



## APPALACHIAN DEVELOPMENT CORPORATION LOAN APPLICATION

This checklist has been provided to assist you through the process of gathering the information for the evaluation of your loan request. All items may not be applicable. Please provide complete information.

1. **Loan Application Form** \_\_\_\_\_
2. **Conflict of Interest Statement** \_\_\_\_\_
3. **Management Resume**— For any 20% or more owner. \_\_\_\_\_
4. **Personal Financial Statement**— Provide a current (less than 90 days old at time of application), signed personal financial statement for each 20% or more owner (must be joint if married). \_\_\_\_\_
5. **Personal Federal Tax Returns for 3 years**— For all owners of 20% or more of the applicant (include all supporting schedules). \_\_\_\_\_
6. **Business Tax Returns for 3 years** \_\_\_\_\_
7. **Interim Business Financial Statement**— (for existing business) Provide income statement and balance sheet less than 90 days old at time of application. \_\_\_\_\_
8. **Corporate Federal Tax Returns for the most recent year for all business affiliates**— (complete return including schedules). Affiliate is any business in which an owner of the business requesting financing has a 20% stake or greater. \_\_\_\_\_
9. **A copy** of the key cost documents such as: real estate purchase agreement, contractor cost estimate, vendor quotes for machinery and equipment, etc. \_\_\_\_\_
10. **Business Plan**— Complete form or provide business plan. \_\_\_\_\_
11. **Financial Projections**— For a new business or if historical tax returns do not support the proposed debt provide minimum of two years of projected income statements and cash flows. Projections should reflect loan proceeds. \_\_\_\_\_
12. **Request for Copy** of Tax Transcripts (IRS Form 8821) for existing business. If purchasing an existing business, the Seller must sign it. The ADC will provide the form after business information is received. \_\_\_\_\_
13. **Commitment Letter** from the participating lender (if applicable) stating the terms and conditions of its participation and the reason why ADC financing is required. \_\_\_\_\_
14. **Borrower's Certification**— (signed by spouse too if joint tax returns are filed). \_\_\_\_\_
15. **Copy of Driver's License**— For all owners of 20% or more. \_\_\_\_\_
16. **Environmental Questionnaire**— To be signed by Purchaser and Seller (if applicable). Additional reports may be required. \_\_\_\_\_
17. **Appraisal**— To be ordered. \_\_\_\_\_
18. **Application fee agreement**— \$500 made payable to the ADC and signed by owner. \_\_\_\_\_

Please be advised that all statements and copies need original signatures and dates. Photocopies are acceptable if signed and dated. All information provided will be handled in complete confidence.

Loan funds can be used to finance land, buildings, equipment, machinery, real property improvements, and/or working capital. Projects financed with Appalachian Loan Funds must create at least one job per \$40,000 in ADC funds loaned. If you have any questions, please contact the Appalachian Development Corporation at (864) 382-2350. The Appalachian Development Corporation is an equal opportunity lender.



# ADC Loan Fund Application

## Company Information

Company Name \_\_\_\_\_

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

Principal in charge \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Secondary contact person \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Web Address \_\_\_\_\_

Type of business \_\_\_\_\_ Date established \_\_\_\_\_

Number of Employees: \_\_\_\_\_ Existing \_\_\_\_\_ Created within 2 years of loan closing \_\_\_\_\_

Type of entity (check one) ☐ Proprietorship ☐ Partnership ☐ Corporation ☐ LLC

## Company Ownership

Name _____	Title _____	% of Ownership _____
Name _____	Title _____	% of Ownership _____
Name _____	Title _____	% of Ownership _____
Name _____	Title _____	% of Ownership _____

## Affiliate Businesses- ownership 20% or more

Name _____	Owner _____	% of Ownership _____
Name _____	Owner _____	% of Ownership _____
Name _____	Owner _____	% of Ownership _____

