

CITY OF WARREN REVOLVING LOAN FUNDS

Thank you for asking about the City of Warren Revolving Loan Funds. We are pleased that you are taking the initiative to open or expand your business. Owning a business takes dedication, hard work and persistence. We look forward to helping you navigate your course to a successful and profitable business ownership. If you have any questions or concerns regarding this package or the requirements asked of you, please do not hesitate to call our office.

BUSINESS LOAN FORMS

The non-profit Warren Redevelopment & Planning Corporation (WRAP) administers the Revolving Loan Funds for the City of Warren.



Warren Redevelopment and Planning Corporation
333 Harmon Ave NW
Warren, Ohio 44483
Phone: 330-841-2566 Fax: 330-841-2738

CITY OF WARREN REVOLVING LOAN FUNDS

It is important that all forms and items be completed and returned as soon as possible to this agency in order to assure timely processing of your loan request. Please use the checklist below:

- City of Warren Revolving Loan Funds Application & Questionnaire – ***Forms Attached***
- Copy of past three years personal income tax returns including all schedules for all principals with 20% ownership
- Copy of past three years business tax returns including all schedules, if applicable, and if different from above item
- Third party cost estimates (purchase agreements, quotes, equipment or materials to be purchased-on the suppliers invoice, construction cost estimates, land-building-or equipment appraisals)
- Personal financial statements for all principals with 20% ownership – ***Forms Attached***
- Authorization to release information (*Credit Check*) – ***Forms Attached***
- Accomplishments form (*If already in Business- Community Development recommended*) – ***Forms Attached***

****OTHER INFORMATION MAY BE REQUIRED DEPENDING UPON YOUR PARTICULAR BUSINESS***

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**REVOLVING LOAN FUNDS
APPLICATION FORMS**

To be completed by all persons with more than 20% ownership

BUSINESS NAME **TAX IDENTIFICATION NUMBER**

BUSINESS ADDRESS

City, State & Zip Code

BUSINESS PHONE NO.

Owner: FIRST

MIDDLE

LAST

DRIVER'S LICENSE NO.

STATE

SOCIAL SECURITY NO.

DATE OF BIRTH

PRESENT HOME ADDRESS

City, State & Zip Code

PHONE NUMBER

Co- Owner FIRST

MIDDLE

LAST

DRIVER'S LICENSE NO.

STATE

SOCIAL SECURITY NO.

DATE OF BIRTH

PRESENT HOME ADDRESS

city, state & zip code

PHONE NUMBER

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Please answer the following questions carefully, they are very important. A false answer may cause your application to be turned down. The information will be used in connection with an investigation of your character. Any additional information you wish to submit should be set forth on a separate sheet of paper.

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

(If yes, provide the detail) _____

2. Have you ever been charged with, arrested or convicted for any criminal offense other than a minor vehicle violation? Yes No

(If yes, provide the detail) _____

3. Have you ever filed bankruptcy? Yes No

(If yes, furnish bankruptcy papers and list details on a separate sheet of paper)

4. Are you or your business involved in any pending lawsuits? Yes No

(If yes, provide the details) _____

5. Amount of loan funds requested: \$ _____

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6. What will the funds be used for: Attach any third party cost estimates for machinery, equipment or other items that funds will be used for, then give detail here:

7. Under what type of organization will your business operate?

Sole Proprietorship Partnership LLC

Corporation Franchise

8. Which of the following best describes your business?

Service Retail Manufacturing Other _____

9. Date established _____

10. List all owners, partners, and stockholders, percentage (%) owned, and officer status of owners:

_____	Title	%
_____	Title	%
_____	Title	%
_____	Title	%

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The following questions will help us track minority participation; your answer will have no bearing on the outcome of your loan request.

11. Is this a minority business as defined below? Yes No

(Please circle)

- A) The owner or controllers of the business are minority group persons and/or female individuals.
- B) In the case of a partnership, 51% of the beneficial ownership interests and control are held by minority groups.
- C) Is the business certified by the State of Ohio, or other government entity as a Minority Business Enterprise?

