



City of West Covina

1444 W. Garvey Avenue South | West Covina, CA 91790

WEST COVINA BUSINESS ASSISTANCE LOAN PROGRAM APPLICATION CHECKLIST

Applicant Name: _____

Business Name: _____ Phone Number: _____

Email: _____ Preferred Contact Information: _____

Date Completed Application Received by City: _____

Note: Applicants name must be consistent throughout the loan package. Name must be exactly as filed on the Fictitious Trade Style or as filed on the Articles of Incorporation.

Application package includes the following checked items:

Authorization to Release Information

Certification of Financial Need

Compliance with National Objective of Job Creation

City of West Covina Business Loan Application

Project Financing Identification

Financial Statement Form (within 60 Days) **AND** Business Income Statement and Balance Sheet for prior 3 fiscal years, if applicable.

Personal Financial Statement (for each business owner)

Schedule of collateral (including any to be purchased with loan proceeds)

History of Business

Resume for each business owner/manager (see outline provided).

Business Debt Schedule

Internal Revenue Service Tax Return Verification Form (IRS Form 45406T).

Income and expense projection (two total)

Month-to-month projections covering any interim period until year end plus one full fiscal year including the assumptions that the projections were based upon, **with** CDBG funding, and **without** CDBG funding. (CDBG refers to Community Development Block Grant, the source of the loan/grant funds).

Please see the following page for items the applicant must provide.



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To complete the application, please also provide the following:

Letter of introduction on business letterhead with request for funds

Complete Business Plan

Licenses & Permits (Fictitious Name Certification, Articles of Incorporation OR Partnership Agreement, Limited Liability Company Article of Organization).

Photograph of property to be used for collateral, with a copy of the existing deed and a copy of the most recent mortgage invoice from the lender, if any.

Photographs and/or drawings, blueprints of proposed renovations, new construction and/or equipment.

Document which specifies what person/s in a corporation or partnership is authorized to sign documents and assume debt on behalf of the business (i.e. – Corporate by-laws, operating agreement, and/or partnership agreement).

Personal **AND** Business federal tax returns for the prior three years to include all supporting schedules and statements (if available).

Copy of current/proposed lease on business premises including assessor's parcel number.

Provide evidence of insurance, if applicable (i.e.- General Liability, Business Property, Workers Compensation, Flood, etc.)

Proof of matching funds

Experian credit reports for each business owner

Provide 3 formal written estimates/proposals for renovations, new construction, equipment purchases and/or other acquisitions. (Include Davis/Bacon wage rates, if applicable).

Notarized letter from property owner for permission to do renovations.

Please contact Paulina Morales in the Community and Economic Development Division at 626-939-8417 for further information on Economic Development projects.

CITY OF WEST COVINA

AUTHORIZATION TO RELEASE INFORMATION

I/We authorize the City of West Covina or Lender to make credit inquiries it deems necessary in connection with my business or personal credit application or in the course of review or collection of any credit extended in reliance on the application. I authorize and instruct any person or consumer report agency to compile and furnish any information it may have or obtain in response to such credit inquiries.

I/We agree to pay or reimburse Lender for the cost of any surveys, title insurance, appraisals, credit reports, etc., performed by the lender provided I/We have given my/our consent.

I authorize the release of this information whether the signature below is original or a copy.

Signed: _____ Social Security #: _____ Date: _____

Print Name: _____ Driver Lic #: _____

Signed: _____ Social Security #: _____ Date: _____

Print Name: _____ Driver Lic #: _____

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This is to certify that without a loan from the City of West Covina in the amount of \$_____ I would not be able to proceed with the project I have outlined in my application to the City of West Covina Business Assistance Loan Program.

