



*A Program of Tri County Economic Development District, Serving:  
Adams, Asotin, Ferry, Garfield, Grant, Lincoln, Pend Oreille, Stevens, Whitman, and rural Spokane Counties.*

## **BUSINESS LOAN APPLICATION**

Business Name \_\_\_\_\_

Business Mailing Address \_\_\_\_\_

Business Physical Location \_\_\_\_\_

Business Telephone \_\_\_\_\_ Business Fax \_\_\_\_\_

Tax I.D. # \_\_\_\_\_ Year Business Began/Will Start \_\_\_\_\_

Legal form of Business: Sole Proprietorship  Partnership  LLC

Sub-Chapter S  Corporation  Non-Profit  Individual

Number of Current Employees \_\_\_\_ Full Time \_\_\_\_ Part Time \_\_\_\_

Years at Present Location \_\_\_\_\_ Own Building  Rent  Lease

Woman owned business? Yes  No  Minority owned business? Yes  No

### BUSINESS FINANCING

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Toll Free (800) 776-7318 ext 105 • Phone (509) 684-4571 ext 105 • Fax (509) 684-4788 • Email: rwillford@teddonline.com • www.teddonline.com  
This is an Equal Opportunity Program. Discrimination is prohibited by Federal Law. Complaints of discrimination may be filed with  
the USDA, Director, Office of Civil Rights, Washington, DC 20250

# LOAN REQUEST

Amount of Loan Requested (Maximum loan is \$250,000)

\$ \_\_\_\_\_

**Term of Loan Requested:** \_\_\_\_\_ months / \_\_\_\_\_ years

**Loan Funds Will Be Used For** (check all that apply)

Working Capital

Purchase of: Inventory  Equipment  Real Estate  Existing Business

**Collateral\* Collateral is not normally released until the loan is repaid in full.** (check all that apply)

- All Assets (accounts receivable, inventory, machinery, and equipment. All machinery and equipment being offered as collateral must include serial numbers and independent source for verifying collateral value – e.g. NADA)
- Specific Equipment (Please attach equipment list, including VIN/serial numbers and/or description of equipment, and source for verifying value – e.g. NADA)
- Real Estate (Please include property physical address and copy of property tax statement)
- Cash on Deposit
  1. Name of Bank \_\_\_\_\_ Account Number \_\_\_\_\_  
Location \_\_\_\_\_  
Phone Number \_\_\_\_\_
  2. Name of Bank \_\_\_\_\_ Account Number \_\_\_\_\_  
Location \_\_\_\_\_  
Phone Number \_\_\_\_\_
- Personal Assets (As described in personal finance statement)
- Other (Describe) \_\_\_\_\_

**\*Collateral** – Loans are secured by collateral which is defined as property in which a security interest is granted to TEDD to secure repayment of the loan. Collateral may include business assets, stocks, bonds, certificates of deposits, or personal assets. At a minimum, the value of the collateral securing the loan must be equal to or greater than the amount of the loan. TEDD will consider the expected economic life of collateral in evaluating its value. TEDD may require a formal collateral appraisal. TEDD may require a pledge of personal assets as additional collateral for the business loan requested.

# PROFESSIONAL RELATIONSHIPS

1. Accountant \_\_\_\_\_ Phone \_\_\_\_\_ FAX \_\_\_\_\_  
Address \_\_\_\_\_
2. Attorney \_\_\_\_\_ Phone \_\_\_\_\_ FAX \_\_\_\_\_  
Address \_\_\_\_\_
3. Insurance Agent \_\_\_\_\_ Phone \_\_\_\_\_ FAX \_\_\_\_\_  
Address \_\_\_\_\_

**CO-BORROWERS/OWNERSHIP DISTRIBUTION:** All owners of corporations, business partners, and persons in ownership of collateral being offered as security for the loan must be co-borrowers.