## Existing Business Location(s)

Address _____	Square feet _____	Lease payment _____	Replaced by new facility? <input type="checkbox"/> Yes
			<input type="checkbox"/> No
Address _____	Square feet _____	Lease payment _____	Replaced by new facility? <input type="checkbox"/> Yes
			<input type="checkbox"/> No

## References

Banker's Name _____	Bank Name _____	Phone _____
Accountant _____	Firm Name _____	Phone _____
Attorney _____	Firm Name _____	Phone _____

## Business Information

Nature of your business \_\_\_\_\_

\_\_\_\_\_

Type of products or services \_\_\_\_\_

Geographic market area \_\_\_\_\_

List of key customers \_\_\_\_\_

Competitors \_\_\_\_\_

## Project Information

Street address of project \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

What is the square footage of the new building? \_\_\_\_\_ What is the square footage your company will occupy? \_\_\_\_\_

If known, how will the property be vested (i.e., individually, husband and wife, partnership, LLC, corporation, trust, etc.). \_\_\_\_\_

How do you intend to use the funds? \_\_\_\_\_

## Project Costs

### Purchase existing building

Purchase price	\$ _____
Tenant improvements	\$ _____
Equipment	\$ _____
Other	\$ _____
<b>Total</b>	<b>\$ _____</b>

### Construction project

Land acquisition	\$ _____
Construction bid	\$ _____
Architects, permits, soft costs	\$ _____
Equipment	\$ _____
Other	\$ _____
<b>Total</b>	<b>\$ _____</b>

Other than yourself, if there are any additional tenants, please provide the following information along with copies of the proposed or existing leases.

Tenant name	Square footage	Lease expiration	Rent amount

## Personal Information- completed by all owners 20% or more

*The fact that you have an arrest or conviction record will not necessarily disqualify you; an incorrect answer may cause your application to be rejected.*

Are you presently under indictment, on parole or probation? ☐ Yes ☐ No

Have you ever been charged with and/or arrested for any criminal offense other than a minor vehicle violation? Include offenses which have been dismissed, discharged, or not prosecuted. ☐ Yes ☐ No

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 a minor motor vehicle violation? ☐ Yes ☐ No

***\*If yes, to any of the above, we will provide a separate form to be completed.***

Have you or any officer of your company ever been involved in bankruptcy or insolvency proceedings? ☐ Yes ☐ No

Are you or your business involved in any pending or prior lawsuits? ☐ Yes ☐ No

***\*If yes, to either of the above, provide discharge papers and signed/dated detailed letter of explanation.***

## Credit Report Authorization

I declare that the information provided in this application is true and correct. I hereby authorize the release of all credit report and other information required in the processing of my loan application and as required in the servicing and/or during the term of my loan. I further authorize Appalachian Development Corporation to release such information to any entity as required in the processing of my loan application.

I/We hereby certify that the enclosed information, including any attachments or exhibits provided here within or at a later date, is valid and correct to the best of my/our knowledge.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Spouse Signature \_\_\_\_\_

Date \_\_\_\_\_

## CAIVRS Authorization

We are required to inform you that, in the event of default on the loan, the names of the borrower and guarantors may be referred for listing in the Credit Alert Information Verification System (CAIVRS), a database managed by the U.S. Department of Housing and Urban Development. This may affect your eligibility for further financial assistance using a federally guaranteed loan including but not limited to government guaranteed Student Loans, "Disaster" Loans, SBA loans or USDA loans. Further, you are advised that the name of the borrower, guarantors, affiliates, and associates of the borrower will be checked against the CAIVRS database to determine if there has been a previous loss to the federal government. In the event it is determined that there has been such a loss, the business or individual causing the loss will be required to reimburse the government for the loss before the loan request can be further processed.