My necessity is based on the existence of the following situation: (please one check only)

1. A financing gap in which there is a shortfall between the private sector funds I can obtain, the equity we can inject into the project, and the total financing necessary to complete the project.
2. A financing gap in which the Company could make an adequate equity injection but that injection would deplete the Company's working capital.
3. Financing gap in which the appraised value of the project is less than the total project cost.
2. A return on investment gap in which:
 - a. The Company does not receive a required corporate return on investment (as evidenced by corporate resolution nothing they will not make the investment without such return)

OR

- b. A real estate developer does not receive a market cash-on cash rate of return (as demonstrated by market evidence).
5. A locational gap in which a Company demonstrates that it might be more profitable to operate elsewhere, but to retain West Covina's jobs and tax base they will need a financial incentive to stay in West Covina.
6. An infrastructure gap exists in which a Company may possess all the funds necessary to fund a project but does not have, or cannot afford, the infrastructure necessary to complete a project.

I am prepared to submit any evidence you or the City of West Covina might need to substantiate this financial gap.

Signature Title

Date

Signature Title

Date

1444 W. Garvey Avenue South | West Covina, CA 91790

Information on CDBG

1. Compliance with CDBG National Objective:
Project must meet the following national objectives. This project falls within the following standard:

Activity benefiting low and moderate income persons so that 51% of jobs created will go to low and moderate income persons.

2. Jobs for low and moderate income persons:

Existing Number of Jobs: _____

- a. Expected total permanent full-time jobs that will be created by the project: _____
- b. Number of permanent, full-time low and moderate income jobs to be created: _____
- c. Permanent, part-time jobs in equivalent full time positions: _____

3. Description of Public Benefits

- a. Existing Jobs: Full-time _____ Part-time _____
- b. Permanent, full-time equivalent to be created by the project: _____
- c. Permanent, part-time in full time equivalent to be created by the project: _____
- d. Please identify and estimate the amount the City, county, and state taxes to be generated by this project:

	State	City	County
Property Taxes			
Sales Taxes			
Other Taxes			

- e. Identify other benefits which will accrue due to the proposed project:

4. No cost in connection with this project may be covered with the CDBG loan until the project has been formally approved by the City of West Covina. Have any costs been incurred prior to such approval?

Yes _____ No _____

Certification

It hereby represented and certified that to the best knowledge and belief of the undersigned that the information contained herein and attached hereto is accurate and correct and truly descriptive of the project and the applicant and any guarantor or other project user.

Applicant: _____

Applicant: _____

By: _____

By: _____

Title: _____

Title: _____

Date: _____

Date: _____

CITY OF WEST COVINA

Business Loan Application

1444 W. Garvey Avenue South | West Covina, CA 91790

APPLICANT

FULL LEGAL NAME OF COMPANY BORROWER:	TAX ID NUMBER OR SSN	TELEPHONE
TELEPHONE	TELEPHONE	BUSINESS: E-MAIL ADDRESS
HOME: STREET ADDRESS	MOBILE: CITY	STATE ZIP CODE
BILLING ADDRESS (IF DIFFERENT FROM ABOVE)	CITY	STATE ZIP CODE
PROPOSED BUSINESS ADDRESS:	CITY	STATE ZIP CODE
NATURE OF BUSINESS		
TYPE OF ENTITY CORPORATION: <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> SUBCHAPTERS <input type="checkbox"/> LIMITED PARTNERSHIP		

COMPANY OWNERSHIP (list below all owners, principals and officers)

NAME	TITLE	% OF OWNERSHIP

AFFILIATES (List below all business concerns in which the applicant company or any of the individuals listed in the ownership section above have any ownership. Attach current financial statements.)