1. Name \_\_\_\_\_ Title \_\_\_\_\_ No. of Years \_\_\_\_\_  
SSN # \_\_\_\_\_ % Ownership in corporation/business \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
Home Phone Number \_\_\_\_\_ Cell Phone \_\_\_\_\_
2. Name \_\_\_\_\_ Title \_\_\_\_\_ No. of Years \_\_\_\_\_  
SSN # \_\_\_\_\_ % Ownership in corporation/business \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
Home Phone Number \_\_\_\_\_ Cell Phone \_\_\_\_\_
3. Name \_\_\_\_\_ Title \_\_\_\_\_ No. of Years \_\_\_\_\_  
SSN # \_\_\_\_\_ % Ownership in corporation/business \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
Home Phone Number \_\_\_\_\_ Cell Phone \_\_\_\_\_

**CREDIT RELATIONSHIPS** (Please provide details of your business credit relationships)

Name of Creditor	Purpose of Loan	Amount of Loan	Presently Owing	Repayment Terms	Maturity Date

# DESCRIPTION OF BUSINESS PROJECT

Please describe the Business Project in terms of uses and sources of funds at the bottom of the page. *Your proposed loan is **only part** of the Business Project.* The Business Project includes all sources of funds associated with your business – funds from other lenders, funds you have injected into the business over the last 12 months, lease commitments associated with the business, etc.

USE OF FUNDS is what the money will be **used for** and SOURCE OF FUNDS is where the money to be used **came from**.

**The following is an example of a Business Project:**

A borrower is asking to borrow \$80,000 from TEDD. The money being borrowed will be used to purchase a building (\$70,000) and equipment (\$10,000). The borrower has already secured a \$30,000 line of credit from Any Bank and has purchased \$8,000 in equipment. The borrower has also put a \$24,000 down payment on the building.

USE OF FUNDS (What is/was the money being used for?)	SOURCE OF FUNDS (Where did the money come from?)
Purchase Building _____ \$70,000	TEDD _____ \$70,000
Purchase Equipment _____ 10,000	TEDD _____ 10,000
Working Capital _____ 30,000	Any Bank - Line of Credit _____ 30,000
Existing Equipment _____ 8,000	Borrower _____ 8,000
Down Pmt on Bldg _____ 24,000	Borrower _____ 24,000
Total Project _____ \$142,000	Total Project _____ \$142,000

In the example above, the borrower is asking TEDD for an \$80,000 loan. The Business Project total is \$142,000.

## YOUR PROJECT

USE OF FUNDS	SOURCE OF FUNDS
_____ /\$ _____	_____ /\$ _____
_____ /\$ _____	_____ /\$ _____
_____ /\$ _____	_____ /\$ _____
_____ /\$ _____	_____ /\$ _____
_____ /\$ _____	_____ /\$ _____
_____ /\$ _____	_____ /\$ _____
_____ /\$ _____	_____ /\$ _____
_____ /\$ _____	_____ /\$ _____
_____ /\$ _____	_____ /\$ _____
_____ /\$ _____	_____ /\$ _____
Total Project \$ _____	Total Project \$ _____

# REQUIRED INFORMATION

To facilitate the processing of your loan application the following must accompany your loan application. Please do not send original documents – send COPIES only. Applications cannot be processed without the following:

## Income Tax Information

- Copies of last three years *personal* income tax statements for each co-borrower.
- Copies of last three years *business* income tax statements (or tax statements for years in which business was in operation if less than three years).

## Business Information

- Copy of written business plan.
- Three years of business financial projections with any assumptions detailed.
- Copy of business license.
- Current and Pro-forma Business Balance Sheet (form attached).
- Signed USDA Form RD 400-4, Assurance Agreement (form attached). Form does not need to be notarized. Wherever *name of recipient* appears put the name of your business if a corporation or LLC. If privately owned or a partnership, enter the name of the individuals who will sign for the loan.

## Corporate – LLC Information (as applicable)

- Copy of Articles of Incorporation.
- List of Corporate Officers.
- Copy of Corporate By-Laws.
- Corporate Resolution authorizing Corporation to enter into a loan agreement.