12. Please state sex, race or ethnic origin of owners:

Male Female
 African-American Hispanic American Indian
 Caucasian Other _____

13. List of Key customers/market: _____

14. List of competitors: _____

15. How will this loan benefit your company? _____

16. Are there any affiliates through ownership or franchises? Yes No
If so, list below and attach the past three years financial statements or tax return for each affiliate. _____

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17. Current number of employees:

Full Time: _____ **Part Time:** _____ **Seasonal:** _____

Female: _____ **Minority:** _____

18. If loan is approved, how many new jobs will be created in:

One Year: _____ **Three Years:** _____ **Five Years:** _____

19. Explain any outstanding financial liabilities the applicant and/or company has with the Federal, State, or Local Governments. _____

20. Do you have any co-signers and/or guarantors for this loan. If so, please submit their names, address, Tax ID Numbers, and current personal balance sheet. _____

21. What bank(s) does the business or principals currently bank with? _____
(give name & location)

22. List government agencies with which your firm is currently certified as a Minority Business Enterprise: (if applicable) _____

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**23. List areas or trades for which your firm is certified by a Governmental Agency:
(if any)**_____

24. List collateral to be used for project (itemize and show estimated value):_____

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PERSONAL FINANCIAL STATEMENT

As of _____, _____
month/day year

Complete this form for: (1) each proprietor, or (2) each limited partner who owns 20% or more interest and each general partner, or (3) each stockholder owning 20% or more voting stock and each corporate officer and director, or (4) any other person or entity providing a guaranty on the loan.

Name _____ **Business Phone** () _____

Residence Address _____ **Residence Phone** () _____

City, State, & Zip Code _____

ASSETS (Omit Cents)	LIABILITIES (Omit Cents)
Cash on hand & in Banks.....\$ _____	Accounts Payable.....\$ _____
Savings Accounts.....\$ _____	Notes Payable to Banks and Others.....\$ _____ (Describe in Section 2)
IRA or Other Retirement Account\$ _____	Installment Account (auto).....\$ _____ Mo. Payments \$ _____
Accounts & Notes Receivable.....\$ _____	Installment account (other).....\$ _____ Mo. Payments \$ _____
Life insurance-cash surrender value only... \$ _____ (Complete Section 8)	Loan on Life Insurance.....\$ _____
Stocks and Bonds.....\$ _____ (Describe in Section 3)	Mortgages on Real Estate.....\$ _____ (Describe in Section 4)
Real Estate.....\$ _____ (Describe in Section 4)	Unpaid Taxes.....\$ _____ (Describe in Section 6)
Automobile-Present Value.....\$ _____	Other Liabilities.....\$ _____ (Describe in Section 7)
Other Personal Property.....\$ _____ (Describe in Section 5)	Total Liabilities.....\$ _____
Other Assets.....\$ _____ (Describe in Section 5)	Net Worth.....\$ _____
Total.....\$ _____	Total.....\$ _____

Section 1. Source of Income	Contingent Liabilities
Salary.....\$ _____	As Endorser or Co-Maker.....\$ _____
Net Investment Income.....\$ _____	Legal Claims & Judgments.....\$ _____
Real Estate Income.....\$ _____	Provision for Federal Income Tax.....\$ _____
Other Income (Describe below)*.....\$ _____	Other special Debt.....\$ _____

Description of Other Income in Section 1

* Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.

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Section 2. Notes Payable to Bank and Others <i>Use attachments if necessary. Each attachment must be identified as part of this statement and signed.</i>					
Name and Address of Noteholder (s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed Type of Collateral
Section 3. Stocks and Bonds <i>Use attachments if necessary. Each attachment must be identified as part of this statement and signed.</i>					
Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value
				- -	
				- -	
				- -	
				- -	
Section 4. Real Estate Owned. <i>List each parcel separately. Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.</i>					
	Property A	Property B	Property C		
Type of Property					
Name & Address of Title Holder					
Date Purchased	- -	- -	- -		
Original Cost					
Present Market Value					
Name & Address of Mortgage Holder					
Mortgage Account Number					
Mortgage Balance					
Amount of Payment per Month/Year					
Status of Mortgage					

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AUTHORIZATION TO RELEASE INFORMATION

I/we hereby authorize the City of Warren, Warren Redevelopment & Planning Corporation, or any of its affiliates to make all inquiries it deems necessary to verify the accuracy of the information provided herein, and to determine my/our credit worthiness. I/we hereby certify that the enclosed application information including attachments are valid and correct to the best of my/our knowledge. All owners, partners, directors, guarantors, and stockholders with 20% or more ownership interest must sign this form (spouses should sign when applicable).

