



**REQUEST FOR SERVICE**

Name (first, middle initial & last) \_\_\_\_\_ Phone: \_\_\_\_\_ (daytime)

Mailing Address (include street, city & zip) \_\_\_\_\_

Email Address: \_\_\_\_\_

**WHAT SERVICES WOULD YOU LIKE TO ACCESS?**

I need assistance identifying and developing a business idea

I need assistance with a business plan or financing application

I need assistance with my existing business, (bookkeeping, financial statement analysis, marketing, management, etc.)

I need assistance with a special project (specify): \_\_\_\_\_

Briefly describe your business project. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have a written business plan (circle one)    No    Yes

Have you sought assistance from another source (circle one)    No    Yes

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

**PLEASE TELL US MORE ABOUT YOURSELF:**

<b>Education</b> <input type="checkbox"/> Some High School <input type="checkbox"/> HS graduate or have GED <input type="checkbox"/> Vocational/technical school certificate <input type="checkbox"/> BS/BA degree <input type="checkbox"/> Graduate Work <input type="checkbox"/> Have graduate degree <input type="checkbox"/> Other: _____		<b>Age</b> <input type="checkbox"/> Under 20 <input type="checkbox"/> 20-29 <input type="checkbox"/> 30-39 <input type="checkbox"/> 40-49 <input type="checkbox"/> 50-59 <input type="checkbox"/> 60 and over		<b>Ethnic Background</b> (Check all that apply) <input type="checkbox"/> White, not Hispanic <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> African American <input type="checkbox"/> Latino or Puerto Rican <input type="checkbox"/> Other: _____		<b>Veteran Status</b> <input type="checkbox"/> Non-veteran <input type="checkbox"/> Veteran <input type="checkbox"/> Vietnam Vet <input type="checkbox"/> Desert Shield/Storm <input type="checkbox"/> Iraq War/Recovery	
<b>How did you hear about us?</b> <input type="checkbox"/> Internet <input type="checkbox"/> Bank <input type="checkbox"/> Chamber of Commerce <input type="checkbox"/> TV/Radio/Newspaper (specify) _____ <input type="checkbox"/> SBA <input type="checkbox"/> Client/Word of Mouth (who) _____ <input type="checkbox"/> I was referred to you by: _____							
<b>Gender</b> <input type="checkbox"/> Female <input type="checkbox"/> Male		<b>Status</b> <input type="checkbox"/> Married <input type="checkbox"/> Single		<b>Employment Status</b> <input type="checkbox"/> Employed <input type="checkbox"/> Years <input type="checkbox"/> Full Time <input type="checkbox"/> Part-time <input type="checkbox"/> Unemployed <input type="checkbox"/> Combination employment/own business		<b>Household Income</b> <input type="checkbox"/> \$10,000 or less <input type="checkbox"/> \$10,001-\$20,000 <input type="checkbox"/> \$20,001-\$30,000 <input type="checkbox"/> \$30,001-\$40,000 <input type="checkbox"/> \$40,001-\$50,000 <input type="checkbox"/> \$50,001-\$60,000 <input type="checkbox"/> \$60,001 or more	

(continued on back)



**REQUEST FOR SERVICE**

If you have a business now, (have already made sales), please complete the following:

Business Name _____	Business Phone _____
Business Street Address _____	City, Zip _____
Business Fax _____	Business Email _____
Web Address _____	County _____
Federal ID# _____	
Form of Legal Organization (circle one)	
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> C-Corp <input type="checkbox"/> S-Corp <input type="checkbox"/> LLC <input type="checkbox"/> LLP	
_____ Years    _____ Months in business	
Primary Product or Service _____	
Do you have a partner or co-owner in the business? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Does your business currently have employees? <input type="checkbox"/> No <input type="checkbox"/> Yes	
If yes, _____ # of full-time (2080 hours/year)    _____ # of part-time (less than 32 hours/week)	

Please check the box and initial each of the following statements:

- I request business development services from Leech Lake Financial Services. I agree to cooperate should I be selected to participate in surveys designed to evaluate assistance services. I understand that any information disclosed will be held in strict confidence and reported internally in a general manner.
- I understand that Leech Lake Financial Services staff and/or consultant will outline an individualized business development plan after review of my application and completion of the pre-counseling assessment.
- Further I understand that completing all steps of the program does not necessarily insure my business success. Decisions made concerning business activities and the results of those decisions are my sole responsibility. As a recipient of services provided through Leech Lake Financial Services, I fully understand that Leech Lake Financial Services assumes no liability regarding the success of any business venture activities I may develop and/or implement.
- Inconsideration of statements made above, I agree not to commence any legal action against Leech Lake Financial Services relative to services provided and fully release Leech Lake Financial Services from any and all liability regarding said services.