## Collateral Information

- List of equipment being offered as collateral. Include serial numbers, model, or type.
- Proof of value of property/real estate being offered as collateral (copy of property tax statement or appraisal).
- Legal description of property.
- Documentation as to outstanding balance (if any) on property/real estate.
- Vehicle Identification Number (VIN) of vehicles being offered as collateral.
- Documentation as to value of collateral and where value can be verified (NADA, tax assessments, etc.).

## Insurance Requirements

- Proof of existing business hazard (fire) insurance if any.
- Information on Life Insurance on *each* co-borrower – insurance carrier, policy number, amount of insurance coverage.

## Employment Information

- Current number of employees\* \_\_\_\_\_ (Women \_\_\_\_\_ Men \_\_\_\_\_)
  - Projected number of employees after one year \_\_\_\_\_ two years \_\_\_\_\_ three years \_\_\_\_\_
  - If this loan is granted how many existing jobs will be saved? \_\_\_\_\_ (Women \_\_\_\_\_ Men \_\_\_\_\_)
- \*2 Part-time employees = 1 Full-time employee (i.e. 5 Part-time employees equal 2.5 Full-Time)

# MISCELLANEOUS

1. A non-refundable application fee of \$50.00 must accompany this application.
2. Attach proof that commercial financing was not available for this loan.
3. TEDD may require further information concerning environmental factors.
4. You may use the attached personal/business financial statements/cash-flow forms or you may use similar forms and statements prepared by you.
5. You must complete all required certifications in this application.
6. Are tax liabilities current? Yes  No  Settled through \_\_\_\_\_
7. Is the business an endorser, guarantor, or co-maker for any obligation(s) not listed in the financial statements?  Yes  No  
If "Yes", what contingent liability? \_\_\_\_\_
8. Has the business or principal owner(s) declared bankruptcy within the last 10 years?  
Yes  No  If "Yes", provide details on separate sheet.
9. Is the business a defendant in any lawsuit? Yes  No  If "Yes", provide details on a separate sheet.
10. Are any of the business assets encumbered by liens or attachments of any type?  
Yes  No

What \_\_\_\_\_ By Whom \_\_\_\_\_ Amount \$ \_\_\_\_\_

What \_\_\_\_\_ By Whom \_\_\_\_\_ Amount \$ \_\_\_\_\_

What \_\_\_\_\_ By Whom \_\_\_\_\_ Amount \$ \_\_\_\_\_

What \_\_\_\_\_ By Whom \_\_\_\_\_ Amount \$ \_\_\_\_\_

11. Does the business have a pension fund? Yes  No  Amount \$ \_\_\_\_\_

# BUSINESS PLAN REQUIREMENTS

1. **For an established business that can demonstrate through historic cash-flow from tax statements that the business will service the new debt incurred with this loan, a business plan is not needed.**

Simply attach a brief statement of what your business does, who your market is, and what this loan will do for business operations and how jobs are affected.

2. **For Start-ups and other applications where historic cash-flow will not service the new debt incurred with this loan, a written business plan is required.** If you need assistance with your plan, we can help. A sample format for your business plan is shown below.

- Executive Summary
- Description of the industry – outlook, trends, markets, size of market, market share
- Description of the business venture – product or service, target market(s) , competitive advantage, brief history, staff and equipment needed
- Business/Personal Goals – one year and long term
- Marketing Plan – sales strategy, distribution, pricing, promotion, guarantees, tracking methods
- Sales Forecast – assumptions, price lists, monthly forecast for coming year, annual forecast for 2 – 4 years
- Production Plan (Manufacturing) – description of the production process, plan requirements, machinery and equipment, raw materials, inventory requirements, suppliers, personnel, cost of facilities, capital estimates
- Corporate Structure – organization chart, principal shareholders, lists of contracts in force, background of key management personnel, duties and responsibilities of key personnel
- Risk Assessment – competitor’s reactions, “What if...” list of critical internal and external factors, contingency plan
- Other Financial – list of inventory, aged payables, aged receivables
- Action Plan – steps to accomplish the year’s goals – checkpoints for measuring results
- Photos, Diagrams, Layout
- Copies of Major Contracts/Lease/Partnership Agreements/Franchise information/ Letters of Intent/Resumes

NOTE: A business plan outline is available to download at our web site, [www.teddonline.com](http://www.teddonline.com) .