Signature \_\_\_\_\_

Date \_\_\_\_\_

# B U S I N E S S   P L A N

**Provide as much detail as possible. Use separate pages or attachments as necessary. A separate business plan may be provided in lieu of this plan.**

COMPANY NAME

NATURE OF BUSINESS

TYPES OF PRODUCTS AND/OR SERVICES OFFERED

CUSTOMER PROFILE

KEY CUSTOMERS

MAJOR COMPETITORS

PAST ACCOMPLISHMENTS

FUTURE PLANS FOR GROWTH AND EXPANSION

MARKETING STRATEGIES

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HOW WILL THIS LOAN BENEFIT YOUR COMPANY?

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Are you employed by a Federal, State or Local Government? \_\_\_\_\_ If yes, give agency and position: \_\_\_\_

\_\_\_\_\_

Are you a U.S. Citizen? \_\_\_\_\_ If no, give Alien Registration number \_\_\_\_\_

Have you ever been charged with or convicted of any criminal offense other than a misdemeanor involving a motor vehicle violation? YES NO If yes, furnish details on separate sheet or attachment.

Are you involved in any lawsuit at this time or have you ever filed for personal or business Bankruptcy Protection? YES NO If yes, furnish details on a separate sheet or attachment.

Have you ever obtained credit under any other name? YES NO If yes, furnish details on a separate sheet or attachment.

**How many new full-time positions will be created with the assistance of this loan?** \_\_\_\_\_  
(35 part-time hours = 1 full time equivalent)

Positions must be created within an agreed upon length of time after loan approval.

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

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

# CONFLICT OF INTEREST STATEMENT

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

Appalachian Development Corporation  
880 S. Pleasantburg Dr.  
Greenville, South Carolina 29607

RE: Conflict of Interest Statement

On behalf of the applicant business entity, I (We) shall inform Appalachian Development Corporation (ADC) in writing and furnish such additional evidence as ADC requests as to whether, and to the extent which, either the applicant or its principal officers (including immediate family) are employed or hold any elected legal or financial interest or influence in a Unit of Local Government, the Appalachian Council of Governments, or Appalachian Development Corporation. ADC shall determine whether such employment, financial interest, or influence is sufficient to create a potential conflict of interest. If ADC determines there is a potential conflict of interest, the applicant's application will not be processed until such a conflict is eliminated.

Sincerely,

\_\_\_\_\_  
(Company Name)

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

Its: \_\_\_\_\_

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

Its: \_\_\_\_\_



## **ADC Packaging and Origination Fee for ALF Loans**

The Appalachian Development Corporation (ADC) requires a \$500 nonrefundable Packaging Fee be submitted with your application for financing.

The ADC origination fee is 1.5% of the loan amount. If your loan is approved and the ADC issues a commitment letter to you, 1% of the fee is due along with the signed commitment letter. At closing, the remaining balance of 0.5% is due and payable prior to disbursement of loan proceeds. In the event the loan does not close, the ADC may consider a refund of any or all the fee less any expenses incurred in the processing of the application, including any legal fees incurred on your behalf, by the ADC.

Checks should be made payable to the ADC.

This agreement is understood, acknowledged and agreed to as of \_\_\_\_\_.  
(Date)

Applicant Business: \_\_\_\_\_

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

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

880 S. Pleasantburg Dr. Suite 3-E  
Greenville, SC 29607  
Phone: 864-382-2350 Fax: 864-382-2370  
[WWW.ADCLOANS.COM](http://WWW.ADCLOANS.COM)



## BORROWER'S CERTIFICATION

TO: Appalachian Development Corporation (ADC)  
880 S. Pleasantburg Dr. Suite 3-E  
Greenville, SC 29607

RE: ADC Application

The undersigned certify the following:

1. I/we have applied for a loan through the Appalachian Development Corporation. In applying for the loan, I/we completed a loan application containing various information on the purpose of the loan, the amount and source of the down-payment, employment and income information, including my/our business and personal tax returns, and assets and liabilities including my/our financial statements.
2. I/we certify that all of the information contained in my/our application is true and complete. I/we made no misrepresentations on the loan application or other documents, nor did I/we omit any pertinent information.
3. This certification includes, but is not limited to:
  - a. Personal and Business Tax Returns
  - b. Personal and Business Financial Statements
  - c. Affiliate Tax Returns and Financial Statements
4. I/we fully understand that it is a federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements when applying for this Section 504 loan, as applicable under the provisions of Title 15, United States Code, Section 645 and Title 18, United States Code, Section 1001.