Printed Name \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

**Sign and return to Leech Lake Financial Services**

*Leech Lake Financial Services is a nonprofit agency. We receive funding from Federal, State, private foundations and individual contributors.*



## AUTHORIZATION TO OBTAIN CREDIT INFORMATION

By signing below, I/we hereby authorize Leech Lake Financial Services, Inc., its agents or assigns, to verify my past and present employment earnings records, past and present employment status, bank accounts, stock holds, and any other asset balances.

I/we further authorize Leech Lake Financial Services, Inc., its agents or assigns, to order a consumer credit report from a reporting company chosen by Leech Lake Financial Services, Inc.

I/we understand that this credit report will be retained on file at Leech Lake Financial Services, Inc., its agents or assigns, obtains is to be used for the purpose of evaluating my/our financial readiness to be granted a loan, and the lending risk associated with Leech Lake Financial Services, Inc.

This information may also be obtained in conjunction with a quality control review of the file after the loan has been closed.

\_\_\_\_\_  
Applicant's printed name      *(First, Middle, Last)*      Social Security Number      Date of Birth

\_\_\_\_\_  
Applicant's signature      Date

\_\_\_\_\_  
Physical Address      City      State      Zip

\_\_\_\_\_  
Co-Applicant's printed name      *(First, Middle, Last)*      Social Security Number      Date of Birth

\_\_\_\_\_  
Co-Applicant's signature      Date

\_\_\_\_\_  
Address *(if different from applicant's)*      City      State      Zip

**Privacy Act Notice:** The information to be obtained will be used by the lender, its agents or assigns, and any federal agency insuring, guaranteeing, or purchasing the Loan to determine whether you qualify as a prospective borrower under the lender's and the agency's underwriting standards. The information will not be disclosed outside the lender or the federal agency without your consent except to the person, or company verifying the information including, but not limited to, your employer, bank, lender, and any other credit reference as needed to verify other credit information and as permitted by law. You do not have to give us the information but if you do not, your loan application may be delayed or rejected.



# LEECH LAKE FINANCIAL SERVICES

## LOAN APPLICATION

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### SUPPORTING DOCUMENTATION REQUIREMENT

The loan application may be printed and sent with the supporting documentation and application fee to the below address

For questions, please contact:

Pamela Spong  
Operations & Business Development Mgr

P: 218.339.3940 • F: 218.339.3944

[pamela.spong@llfinancial.org](mailto:pamela.spong@llfinancial.org)



## LLFS COMMUNITY DEVELOPMENT FINANCIAL INSTITUTION (CDFI)

### Business Loan Package Checklist

Use the checklist below to ensure you have completed and enclosed everything the lender will ask for to complete your application. Once your loan package is complete, please contact the LLFS, to schedule an appointment.

\_\_\_\_\_ **LLFS Loan Application** – To begin the process, you will need to complete LLFS Loan application form.

Access the most current form here:

- SBDF Loan Application Form: LLFS – 005 (Rev.1) 09/13

\_\_\_\_\_ **Personal Finance Statement**

- SBDF Loan Application Form: LLFS – 005 (Rev.1) 01/13

\_\_\_\_\_ **DUNNs Number:** *the Federal Financial Accountability Transparency Act (FFAT) requires all recipients' must have a Duns number.* <http://fedgov.dnb.com/webform/displayHomePage.do>

\_\_\_\_\_ **Comprehensive business plan** (include all of the following)

- a) Cover Letter
- b) Executive Summary
- c) Company Description
- d) Industry Analysis
- e) Target Market
- f) Analysis of the competition
- g) Marketing Plan
- h) Operational Plan
- i) Management/organizational plan
- j) Long term development strategy
- k) Three years of projected financial documents: Balance Sheet, Income statement, cash flow projections,
- l) Assumption Sheet

\_\_\_\_\_ Copy of **Entrepreneur Training Certificate**

\_\_\_\_\_ **Sufficient Collateral**

\_\_\_\_\_ **Equipment List**

\_\_\_\_\_ **Copy of all Legal Documents**, to include but not limited to, Business Lease or Purchase Agreement, Business Certificates, Licensing, Proof of Insurance, Articles of Incorporation, Appraisals, Sworn construction statements, etc.