# FINANCIAL INFORMATION

CONFIDENTIAL

**Checking/Savings/Retirement/Investment Accounts**

Bank of Account \_\_\_\_\_ Account Number \_\_\_\_\_

Bank of Account \_\_\_\_\_ Account Number \_\_\_\_\_

Bank of Account \_\_\_\_\_ Account Number \_\_\_\_\_

Bank of Account \_\_\_\_\_ Account Number \_\_\_\_\_

**Present Debt Obligations (Non-credit card – attach additional sheet if necessary)**

To Whom Payable	Original Amount	Original Date	Present Balance	Payment Per Month	Interest Rate	Current / Non-Current	Maturity Date
	\$		\$	\$	%		
	\$		\$	\$	%		
	\$		\$	\$	%		
	\$		\$	\$	%		
	\$		\$	\$	%		

**Credit Card Debt (Attach additional sheet if necessary)**

Credit Card Name	Credit Limit	Expiration Date	Present Balance	Payment Per Month	Interest Rate	Current / Non-Current
	\$		\$	\$	%	
	\$		\$	\$	%	
	\$		\$	\$	%	
	\$		\$	\$	%	
	\$		\$	\$	%	
	\$		\$	\$	%	



# PERSONAL FINANCIAL STATEMENT

CONFIDENTIAL

## IMPORTANT: DIRECTIONS TO APPLICANT

Read directions before completing Financial Statement.

Please check appropriate box

Applicant's Name(s): \_\_\_\_\_  
\_\_\_\_\_

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

Personal Financial Statement as of \_\_\_\_\_  
(DATE)

Physical Address \_\_\_\_\_  
\_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_

Home Phone # \_\_\_\_\_

- Individual credit    If relying on your own income and assets and not the Income and assets of a spouse or another person as a basis for extension or repayment or credit, complete the Financial Statement below only as it applies to you, individually. Do not provide any information about a spouse or other person. Sign the Financial Statement.
- Joint Credit    If applying for joint credit or for individual credit relying on income or assets of a spouse or another person for extension and repayment of credit requested complete the Financial Statement below. Include information about income, assets and liabilities of the other person. Both Applicant and spouse or co-applicant sign the statement.
- Individual credit    If relying on income or assets of spouse or other person.

Please do not leave any questions unanswered. Use "no" or "none" where necessary.

<i>Assets</i>	<i>In Even Dollars</i>	<i>Liabilities and Net Worth</i>	<i>In Even Dollars</i>
Cash on hand and in Banks—See Schedule A	\$	Notes Payable: TEDD—See Schedule A	\$
U.S. Government Securities—See Schedule B		Notes Payable: Other Institutions—See	
Listed Securities—See Schedule B		Schedule A	
Unlisted Securities—See Schedule B		Notes Payable—Relatives	
Other Equity Interests—See Schedule B		Notes Payable—Others	
Accounts and Notes Receivable		Accounts and Bills Due	
Real Estate Owned—See Schedule C		Unpaid Taxes	
Mortgages and Land Contracts Receivable— See Schedule D		Real Estate Mortgages Payable—See Schedule C or D	
Cash Value Life Insurance—See Schedule E		Land Contracts Payable—See Schedule C or D	
Other Assets: Itemize		Life Insurance Loans—See Schedule E	
		Other Liabilities: Itemize	
		<b>TOTAL LIABILITIES</b>	\$
		<b>NET WORTH</b>	\$
<b>TOTAL ASSETS</b>	\$	<b>TOTAL LIABILITIES AND NET WORTH</b>	\$

