

**INDIANA STATEWIDE CERTIFIED
DEVELOPMENT CORPORATION**

4181 East 96th Street
Suite 200
Indianapolis,
Indiana
46240
(317)-844-9810
FAX (317)-844-9815



504 Loan Company Application:

Business DBA: _____

Project Address: _____

Principal in Charge: _____

Business Phone # _____ Fax # _____

Cell Phone # _____ Home Phone # _____

E-mail Address: _____

OPERATING COMPANY: _____

Address: _____

Type of Business: _____ **Date Established:** _____

Type of Entity: Corporation _____ Partnership _____ Sole Proprietorship _____ LLC _____

Employer/Tax ID: _____ **NAICS Code:** _____

Ownership of operating company (percentage of ownership should equal 100%):

Name _____ % _____ Name _____ % _____

Name _____ % _____ Name _____ % _____

Name _____ % _____ Name _____ % _____

BORROWING ENTITY: (Owner of the project real estate.)

Name: _____

Address: _____

Type of Entity: Corporation _____ Partnership _____ Sole Proprietorship _____ LLC _____

Employer/Tax ID: _____ **Date Established:** _____

Ownership of borrowing entity (percentage of ownership should equal 100%):

Name _____ % _____ Name _____ % _____

Name _____ % _____ Name _____ % _____

Name _____ % _____ Name _____ % _____

What is the source of the required equity injection? _____

IMPORTANT - have there have been any changes in ownership in the last six months? if yes, attach details.

Are any assets held in a Trust? _____ Yes _____ No

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APPLICANT AGREEMENT FORM

The Applicant submits herewith an Application Deposit of \$1,000. This Application Deposit will be deposited into an Indiana Statewide Certified Development Corporation account.

If the loan application is declined by the CDC or the SBA, meaning an SBA Loan Authorization is never issued, the entire Application Deposit will be returned to the Applicant.

If the Applicant voluntarily withdraws the loan application at any time before SBA issues an SBA Loan Authorization, the CDC will deduct its reasonable and necessary costs incurred in packaging and processing the loan application and refund the balance of the Application Deposit, if any, to the Applicant.

If the loan application is approved by the CDC and the SBA, meaning an SBA Loan Authorization is issued, the Application Deposit will be refunded to the Applicant after the SBA 504 loan funds.

If after an SBA Loan Authorization has been issued, the borrower voluntarily withdraws the loan or the loan does not fund, for any reason, the entire Application Deposit will be deemed earned by the CDC to cover its costs incurred in packaging and processing the loan to obtain SBA approval and will not be refunded to the Applicant.

Please make your check to: Indiana Statewide CDC

(Full name of Applicant)

By: _____

Date: _____

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Use of Proceeds

Please provide copies of all key cost documents for this project*:

- Real Estate Purchase Agreement
- Contractor Cost Estimates (including soft costs)
- Vendor Quotes for Machinery and Equipment Purchases

Cost Breakdown:

Land Purchase	\$ _____
Building Purchase	\$ _____
Construction/Remodeling	\$ _____
Machinery and Equipment Purchase	\$ _____
Professional Fees	\$ _____
Other (contingencies)	\$ _____
Total Project Costs	\$ _____

Occupancy and Benefits from the Loan:

Are there any tenants that will also occupy the facility? Yes: _____ No: _____

If yes, complete the information below:

Tenant	Square Footage	Lease Expiration
_____	_____	_____
_____	_____	_____
_____	_____	_____

How will the Project help your business?

If you are moving to a new location, how will this affect your business?

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Debt Schedule

As of _____
(Date)

(Name of Borrower)

Original Loan Amount	Date Funded	Lender	Balance Owed	Interest Rate	Monthly Payment	Maturity Date	Collateral
a)							
b)							
c)							
d)							
e)							
f)							
g)							
h)							
i)							
j)							
k)							

*All information fields required

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PREVIOUS GOVERNMENT FINANCING

Applicant certifies below ANY government financing received by any *principals* or *affiliated companies*, including name of the agency, the original date and amount, the outstanding balance, status of the loan (current, delinquent or paid in full), and collateral securing the loan. In addition, Applicant confirms no loss to the U.S. Government on any previous loan, if applicable.

Type of Loan	Agency Name	Original Date	Amount	Current Balance	Status	Collateral/ \$ Guarantee	Govt. Loss

Applicant:

By:

Date:

If there have not been prior government loans, please mark N/A and Sign