
PATHSTONE ENTERPRISE CENTER, INC.

Small Business Loan Application

PathStone Enterprise Center, Inc. 400 East Ave. Rochester, NY 14607

Phone: (585) 340-3705 Fax: (585) 340-3326

TDD: 800-545-1833 Web Site: www.PathStoneEnterprise.org

SECTION I - BUSINESS INFORMATION

1. Business Name: _____

Business Address: _____

Business Telephone: _____ Fax: _____ E-Mail: _____

Describe Type of Business (Product or Service): _____

2. Business Owner/Principals:

Name	Address	Title	% ownership	Social Security #
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3. Business History

Business Status: New (Under 12 months) Existing (Over 12 months)

Has the business met all of the legal requirements necessary to become established? Yes No

Date Business Established: _____ No. of Employees: Full Time _____ Part Time _____

Federal Tax ID Number: _____ SIC Code (If known): _____

4. Type of Business/Organization

Sole Proprietorship S Corporation Not yet established

Partnership C Corporation LLC

5. Financial Summary

Does the business, or any of the owners, have any personal or business judgments, unsettled lawsuits or major disputes? Yes No

Has the business, or any of the owners, been involved in a bankruptcy or insolvency proceeding? Yes No

Does the business, or any of the owners, owe any taxes for years prior to the current year? Yes No

If the answer to any of the above three questions is Yes, please provide an explanation on an additional sheet.

SECTION II - FINANCIAL INFORMATION

Please be specific.

Amount of Loan Request: _____ **Proposed Repayment Term:** _____ Months

Purpose of Loan Request: _____

How will the loan help the business? _____

Have you contacted a bank for financing? Yes No If Yes, what bank? _____

Contact at the bank: _____ Telephone number: _____

References:

	Name	Address	Phone	Account Number
Bank:	_____			

	Name	Address	Phone	Account Number
Trade:	_____			

Sources and Uses of Funds: Please be specific

Source	Amount	Item	Description	Amount
Owner Equity	\$	Receivables		\$
PathStone Loan	\$	Inventory		\$
	\$	Equipment		\$
	\$	Furniture/Fixtures		\$
	\$	Operating Expenses		\$
	\$	Other		\$
TOTAL	\$	Totals Should Equal	TOTAL	\$

SECTION III - BUSINESS PLAN

Loan requests for new businesses must be accompanied by a detailed business plan. Loan requests for existing businesses should include a business plan summary describing the expansion for which financing is requested.

Have you completed a business plan? Yes No (If yes, please attach a copy of your business plan)

When and by whom was your business plan prepared? _____

If you have not completed a business plan, would you like information on assistance available to help you prepare a business plan? Yes No

Please review Section IV of this application for important information on the materials your application must include to be considered complete

SECTION IV - CHECKLIST OF ADDITIONAL INFORMATION

REQUIRED

Please provide the following information with your application form to prevent delays in the processing of your application. Please include a \$75 application fee with your application form. PathStone will not process your application until the fee is received.

Existing Business Information Required	Start-up Business Information Required
<input type="checkbox"/> Business Plan Summary	<input type="checkbox"/> Business Plan
<input type="checkbox"/> Personal Tax Returns for 3 Years	<input type="checkbox"/> Personal Tax Returns for 3 Years
<input type="checkbox"/> Business Tax Returns for 3 Years	<input type="checkbox"/> Cash Flow Projections Yr.1 by month - Yr. 2 & 3 by quarter
<input type="checkbox"/> Financial Statements (3 Yr. if applicable)	<input type="checkbox"/> List of Customers and Suppliers
<input type="checkbox"/> Cash Flow Projections Yr.1 by month - Yr. 2 &3 by quarter	<input type="checkbox"/> Receivable and Payable Aging
<input type="checkbox"/> List of Customers and Suppliers	<input type="checkbox"/> Personal Financial Statement(s) for Business Owner(s)
<input type="checkbox"/> Receivable and Payable Aging	<input type="checkbox"/> Resume(s) for Owner(s) and Management
<input type="checkbox"/> Personal Financial Statement(s) for Business Owner(s)	<input type="checkbox"/> Copies of permits and licenses necessary to your business
<input type="checkbox"/> Resume(s) for Owner(s) and Management	<input type="checkbox"/> Company Product/Service Brochure/ Samples/Other Information
<input type="checkbox"/> Copies of permits and licenses necessary to your business	<input type="checkbox"/> Other (Describe):_____
<input type="checkbox"/> Company Product/Service Brochure/ Samples/Other Information	<input type="checkbox"/> \$75 application fee
<input type="checkbox"/> Other (Describe):_____	
<input type="checkbox"/> \$75 Application Fee	