<i>Sources of Income</i>	<i>In Even Dollars</i>	<i>General Information</i>	
Salary	\$	Employer	
Bonus and Commissions		Position or Profession	No. Years
Dividends		Employer's Address	
Real Estate Income		Phone No.	
*Other Income: Itemize		Partner, officer or owner in any other venture? <input type="checkbox"/> No <input type="checkbox"/> Yes	
		If so, explain:	
<b>TOTAL</b>	\$		
*Alimony, child support or separate maintenance payments need not be disclosed unless relied upon as a basis for extension of credit. If disclosed, payments received under <input type="checkbox"/> court order <input type="checkbox"/> written agreement <input type="checkbox"/> oral understanding		Are any assets pledged? <input type="checkbox"/> No <input type="checkbox"/> Yes Detail in Schedule A	
		Income taxes settled through (Date) _____	

<i>Contingent Liabilities</i>	<i>In Even Dollars</i>	<i>General Information (continued)</i>
As endorser, co-maker or guarantor	\$	Are you a defendant in any suits or legal action? <input type="checkbox"/> No <input type="checkbox"/> Yes
On leases		If so, explain:
Legal claims		Have you ever declared bankruptcy? <input type="checkbox"/> No <input type="checkbox"/> Yes
Provision for federal income taxes		If so, explain:
Other special debt, e.g., recourse or repurchase liability		Do you have a will? No <input type="checkbox"/> Yes <input type="checkbox"/> With whom?
		Do you have a trust? No <input type="checkbox"/> Yes <input type="checkbox"/> With whom?
<b>TOTAL</b>	\$	Number of dependents _____ Ages _____

**Schedule A: Banks, Brokers, Savings & Loan Association, Finance Companies or Credit Unions.** List here the names of all the institutions at which you maintain a deposit account and/or where you have obtained loans.

Name of Institution	Name on Account	Balance on Deposit	High Credit	Amount Owing	Monthly Payment	Secured by What Assets
<b>TOTAL</b>			<b>TOTAL</b>			

**Schedule B: U.S. Governments, Stocks (Listed & Unlisted), Bonds (Government & Commercial), and Partnership Interests (General & Limited.)**

Number of Shares, Face Value (Bonds), or % of Ownership	Indicate: 1. Agency or name of company issuing security or name of partnership 2. Type of investment or equity classification 3. Number of shares, bonds or % of ownership held 4. Basis of valuation*	In Name of	*Market Value	Pledged	
				Yes	No
<b>TOTAL</b>					

\*If unlisted security or partnership interest, provide current financial statements to support basis for valuation.

**Schedule C: Real Estate Owned (and related debt, if applicable)**

Legal Description of Property or Address	Title in Name of	Date Acquired	Cost + Any Improvements Made	Present Market Value	Mortgage or Land Contract Payable		
					Balance Owing	Monthly Payment	Holder
<b>TOTAL</b>							

# BUSINESS FINANCIAL STATEMENT

CONFIDENTIAL

Business Name; \_\_\_\_\_

Mailing Address; \_\_\_\_\_

Business Financial Statement as of \_\_\_\_\_  
(DATE)