\_\_\_\_\_ **Resumes'** of each Borrower/Owner

\_\_\_\_\_ **3-years Personal Federal Income Tax** returns

\_\_\_\_\_ Sources and Uses of Funds

1. **If You are Purchasing an Existing Business** – You must provide all information required by the RLF Loan Application.
2. In addition, existing businesses must provide:
  - a. Current Balance Sheet and P& L statement of business to be purchased
  - b. Previous two years federal income tax returns of the business
  - c. Proposed Bill of Sale including Terms of Sale
  - d. Asking Price with schedule of inventory, machinery and equipment, furniture and fixtures.



**LLFS COMMUNITY DEVELOPMENT  
FINANCIAL INSTITUTION (CDFI)**

**LOAN APPLICATION**

**CONTACT INFORMATION**

**Applicant Name:** \_\_\_\_\_ **DOB** \_\_\_\_\_  
(FIRST, FULL MIDDLE, LAST, SUFFIX)

**Business Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** Minnesota **Zip Code:** \_\_\_\_\_

**Business Phone:** \_\_\_\_\_ **County:** \_\_\_\_\_  
(1234567890)

**Fax Number:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_  
(1234567890) (1234567890)

**SS #:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_  
(123456789)

**BUSINESS INFORMATION**

**BUSINESS STATUS:** New Business \_\_\_\_\_ Existing Business Expansion \_\_\_\_\_ Establishment Year \_\_\_\_\_

**BUSINESS TYPE:**

- Sole Proprietorship \_\_\_\_\_
- Corporation \_\_\_\_\_
- Partnership \_\_\_\_\_
- LLC \_\_\_\_\_
- Other \_\_\_\_\_

EIN NUMBER	DUNS NUMBER	NAICS CODE

Will this project involve construction and/or renovation?

Yes	No
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**BRIEF DESCRIPTION OF PROJECT**

\_\_\_\_\_

\_\_\_\_\_

Amount of Loan Request: \$ \_\_\_\_\_

Total Project Cost: \$ \_\_\_\_\_

Projected Jobs	Full Time	Part Time
Jobs Created:		
Jobs Saved:		
Jobs Total:		

Attach one of the following:

1. A commitment letter from a participating bank stating the loan terms, the maximum amount to be extended by the bank, and the need for Leech Lake SBDF's participation; and /or
2. Bank rejection letter(s) listing the proposed loan terms.



**LLFS COMMUNITY DEVELOPMENT  
FINANCIAL INSTITUTION (CDFI)**

**LOAN APPLICATION**

USES OF FINANCING	
LAND	\$
BUILDING	\$
CONSTRUCTION/RENOVATION <sup>1</sup>	\$
EQUIPMENT	\$
INVENTORY / WORKING CAPITAL	\$
TOTAL	\$

SOURCES OF FINANCING	
BANK	\$
LEECH LAKE FINANCIAL SERVICES	\$
PUBLIC SOURCE	\$
OTHER	\$
EQUITY (MIN 10%) <sup>2</sup>	\$
TOTAL	\$

**SOURCES AND USES MUST BALANCE. RLF FUNDS CANNOT BE USED TO REFINANCE EXISTING DEBT!**

<sup>1</sup> If construction/renovation is a portion of your project, Davis / Bacon wage requirements may need to be met

<sup>2</sup> EQUITY: Defined as an amount or percentage of capital (or lien free assets) that is required to be added to a project from borrower or investor sources.

**PROJECT FINANCING**

LIST CONTACT INFORMATION FOR ALL OTHER SOURCES OF FINANCING FOR THIS PROJECT:

NAME	TELEPHONE NO.	AMT. OF FUNDS	TERMS (IF KNOWN)
		\$	
		\$	
		\$	
		\$	

**COLLATERAL**

LIST THE COLLATERAL YOU WILL BE USING FOR THIS PROJECT *(Attach schedule if necessary)*:

Items with Title <i>(example: Automobile/Boat)</i>				Est. Value
Year	Make	Model	Condition	
				\$
				\$
				\$
Other Please List				
				\$
				\$
<b>Total Estimated Value of Collateral:</b>				\$

A Personal Guaranty will be required from each shareholder holding more than a 10% interest in the corporation.