Date

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

\_\_\_\_\_

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

\_\_\_\_\_

## Tax Information Authorization

- Go to [www.irs.gov/Form8821](http://www.irs.gov/Form8821) for instructions and the latest information.  
► Don't sign this form unless all applicable lines have been completed.  
► Don't use Form 8821 to request copies of your tax returns or to authorize someone to represent you. See instructions.

OMB No. 1545-1165
<b>For IRS Use Only</b>
Received by:
Name _____
Telephone _____
Function _____
Date _____

**1 Taxpayer information.** Taxpayer must sign and date this form on line 6.

Taxpayer name and address	Taxpayer identification number(s)	
	Daytime telephone number	Plan number (if applicable)

**2 Designee(s).** If you wish to name more than two designees, attach a list to this form. **Check here if a list of additional designees is attached** ☒

Name and address Tax Guard, LLC 10355 Westmoor Drive Suite 101 Westminster, CO 80021	CAF No. 0306-56669R PTIN _____ Telephone No. (720) 204-7751 Fax No. (720) 204-7751
<b>Check if to be sent copies of notices and communications</b> <input type="checkbox"/>	Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
Name and address Appalachian Development Corporation 880 S Pleasantburg Drive Suite 3E Greenville, SC 29607	CAF No. None PTIN _____ Telephone No. (864) 382-2350 Fax No. null
<b>Check if to be sent copies of notices and communications</b> <input type="checkbox"/>	Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>

**3 Tax information.** Each designee is authorized to inspect and/or receive confidential tax information for the type of tax, forms, periods, and specific matters you list below. See the line 3 instructions.

☒ By checking here, I authorize access to my IRS records via an Intermediate Service Provider.

(a) Type of Tax Information (Income, Employment, Payroll, Excise, Estate, Gift, Civil Penalty, Sec. 4980H Payments, etc.)	(b) Tax Form Number (1040, 941, 720, etc.)	(c) Year(s) or Period(s)	(d) Specific Tax Matters
Withholding/Civil Penalty/Excise Tax	941/943/944/945/6672/720/8804/CIV PEN	1st, 2nd, 3rd, 4th quarters 2012 through 2023	N/A
Unemployment/Heavy Use/Civil Penalty	940/2290/CIV PEN	2012 through 2023	N/A
Income	1065/1120/1120S/990/1041	2012 through 2023	N/A

**4 Specific use not recorded on the Centralized Authorization File (CAF).** If the tax information authorization is for a specific use not recorded on CAF, check this box. See the instructions. If you check this box, skip line 5 . . . . . ☐

**5 Retention/revocation of prior tax information authorizations.** If the line 4 box is checked, skip this line. If the line 4 box isn't checked, the IRS will automatically revoke all prior tax information authorizations on file unless you check the line 5 box and **attach a copy** of the tax information authorization(s) that you want to retain . . . . . ☐  
To revoke a prior tax information authorization(s) without submitting a new authorization, see the line 5 instructions.

**6 Taxpayer signature.** If signed by a corporate officer, partner, guardian, partnership representative (or designated individual, if applicable), executor, receiver, administrator, trustee, or individual other than the taxpayer, I certify that I have the legal authority to execute this form with respect to the tax matters and tax periods shown on line 3 above.

► IF NOT COMPLETED, SIGNED, AND DATED, THIS TAX INFORMATION AUTHORIZATION WILL BE RETURNED.