Applicant (s) Names \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

<i>Assets</i>	<i>In Even Dollars</i>	<i>Liabilities</i>	<i>In Even Dollars</i>
Cash on hand and in Banks	\$	Accounts Payable – a. Current	\$
Marketable Securities – (Schedule A)		Accounts Payable – b. Past Due	
Accounts Receivable – a. Current		Notes Payable	
Accounts Receivable – b. Past Due		Notes Payable to Banks	
		Notes Payable to Others	
Notes Receivable – a. Current		Due to Officers, Stockholders, Employees	
Notes Receivable – b. Past Due		Due to Affiliated Companies – Current	
Less Reserve for Bad Debt		Interest Payable	
		Salaries & Wages – Commissions Payable	
Merchandise Inventory		Taxes, other than income – Payable	
a. Finished (How valued? )		Income Taxes Payable	
b. Unfinished (How Valued? )		Current Portion – Real Estate Mortgage	
c. Raw Materials (How Valued? )		Current Portion – Long Term Debt	
		Other	
<b>TOTAL CURRENT ASSETS</b>	\$	<b>TOTAL CURRENT LIABILITIES</b>	\$
Land and Buildings (Schedule B)		Mortgages or Liens on Real Estate (Schedule B)	
Less Depreciation Reserve		Long Term Debt	
Furniture and Fixtures			
Less Depreciation Reserve			
Machinery and Equipment		<b>TOTAL LIABILITIES</b>	\$
Less Depreciation Reserve			
		<b>Net Worth</b>	
Leasehold and Improvements		Capital	
Less Depreciation Reserve		Stock	
Due from Affiliated Companies		Paid in Surplus	
Investments		Retained Earnings	
Due from Officers, Stockholders, Employees		Investment Account (If Unincorporated)	
Goodwill, Trademarks, Etc.		Other	\$
		<b>TOTAL NET WORTH</b>	
Cash Surrender of Life Insurance			
Prepaid Expenses			
<b>TOTAL ASSETS</b>	\$	<b>TOTAL LIABILITIES AND NET WORTH</b>	\$

Is this statement based on actual inventory? \_\_\_\_\_ Inventory taken under the direction of \_\_\_\_\_

Give date your books were last audited by a Certified Public Accountant \_\_\_\_\_

Accountant's Name/Phone Number \_\_\_\_\_

Do you owe any Federal Tax for Prior Years? \_\_\_\_\_

Officers & Partners Title / Name	Shares Owned		Principal Stockholders	Shares Owned	
	Common	Preferred		Common	Preferred

**Schedule A – Securities**

Description	Registered in Name of	Number of Shares	Par Value	Market Value

**Schedule B – Real Estate**

Legal Description	Year Acquired	Vested in Name of	Market Value	Current Lien

Year-to-Date Profit & Loss: Month Ending _____, 20____		
Net Sales		<b>100%</b>
Cost of Goods Sold		
<b>GROSS PROFIT (Loss)</b>		<b>%</b>
Salaries Owners or Officers		
Salaries and Wages (Others)		
Rent		
Other Fixed Expenses		
Provisions of Bad Debt		
Depreciation Charged Off		
<b>OPERATING PROFIT(Loss)</b>		<b>%</b>
Other Income		
Other Deductions from Income		
<b>NET PROFIT(Loss) Before Tax</b>		<b>%</b>
Income Taxes - Current Year		
Net Profit/Loss after Income Tax		
Other Business Expense		
<b>NET PROFIT (Loss) After Tax</b>		<b>%</b>

Do you have a pension plan? Yes  No   
 Do you have a profit sharing plan? Yes  No

# Business Current and Pro-Forma Balance Sheet

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

ASSETS	Current Balance Sheet	Pro-Forma Balance Sheet
<i>Current Assets</i>		
Cash		
Marketable Securities		
Accts Receivable - Current		
Accts Receivable - Past Due		
Notes Receivable - Current		
Notes Receivable - Past Due		
Inventory		
Prepaid Expenses		
Other Current		
<b>Total Current Assets</b>		
<i>Fixed Assets</i>		
Improvements		
Furniture and Fixtures		
Equipment		
Real Estate		
Real Estate		
Buildings		
Other Fixed Asset		
<b>Total Fixed Assets</b>		
<b>Less: Accumulated Dep.</b>		
<b>Total Assets</b>		
<b>LIABILITIES &amp; OWNER'S EQUITY</b>		
<i>Liabilities</i>		
Accounts Payable - Current		
Accounts Payable - Past Due		
Notes Payable		
Note Payable - Others		
Due to Officers, Employees		
To Affiliated Companies - Current		
Interest Payable		
Salaries & Wages Payable		
Tax (other than income) Payable		
Business Credit Card Debt		
Line of Credit Balance		
<b>Total Current Liabilities</b>		
Mortgages or Liens on Real Estate		
Mortgages or Liens on Real Estate		
Long Term Debt		
<b>Total Liabilities</b>		
<i>Owner's Equity</i>		
Capital		
Common Stock		
Current Earnings		
Retained Earnings		
<b>Total Owner's Equity</b>		
<b>Total Liabilities and Owner's Equity</b>		

