jurisdiction?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No INITIALS: _____</p>			
<p>8. Have you been arrested in the past six months for any criminal offense?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No INITIALS: _____</p>			
<p>9. For any criminal offense – other than a minor vehicle violation – have you ever: 1) been convicted; 2) pleaded guilty; 3) pleaded nolo contendere; 4) been placed on pretrial diversion or 5) been placed on any form of parole or probation (including probation before judgment).</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No INITIALS: _____</p>			
<p>10. I authorize the Small Business Administration 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.</p>			
<p>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.</p>			
<p>Signature</p>	<p>Title</p>	<p>Date</p>	

NOTICES REQUIRED BY LAW

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

PLEASE NOTE: The estimated time for completing this request for information, including time for reviewing instructions, gathering the information needed, and completing and reviewing your responses, is 15 minutes. You are not required to respond to this collection of information unless it displays a currently valid OMB Approval Number. The number for this collection of information is 32450178. If you wish to submit comments on the estimated completion time or any other aspect of this collection of information, direct these comments to: Small Business Administration, Director, Records Management Division, 409 3rd St., S.W., Washington D.C. 20416 and/or Desk Officer for the Small Business Administration, Office of Management and Budget, New Executive Office Building, Room 10202, Washington, D.C. 20503.

Privacy Act Statement (5 U.S.C. 552a)

Purpose for Collecting Information: SBA is collecting the information on this form, including your social security number and other personal information to make a character and credit eligibility decision in connection with you or your company's application for a loan or other form of SBA assistance. Submission of the requested information is voluntary; however, because the information is required in order for SBA to have sufficient information to determine whether to provide you with the requested assistance, if you do not provide the information, we would be unable to make a final decision on your application.

Authorities: Under the Privacy Act, 5 U.S.C. § 552a, failure to provide your social security number may not affect any right, benefit or privilege to which you are entitled. However, disclosures of name and other personal identifiers are required for a benefit, as SBA requires an individual seeking assistance from the Agency to provide it with sufficient information 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. SBA is specifically authorized to verify your criminal history, or lack thereof, pursuant to section 7(a)(1)(B) of the Small Business Act, (the SBAAct), 15 USC § 636(a)(1)(B). Additionally, in making loans pursuant to section 7(a)(6) the SBAAct, 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. 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 SBAAct or 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 when making a character determination to distinguish you from other individuals with the same or similar name, date of birth or other personal identifier. This request is permitted under EO 9397.

Routine Uses: The information collected may be checked against criminal history indices of the Federal Bureau of Investigation. When the information collected 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, SBA's Privacy Act System of Records, at 74 Fed. Reg. 14890 (2009), as amended for other published routine uses for the collected information.

F. Attachments

The following items are needed for all Micro Loan Program applications. If you have not been in business longer than three years, please give information based on the length of time you have been fully operational.

- A. Balance Sheet Previous Three Years
- B. Profit and Loss Previous Three Years
- C. Projected Income Statement for the next twelve (12) months
- D. Projected Monthly Cash Flow for the next twelve (12) months
- E. Year to Date Balance Sheet
- F. Year to Date Profit and Loss Statement
- G. Copy of Business Licenses
- H. If a Franchise, a copy of franchise agreement
- I. All applications are subject to a \$30 application fee for agency processing. Please include cash or money order with this application.

*This may not be an all-inclusive list of attachments. Other attachments or additional information may be needed to complete loan.

G. Assurances

_____ I give permission for the Southwest Georgia Regional Commission to access personal credit information on the principal owner or principal officer. This information will be utilized to score the risk assessment of this loan application and will not be shared, copied, or sold for any purposes at any time.

Name (First, Middle, Last)

Social Security #

Address (Street Number, Street Name, City, State, Zip)

_____ I understand this is a loan and will be required to be repaid according to terms set forth in the loan documents.

I certify that the information included in this application is true and complete to the best of my knowledge. I also grant permission to the Southwest Georgia Regional Commission to obtain information from my bank creditors, credit bureau reporting agency or other necessary sources to research and evaluate this application.

Applicant

Signature

Date

Name

Title

Telephone Number