COMPANY NAME	OWNER (Applicant Company or Individuals)	% OF OWNERSHIP

PROJECTED COSTS

USE OF PROCEEDS: (Enter Dollar Amounts)	COSTS	SOURCE OF APPLICANT'S EQUITY INJECTION
Land Acquisition		
New Construction/Expansion/Repair		
Acquisition and/or Repair of Machinery and Equipment		
Inventory Purchase		FUNDS OBTAINED FROM OTHER FUNDING SOURCES ARE WHAT PERCENTAGE OF PROJECTED COSTS?
Working Capital (Including Loan Fees)		
Acquisition of Existing Business		
TOTAL PROJECTED COSTS		<u>NON-CITY LOAN AMOUNT</u> TOTAL PROJECTED COSTS = %
Minus Equity Injection		EQUITY IS WHAT PERCENTAGE OF PROJECTED COSTS?
MINUS OTHER FUNDING SOURCES		<u>EQUITY</u> TOTAL PROJECTED COSTS = %
TOTAL LOAN REQUESTED		
		REQUESTED LOAN IS WHAT PERCENTAGE OF PROJECTED COSTS?
		<u>REQUESTED CITY LOAN</u> TOTAL PROJECTED COSTS = %

LEASE INFORMATION

DO YOU HAVE A LEASE FOR THE PROPERTY YOUR BUSINESS NOW OCCUPIES?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
MONTHLY RENTAL	YEARS REMAINING ON LEASE	RENEWAL OPTION	<input type="checkbox"/> YES <input type="checkbox"/> NO

MISCELLANEOUS — If answered “yes”, provide detail. Attach separate sheet if necessary.)

HAS YOUR BUSINESS EVER FILED BANKRUPTCY OR DEFAULTED ON ANY DEBTS? IF YES, WHEN? _____			<input type="checkbox"/> YES	<input type="checkbox"/> NO
IS THE BUSINESS AN ENDORSER, GUARANTOR OR CO-MAKER FOR OBLIGATIONS NOT LISTED IN ITS FINANCIAL STATEMENTS?			<input type="checkbox"/> YES	<input type="checkbox"/> NO
DOES YOUR BUSINESS USE OR STORE ANY HAZARDOUS MATERIALS, OR PRODUCE TOXIC WASTE?			<input type="checkbox"/> YES	<input type="checkbox"/> NO
IS THE BUSINESS A PARTY TO ANY CLAIM OR LAWSUIT?			<input type="checkbox"/> YES	<input type="checkbox"/> NO
DOES THE BUSINESS OWE ANY TAXES FOR YEARS PRIOR TO THE CURRENT YEAR?			<input type="checkbox"/> YES	<input type="checkbox"/> NO
DOES YOUR COMPANY MAINTAIN KEY PERSON LIFE INSURANCE ON ANY OWNER, OFFICER OR SHAREHOLDER?			<input type="checkbox"/> YES	<input type="checkbox"/> NO
LIFE INSURANCE AGENT	INSURANCE COMPANY	TELEPHONE		
NAME OF INSURED	BENEFICIARY	\$ AMOUNT		
ACCOUNTANT NAME		TELEPHONE		
ATTORNEY NAME		TELEPHONE		
BUSINESS INSURANCE AGENT		TELEPHONE		
RESIDENTIAL INSURANCE AGENT		TELEPHONE		

My signature (on this application) certifies the above statements are true and complete. I authorize the City of Covina to verify or check any of the information given, including credit references and employment and to obtain credit reports (including my spouse's if I live in a community property state). I authorize the City of Covina to provide credit information about me and my account to others.

I also agree to reimburse the City for its expenses incurred in connection with any credit commitment. These expenses include without limitation the City of Covina's appraisal, environmental services and legal costs and are payable even though the extension of credit may not be consummated.

Authorized signature

Authorized signature

Print Name, Title

Print Name, Title

Soc Sec or Tax ID No. Date

Soc Sec or Tax ID No. Date

Fair Credit Notice
 The Federal Equal Opportunity Act prohibits creditors from discriminating against applications on the basis of race, color, religion, national origin, sex, marital, 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.

PROJECT FINANCING AND USE OF LOAN PROCEEDS

Project cost \$ _____

Please provide documentation of application and award of funding reported below.