_____ Signature	_____ Title	_____ Date	_____ %
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_____ Signature	_____ Title	_____ Date	_____ %
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_____ Signature	_____ Title	_____ Date	_____ %
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_____ Signature	_____ Title	_____ Date	_____ %
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DISCLOSURE OF RIGHT TO REQUEST SPECIFIC REASONS FOR CREDIT DENIAL GIVEN AT TIME OF APPLICATION (BUSINESS CREDIT)

If your application for business credit is denied, you have the right to a written statement of specific reasons for the denial. To obtain the statement, please contact the Warren Redevelopment And Planning Corporation, at 333 Harmon Ave NW, Warren, Ohio 44483, or call (330) 841-2566, within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for denial within 30 days of receiving your request for the statement.

NOTICE: The federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, or age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is the Federal Trade Commission, Equal Credit Opportunity, Washington, D.C., 20580.

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*** Accomplishments**

Accomplishment Type	Proposed Units
13 - Jobs	

*** Direct Benefit Data by Persons**

Race/Ethnicity

RACE	Total	Hispanic/Latino
White		
Black/African American		
Asian		
American Indian/Alaskan Native		
Native Hawaiian/Other Pacific Islander		
American Indian/Alaskan Native & White		
Asian & White		
Black/African American & White		
American Indian/Alaskan Native & Black/African Amer.		
Other multi-racial		
Total		

Income Levels

	Total
Extremely Low	
Low	
Moderate	
Non-Low/Moderate	
Totals	
Percent Low/Mod	%

*** Jobs**

Job Creation/Retention

	Total Job Count		Total Weekly Hours		Percent
	Full Time	Full Time Low/Mod	Part Time	Part Time Low/Mod	Low/Mod Jobs
Actually Created					%
Actually Retained					%

Actual FTE Jobs:

Job Performance Measures

Actual FTE Jobs Created: Actual FTE Jobs Retained:

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Created

	Total
Of Jobs Created, Number of Jobs With Employer Sponsored Health Care Benefits	
Of Jobs Created, Number of Persons Unemployed Prior to Taking Jobs Created Under this Activity	

Retained

	Total
Of Jobs Created, Number of Jobs With Employer Sponsored Health Care Benefits	

Types of Jobs Created/Retained

Job Category	Jobs Created	Jobs Retained
Officials and Managers		
Professional		
Technicians		
Sales		
Office and Clerical		
Craft Workers (Skilled)		
Operatives (Semi-Skilled)		
Laborers (Unskilled)		
Service Workers		

Assistance to Businesses

	Total	Number Expanding	Number Relocating
New Businesses Assisted			
Existing Businesses Assisted			
Total			

	Total
Number of Business Facades/Building Rehabilitated	
Number of Businesses Assisted that Provide Goods or Services to Meet the Needs of a Service Area	

Specify DUNS # for Each Business Assisted

DUNS #	
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BUSINESS PLAN OUTLINE

Use the following outline as a guide for creating your business plan. Disregard those sections not pertinent to your business.

SECTION 1: SUMMARY

- A. Business Description
 - 1. Name
 - 2. Location and Facility description
 - 3. Products and Services
- B. Business Goals
- C. Summary of financial Needs and Explanation of Use of Funds

SECTION 2: MARKET ANALYSIS

- A. Description of the total market for your business (the people who will use your product or service.)
- B. Industry Trends (What trends are happening within the field you will be operating in?)
- C. Competition (Who is your competition?)

SECTION 3: PRODUCTS OR SERVICES

- A. Description of product line or services offered
- B. Proprietary Position (patents, copyrights, trademarks)
- C. Comparison to your competitors products or services

SECTION 4: MANUFACTURING PROCESS

- A. Materials
- B. Source of Supply
- C. Capital Equipment Requirements
- D. Production Methods

SECTION 5: MARKETING STRATEGY

- A. Overall strategy for marketing and advertising
- B. Pricing Policy
- C. Sales Terms
- D. Method of selling distributing and servicing products

SECTION 6: MANAGEMENT

- A. Form of Business Organization
- B. Management Team and Responsibilities
- C. Resumes of key personnel
- D. Supporting external advisors

SECTION 7: FINANCIAL DATA

- A. Balance Sheets and Income Statements for an existing business **OR** Tax Returns of the principals for the past three years for a start-up business
- B. Financial Projections on the business for **THREE** years to include the following:
 - 1. Balance Sheets
 - 2. Profit and Loss Statements
 - 3. Cashflow Charts (month by month for the first year, quarterly for years two and three)
 - 4. Capital Expenditures Estimates
- C. Detailed Explanation of Projections

SECTION 8: PROPOSED FINANCING

- A. Financing Desired
- B. Use of the Proceeds
- C. Collateral Available