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

**ASSURANCE AGREEMENT**  
(Under title VI, Civil Rights Act of 1964)

The \_\_\_\_\_  
(Name of recipient)

\_\_\_\_\_  
(Address)

("Recipient" herein) hereby assures the U.S. Department of Agriculture that Recipient is in compliance with and will continue to comply with Title VI of the Civil Rights Act of 1964 (42 USC 2000d et. seq.), 7 CFR Part 15, and rural Housing Service, Rural Business-Cooperative Service, Rural Utilities Service, or the Farm Service Agency, (hereafter knows as the "Agency") Regulations promulgated thereunder, 7 C.F.R. §1901.202. In accordance with that Act and the regulations referred to above, Recipient agrees that in connection with any program or activity for which Recipient receives Federal financial assistance (as such term is defined in 7 C.F.R. §14.2) no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination.

1. Recipient agrees that any transfer of any aided facility, other than personal property, by sale, lease or other conveyance of contract, shall be, and shall be made expressly, subject to the obligations of this agreement and transferee's assumption thereof.
2. Recipient shall:
  - (a) Keep such records and submit to the Government such timely, complete, and accurate information as the Government may determine to be necessary to ascertain our/my compliance with this agreement and the regulations.
  - (b) Permit access by authorized employees of the Agency or the U.S. Department of Agriculture during normal business hours to such books, records, accounts and other sources and information and its facilities as may be pertinent to ascertaining such compliance.
  - (c) Make available to users, participants, beneficiaries and other interested persons such information regarding the provisions of this agreement and the regulations and in such manner as the Agency or the U.S. Department of Agriculture finds necessary to inform such persons of the protection assured them against discrimination.
3. The obligations of this agreement shall continue:
  - (a) As to any real property, including any structure, acquired or improved with the aid of the Federal financial assistance, so long as such real property is used for the purpose for which the Federal financial assistance is made or for another purpose which affords similar services or benefits, or for as long as the Recipient retains ownership or possession of the property, whichever is longer.
  - (b) As to any personal property acquired or improved with the aid of Federal Financial assistance, so long as the Recipient retains ownership or possession of the property.
  - (c) As to any other aided facility or activity, until the last advance of funds under the loan or grant has been made.
4. Upon any breach or violation this agreement the Government may, at its option:
  - (a) Terminate or refuse to render or continue financial assistance for the aid of the property, facility, project, service or activity.
  - (b) Enforce this agreement by suit for specific performance or by any other available remedy under the laws of the United States or the State in which the breach or violation occurs.

Rights and remedies provided for under this agreement shall be cumulative.

In witness whereof, \_\_\_\_\_ on this  
(Name of recipient)

date has caused this agreement to be executed by its duly authorized officers and its seal affixed hereto, or, if a natural person, has hereunto executed this agreement

(SEAL)

\_\_\_\_\_  
Recipient

\_\_\_\_\_  
Date

Attest: \_\_\_\_\_

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number. The valid OMB control number for this information collection is 0570-0018. The time required to complete this information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information/.

# U.S. DEPARTMENT OF AGRICULTURE ULTIMATE RECIPIENT CERTIFICATIONS

Ultimate Recipient: \_\_\_\_\_

Loan Amount: \_\_\_\_\_

The undersigned is unable to finance the proposed loan from their own resources or through commercial credit or other Federal, state or local programs at reasonable rates and terms.