► DON'T SIGN THIS FORM IF IT IS BLANK OR INCOMPLETE.

Signature

Date

Print Name

Title (if applicable)

<b>Name</b>	<b>Business Phone</b> (xxx-xxx-xxxx)
<b>Home Address</b>	<b>Home Phone</b> (xxx-xxx-xxxx)
<b>City, State, &amp; Zip Code</b>	
<b>Business Name of Applicant/Borrower</b>	
<b>Business Address</b> (if different than home address)	
<b>Business Type:</b> ___ Corporation ___ S-Corp. ___ LLC ___ Partnership ___ Sole Proprietor	
<b>This information is current as of [month/day/year]</b> (within 90 days of submission)	
<b>Joint tax returns filed</b> <b>Yes</b> <b>No</b>	
<b>ASSETS</b>	<b>LIABILITIES</b>
(Omit Cents)	(Omit Cents)
Cash on Hand & in banks..... Savings Accounts..... IRA or Other Retirement Account..... (Describe in Section 5) Accounts & Notes Receivable..... (Describe in Section 5) Life Insurance – Cash Surrender Value Only..... (Describe in Section 8) Stocks and Bonds..... (Describe in Section 3) Real Estate..... (Describe in Section 4) Automobiles..... (Describe in Section 5, and include Year/Make/Model) Other Personal Property..... (Describe in Section 5) Other Assets..... (Describe in Section 5) <div style="text-align: right;"><b>Total</b></div>	Accounts Payable..... Notes Payable to Banks and Others..... (Describe in Section 2) Installment Account (Auto)..... Mo. Payments ..... Installment Account (Other)..... Mo. Payments ..... Loan(s) Against Life Insurance..... Mortgages on Real Estate..... (Describe in Section 4) Unpaid Taxes..... (Describe in Section 6) Other Liabilities..... (Describe in Section 7) Total Liabilities..... Net Worth..... <div style="text-align: right;"><b>Total</b></div> <div style="text-align: right;">Must equal total in assets column.</div>
<b>Section 1. Source of Income.</b>	<b>Contingent Liabilities</b>
Salary..... Net Investment Income..... Real Estate Income..... Other Income (Describe below).....	As Endorser or Co-Maker..... Legal Claims & Judgments..... Provision for Federal Income Tax..... Other Special Debt.....
<b>Description of Other Income in Section 1</b> (Alimony or child support payments should not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income)	



**Section 6. Unpaid Taxes.** (Describe in detail as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)

**Section 7. Other Liabilities.** (Describe in detail.)

**Section 8. Life Insurance Held.** (Give face amount and cash surrender value of policies – name of insurance company and Beneficiaries.)

I authorize Lender/Surety Company to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness.

**CERTIFICATION:** (to be completed by each person submitting the information requested on this form and the spouse of any 20% or more owner when joint tax returns are filed)

By signing this form, I certify under penalty of criminal prosecution that all information on this form and any additional supporting information submitted with this form is true and complete to the best of my knowledge. I understand that participating Lenders or Certified Development Companies or Surety Companies will rely on this information when making decisions regarding an application for a loan, or surety bond. I further certify that I have read the attached statements required by law and executive order.

Signature \_\_\_\_\_

Date \_\_\_\_\_

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

Social Security No. \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

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

Social Security No. \_\_\_\_\_

## PERSONAL RESUME OF

Home Address \_\_\_\_\_  
Street City State Zip Phone \_\_\_\_\_

Past Address \_\_\_\_\_  
Street City State Zip From To \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Marital Status \_\_\_\_\_

### MILITARY

Branch of Military \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Honorable Discharge \_\_\_\_\_

Rank at Discharge \_\_\_\_\_ Job Description \_\_\_\_\_

### EDUCATION

College or Technical Training Name and Location	Dates Attended From To	Major	Degree or Certificate
1. _____	_____	_____	_____
Comments _____			
2. _____	_____	_____	_____
Comments _____			
3. _____	_____	_____	_____
Comments _____			
4. _____	_____	_____	_____
Comments _____			