Project Financing	Amount	Percent Project Costs	Annual Debt Service	Maturity	Interest Rate	Lien Position
1. CDBG share of project cost	\$		\$			
2. Private Sector Financial institution	\$		\$			
Other (Identify)	\$		\$			
Total Private Sector Financing <input type="checkbox"/> Business owner matches funds	\$		\$			
3. Other Federal Sources	\$		\$			
4. Equity Injection	\$		\$			
5. TOTAL PROJECT FINANCING	\$		\$			

State the project's overall objective, including a brief history of operations to date:

CITY OF WEST COVINA

Project Financing Identification

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Identify all entities participating with the financing of the project.

A. Financial Institution (s)

Name: _____

Name: _____

Address: _____

Address _____

City State Zip

City State Zip

Contact Person: _____

Contact Person: _____

Title: _____

Title _____

Telephone: ____ () _____

Telephone ____ () _____

Email: _____

Email: _____

B. Other Local, State or Federal Funding Sources:

Name: _____

Name: _____

Address: _____

Address _____

City State Zip

City State Zip

Contact Person: _____

Contact Person: _____

Title: _____

Title _____

Telephone: ____ () _____

Telephone ____ () _____

Email: _____

Email: _____

C. Sources of Equity/Investment Capital

Name: _____

Name: _____

Address: _____

Address _____

City State Zip

City State Zip

Contact Person: _____

Contact Person: _____

Title: _____

Title _____

Telephone: ____ () _____

Telephone ____ () _____

Email: _____

Email: _____

REQUESTED FUNDING INFORMATION

Total amount of funding requested \$ _____

Date funds are needed _____

Explain specifically how the funds will be used. Attach project budget.

CITY OF WEST COVINA

Financial Statement Form

1444 W. Garvey Avenue South | West Covina, CA 91790

Financial Statement of			
LEGAL NAME OF BUSINESS			
ADDRESS	CITY	STATE	ZIP
TAX TO NUMBER	TYPE OF BUSINESS		
TELEPHONE	DATE SUBMITTED		

Balance Sheet as of _____ 20____
 Month Year

ASSETS		LIABILITIES	
Cash	\$	Accounts Payable	\$
Marketable Securities		Notes Payable	
Accounts Receivable		Current Portion Long Term Debt	
Inventory		Accruals	
Prepaid Expenses		Taxes Payable	
Other Current Assets		Other Current Liabilities	
Total Current Assets		Total Current Liabilities	
Land and Building		Long Term Debt	
Machinery and Equipment		Other Liabilities	
Leasehold Improvements		Total Liabilities	
Other Fixed Assets		Capital Stock	
Less Accumulated Depreciation		Paid in Capital	
Net Fixed Assets		Retained Earnings	
Other Assets		Total Equity	
TOTAL ASSETS		TOTAL LIABILITY & EQUITY	

Income Statement for the Period from _____
 Month Date Month Date

INCOME STATEMENT	
Net Sales or Revenue	\$
Less Cost of Goods Sold	
Gross Margin	
Less Operating Expenses	
Salaries (Owners)	
Salaries (Others)	
Rent	
Depreciation	
Bad Debts	
Interest	
Advertising	
Taxes	
Other Misc. Expenses	
Net Profit Before Income Tax	
Less Income Taxes Paid	
Net Profit After Tax	

Authorized Signature _____ Date _____

CITY OF WEST COVINA

Personal Financial Statement

1444 W. Garvey Avenue South | West Covina, CA 91790

As of _____, 20____

Federal Employer Identification Number (FEIN) # _____

State Corporation Number # _____

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 of 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