**LLFS COMMUNITY DEVELOPMENT  
FINANCIAL INSTITUTION (CDFI)**

**LOAN APPLICATION**

**CIVIL RIGHTS INFORMATION**

Race:

- American Indian/Alaskan Native
- Asian
- Black / African American
- Hawaiian / Pacific Islander
- White
  
- Veteran
- Disabled

Gender:

- Male
- Female

Ethnicity:

- Hispanic/Latino
- Non-Hispanic/Latino

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**CERTIFICATION:**

I certify that the contents of this application and attachments are true and correct to the best of my knowledge.

I authorize the LEECH LAKE FINANCIAL SERVICES to make inquiries regarding my credit history and statements contained in this application and attachments. I also authorize other lenders, involved in this project, to release information to LEECH LAKE FINANCIAL SERVICES as necessary to process my application.

The following has also been reviewed with me:

- The completed Application **and** all required/or requested additional documentation received, **and** all trainings successfully completed, BEFORE a loan package will be considered complete and the processing started.
- Upon review of the Loan package by LLFS staff or Committees, additional Documents and/or Training may be required.
- Application must be signed and dated, and application fee received by LLFS, before it will be processed.

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**DATE**

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**AUTHORIZED SIGNATURE OF BORROWER**

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**AUTHORIZED SIGNATURE OF BORROWER**

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**Date Received Stamp - Followed by LLFS staff initials in this section**





Applicant Name

**Personal Financial Statement**

Please omit cents when preparing this form

*Note: If assets or Liabilities are jointly owned by you and another person, please circle "J" in th amount columns. If individually owned by only you circle "I" in the amount columns.*

ASSETS OWNED		LIABILITIES OWED		
Description	Est Market Value	Description	Monthly payment	Balance Owed
Cash, checking (bank name, acct #)	I J	Credit Account (owed to, acct #)		I J
Cash, checking (bank name, acct #)	I J	Credit Account (owed to, acct #)		I J
IRA, 401(K), 403(b) or other retirement acct (describe)	I J	Credit Account (owed to, acct #)		I J
Vehicle #1 (make, model, year)	I J	Loan on Retirement Account		I J
Vehicle #2 (make, model, year)	I J	Auto Loan #1 (lender, loan #)		I J
Life Insurance - Issuer: Cash Value: \$	I J	Auto Loan #2 (lender, loan #)		I J
Real Estate (homestead address)	I J	Loan on Life Insurance		I J
Real Estate (other)	I J	Mortgage / contract for deed /lease		I J
Stocks, Bonds, investments (describe)	I J	Unpaid or past due taxes		I J
Personal Assets (Household Furnishings, Jewelry, Guns, etc.) (list on a separate sheet)	I J	Other (list on separate sheet)		I J
Recreational Vehicles	I J	Other (list on separate sheet)		I J
Other	I J	Other (list on separate sheet)		I J
<b>TOTAL ASSETS</b>		<b>TOTAL LIABILITIES</b>		

**PERSONAL NET WORTH (Total assets minus total liabilities)**

**OTHER OBLIGATIONS THAT YOU OWE SUCH AS ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE**

Description	Amount	Past Due?	Description	Amount	Past Due?
		Yes No			Yes No
		Yes No			Yes No
		Yes No			Yes No
		Yes No			Yes No
Are you a co-maker, endorser, or guarantor on any loan or contract?		No Yes →	If yes, for whom, lender or contract holder.		Amount
Are there any unsatisfied judgements against you?		No Yes →	If yes, to whom owed?		Amount
Have you declared bankruptcy in the last ten years?		No Yes →	If yes, in what city and state?		Year

**APPLICANT CERTIFICATION AND SIGNATURE**

I authorize \_\_\_\_\_ to make inquiries necessary to verify the accuracy of the statements made in this application and to determine my credit worthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date. These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. I understand false statements may result in forfeiture of benefits from \_\_\_\_\_. I understand that the \_\_\_\_\_ will retain this application whther or not it is approved for credit. If this credit application is approved and a loan is given, I authorize the \_\_\_\_\_ to answer queries regarding their credit experience with me.

\* I have attached additional information \_\_\_\_ No \_\_\_\_ Yes → Please write applicant name on each attached page.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**ATTACHMENTS**

If an exsiting business, please attach the following:  
 1 Two most recent-year financial statements  
 2 Two most recent-year income tax returns

If a new business startup, please attach the following:  
 1 Your two most recent-year personal fincome tax returns

**If you do not have two years of financial data or tax returns, please attach an explanation**