### WORK EXPERIENCE

1. Name of Company \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Full Address \_\_\_\_\_  
Title: \_\_\_\_\_ Duties: \_\_\_\_\_

2. Name of Company \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Full Address \_\_\_\_\_  
Title: \_\_\_\_\_ Duties: \_\_\_\_\_

3. Name of Company \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Full Address \_\_\_\_\_  
Title: \_\_\_\_\_ Duties: \_\_\_\_\_

4. Name of Company \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Full Address \_\_\_\_\_  
Title: \_\_\_\_\_ Duties: \_\_\_\_\_

5. Name of Company \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Full Address \_\_\_\_\_  
Title: \_\_\_\_\_ Duties: \_\_\_\_\_

## ENVIRONMENTAL QUESTIONNAIRE AND DISCLOSURE STATEMENT

Applicant Business:

Address of the Property:

The purpose of this questionnaire is to provide information about the past and present ownership and uses of the real property. Please respond fully to all questions, including supporting documentary evidence where appropriate. If unable to answer, please respond "unknown." If space is inadequate to answer, please attach additional pages as needed. If applicant has an interest (leasehold or fee interest) and conducts business at multiple locations, separate disclosure statement should be supplied for each location.

1. Past and present uses of the Property and Adjoining Properties, with particular attention paid to those uses by environmentally sensitive industries:
2. Past and present identification of any Hazardous Substances at the Property and Adjoining Properties:
3. Storage, generation, treatment, emission or disposal of Hazardous Substances at the Property and Adjoining Properties:
4. Possession of permits to use, store, generate, treat, emit, or dispose of Hazardous Substances by businesses operating at the Property and Adjoining Properties:
5. Evidence of Contamination at the Property and Adjoining Properties:
6. Potential sources of Contamination\* at the Property and Adjoining Properties:
7. Knowledge on the part of the Borrower, seller, or Lender of any past evidence of Contamination or sources of Contamination at the Property and Adjoining Properties:
8. Knowledge on the part of the Borrower, seller, or Lender of any past, threatened or pending lawsuits or administrative proceedings concerning a Release or threatened Release at the Property and Adjoining Properties:

I am familiar with the real property described in this questionnaire. By signing below, I represent and warrant to Appalachian Development Corporation (ADC) that the answers to the above questions are complete and accurate to the best of my knowledge. I also understand that ADC will rely on the completeness and accuracy of my answers in assessing any environmental risks associated with the property.

The undersigned owner(s) and/or operator(s) acknowledge(s) and agree(s) that intentionally falsifying or concealing any material fact with regard to the subject matter of this Environmental Questionnaire may, in addition to other penalties, result in prosecution under applicable law including 18 U.S.C. section 1001."

SELLER

APPLICANT

COMPANY:

COMPANY:

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

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

(Title)

(Title)

DATE:

DATE:

I have reviewed or completed at least one site visit to the Property and made a good faith effort to conduct an interview with the current owner or operator of the Property.

Appalachian Development Corporation

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

Title:

\_\_\_\_\_ Date

\*Sources of Contamination may include, but are not limited to, the following: (1) damaged or discarded automotive or industrial batteries; (2) pesticides, paints or other chemicals stored in individual containers greater than 5 gallons in volume or 50 gallons in the aggregate; (3) chemicals in industrial drums or sacks; (4) pits, ponds or lagoons used for waste disposal or storage; (5) fill dirt from a contaminated or unknown source; (6); underground or above- ground storage tanks; (7) vent pipes, fill pipes or access ways indicating a fill pipe protruding from the ground; (8) flooring drains or walls within a facility that are stained by substances other than water and/or are emitting noxious odors; (9) clarifiers, pits or sumps; (10) dry wells.