The undersigned certifies that at least 51 percent of its membership/ownership is by those who are either citizens of the United States or reside in the United States after being legally admitted for permanent residence

The undersigned certifies that the business or its principal officers (including immediate family) holds the following legal or financial interest or influence in Tri County Economic Development District (if “none”, please state): \_\_\_\_\_

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

# APPLICANT LOAN REQUEST CERTIFICATION

The undersigned certifies that, to the best of his or her knowledge and belief, all information contained in this loan application and in the accompanying statements and documents is true, complete, and correct. The undersigned agrees to notify Tri County Economic Development District (TEDD) immediately of any material changes in this information. It is further agreed that, whether or not the loan herein applied for is approved, the undersigned will pay or reimburse TEDD for the costs, if any, of surveys, title or mortgage examinations, appraisals, etc., performed by non-TEDD personnel with the consent of the applicant. The undersigned authorizes TEDD to contact any bank or trade creditors it deems necessary without further notice, including, but not limited to, Dunn & Bradstreet reports or information from TRW Credit Data, or any other credit rating agency.

I understand that while TEDD will make every attempt to keep the details of this application and loan, if granted, confidential (except for the name of the borrower and the amount borrowed which is public information). TEDD is also the public agency and as such must disclose certain information to the public if required. In the event, by law, TEDD must disclose any information concerning my loan application or any other information concerning this loan, I will hold them harmless from any liability whatsoever. I also understand that the name of the borrower and the amount borrowed may be released to the public.

I certify for the purpose of obtaining credit that the information and representations contained in this application and any supplementary information is true, complete, accurate, and current, to the best of my knowledge. I also acknowledge that the loan application procedure has been reviewed with me and I understand that a loan application will NOT be sent to the Loan Review Committee until I have submitted the completed application and any additional data requested. Tri County Economic Development District and its agents are authorized to make any credit investigations necessary to process this application and to respond to any inquiries regarding its credit experience with the Applicant. I also authorize Tri County Economic Development District and its agents to discuss my application with members of the Tri County Economic Development District Board of Directors and the Loan Review Committee of the District.

**ORAL AGREEMENTS OR ORAL COMMITMENTS TO LOAN MONEY, EXTEND CREDIT, OR TO FORBEAR FROM ENFORCING REPAYMENT OF A DEBT ARE NOT ENFORCABLE UNDER WASHINGTON STATE LAW.**

**Business Name (Print):** \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Applicant Title:** \_\_\_\_\_

**Co-Borrower Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

**Co-Borrower Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

**Co-Borrower Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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



# APPLICANT CERTIFICATION

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_- Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
(Please Print) Applicant's Name SSN # Day/Month/Year

## Business Name

Are you a business owner at this time? Yes  No

## Business Address

### Certification of Income

**For some programs Moderate-to-Low Income certification is required.** I certify that my household size is \_\_\_\_\_ persons, and my total annual household (family) year-to-date earnings, based on *current* earnings, is \$\_\_\_\_\_. Last year's total household earnings were \$\_\_\_\_\_.

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Tri County Economic Development District receives funds from both state and federal sources and is required to obtain certain information from applicants. The information requested below is voluntary; your cooperation in providing the information is appreciated. Thank you for your cooperation.

I choose not to give out the information requested below.

Gender: Male  Female  Disabled? Yes  No  Female Head of Household? Yes  No

### RACE/ETHNIC ORIGIN and VETERAN STATUS

Hispanic or Latino  Not Hispanic or Latino  American/Native Alaskan  Asian   
Black or African American  Native Hawaiian or Other Pacific-Islander  White

Veteran Yes  No  Viet-Nam Era Veteran Yes  No  Disabled Veteran Yes  No

### ULTIMATE RECIPIENT (Borrower) CERTIFICATIONS

Ultimate Recipient (Applicant's) Name: \_\_\_\_\_

Loan Amount: \$ \_\_\_\_\_

- The undersigned is unable to finance the proposed loan from their own resources or through commercial credit or other Federal, State, or local programs at reasonable rates and terms.
- The undersigned certifies that at least 51% of its membership/ownership is by those who are either citizens of the United States or reside in the United States after being legally admitted for permanent residence.
- The undersigned certifies that the business or its principal officers (including immediate family) holds NO legal or financial interest or influence in Tri County Economic Development District.

BY: \_\_\_\_\_

**A SEPARATE FORM IS REQUIRED FOR EACH BORROWER AND CO-BORROWER.**  
**PLEASE MAKE COPIES OF THIS FORM.**