Business Name of Applicant/Borrower

ASSETS	(OMIT CENTS)	LIABILITIES	(OMIT CENTS)
Cash on Hand and in Bank	\$ _____	Accounts Payable	\$ _____
Savings Accounts	\$ _____	Notes Payable to Banks and Others (Describe in Section 2)	\$ _____
IRA or Other Retirement Account	\$ _____	Installment Account (Auto)	\$ _____
Accounts and Notes Receivable	\$ _____	Mo. Payments \$ _____	
Life Insurance-Cash Surrender Value Only (Complete Section 8)	\$ _____	Installment Account (Other)	\$ _____
Stocks and Bonds (Describe in Section 3)	\$ _____	Mo. Payments \$ _____	
Real Estate (Describe in Section 4)	\$ _____	Loan on Life Insurance	\$ _____
Automobile-Present Value	\$ _____	Mortgages on Real Estate (Describe in Section 4)	\$ _____
Other Personal Property (Describe in Section 5)	\$ _____	Unpaid Taxes (Describe in Section 6)	\$ _____
Other Assets (Describe in Section 5)	\$ _____	Other Liabilities (Describe in Section 7)	\$ _____
		Total Liabilities	\$ _____
		Net Worth	\$ _____
Total	\$ _____	Total	\$ _____

SECTION 1. Source of Income

Salary	\$ _____
Net Investment Income	\$ _____
Real Estate Income	\$ _____
Other Income (Describe Below)*	\$ _____

Contingent Liabilities

As Endorser or Co-Maker	\$ _____
Legal Claims & Judgments	\$ _____
Provision for Federal Income Tax	\$ _____
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.

SECTION 2. Notes Payable to Bank and Others (Use attachments if necessary. Each attachment must be identified as part of this statement and signed)

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 (Use attachments if necessary. Each attachment must be identified as part of this statement and signed)					
Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value
SECTION 4. Real Estate Owned (List each parcel separately. Use attachments if necessary. Each attachment must be identified as part of this statement and signed)					
	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					
SECTION 5. Other Personal Property and Other Assets (Describe, and if any is pledged as security, state name and address of lienholder, amount of lien, term of payment, and if delinquent, describe the delinquency.)					
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 the City of Covina/Lender to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). 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 and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001).					
Signature:		Date:	Social Security Number:		
Signature:		Date:	Social Security Number:		

CITY OF WEST COVINA

History of Business

1444 W. Garvey Avenue South | West Covina, CA 91790

(Use separate attachments to answer questions if necessary)

Company Name _____

Nature of business _____

Types of products/services

Customer profile

Competitive Advertisements

Major Supplies

Geographical Sales Area

Future plans growth/expansion

How will this loan benefit your company?

Will the funding of the loan create new employment opportunities?

If so, state how _____

CITY OF WEST COVINA

Personal Resume

1444 W. Garvey Avenue South | West Covina, CA 91790

Business owner/manager name: _____

PERSONAL DATA:

Birth Date: _____

Birth Place: _____

Marital Status: _____

Number of Children: _____

Residence: _____

City: _____

State: _____ Zip: _____

Telephone: (____) _____

EDUCATION

High School: _____

From: _____ To: _____

Major: _____

College: _____

From: _____ To: _____

Major: _____

College: _____

From: _____ To: _____

Major: _____

MILITARY SERVICE:

Applicable

Not Applicable

From: _____ To: _____ Branch: _____ Rank: _____

EMPLOYMENT HISTORY: (List Current or Last Employment First)

From: _____ To: _____ Name of Company: _____

Address: _____

Position & Description of Duties: _____

From: _____ To: _____ Name of Company: _____

Address: _____

Position & Description of Duties: _____

OTHER PERTINENT INFORMATION:

CITY OF WEST COVINA

Business Debt Schedule

1444 W. Garvey Avenue South | West Covina, CA 91790

COMPANY NAME: _____

DATE: _____

This schedule should contain loans for contracts and notes payable, not accounts payable or accrued liabilities.

CREDITOR Name/Address	ORIGINAL DATE	ORIGINAL AMOUNT	PRESENT BALANCE	INTEREST RATE	MONTHLY PAYMENT	MATURITY DATE	COLLATERAL/ SECURITY
TOTAL PRESENT BALANCE:							