SECTION V - CERTIFICATIONS & DISCLAIMERS

Please read the following certifications carefully and sign below. All company owners, officers, or partners must sign below. If you have any questions, call PathStone Enterprise Center, Inc. at (585) 340-3304.

1. I certify that this company does not deny services, employment, or membership to persons based on political preference, race, religion, age, gender, sexual preference, handicap, or marital status.
2. I hereby certify and affirm by my signature below that the information supplied as part of this application is complete and current to the best of my knowledge. I further understand that intentional misrepresentation of facts may be the basis for a denial of credit.
3. I give PathStone permission to research the company's and its principal(s) history, make credit checks, contact the company's financial institution, and perform other related activities for reasonable evaluation of this proposal.
4. I certify that no principal who owns at least 50% of the voting interest of the company is delinquent more than 60 days under the terms of any (a) administrative order, (b) court order, or (c) repayment agreement that requires payment of child support.
5. I certify that ownership of the company is at least 51% by U.S. citizens or persons admitted to the U.S. for permanent residence.
6. I certify that PathStone Enterprise Center, Inc. nor any of its principal officers (including immediate family) hold any legal or financial interest or influence in the Borrower; neither the

Borrower nor any of its principal officers (including immediate family) hold any legal or financial interest in PathStone

7. I certify that credit is not available elsewhere at reasonable rates and terms.

8. Technical Assistance Disclaimer

PathStone may render technical assistance, directly or indirectly, to you based on information you provide, in connection with management systems, internal controls, marketing plans, business plans, financial projections and compilations. Such assistance and all statements made in connection therewith are for your internal use only, and are not to be used or communicated in any manner whatsoever to third parties without PathStone’s express written consent.

PathStone is in no way responsible for your use of this information, and makes no warranties and representations in connection therewith except as expressly granted in writing.

You agree to indemnify and hold PathStone harmless in connection with the use or misuse of such information, documents, representations or writing.

Thank you for your interest in PathStone Enterprise Center, Inc. Please fill out this application for the Small Business Loan Fund as completely as possible to enable PathStone to process your application promptly. Upon the receipt of a complete application, including all supporting documentation, and a check or money order for the \$75 application fee, PathStone will process your application. A PathStone Loan Officer will contact you to discuss your application and, if necessary, request additional information. If you have any questions, please call PathStone at (585) 340-3304, TDD 800-545-1833 x210. You may write to PathStone Enterprise Center, Inc. at 400 East Ave. Rochester, NY 14607 or visit our web site at www.PathStoneEnterprise.org.

Name: _____
Please Print Social Security # Date of Birth

Signature: _____ Date: _____

Name: _____
Please Print Social Security # Date of Birth

Signature: _____ Date: _____

“The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname.”

Ethnicity: Hispanic or Latino ___ Not Hispanic or Latino ___
Race: (Mark one or more) White ___ Black or African American ___ American Indian/Alaska Native ___ Asian ___ Native Hawaiian or Other Pacific Islander ___
Gender: Male ___ Female ___
Veteran ___

PERSONAL FINANCIAL STATEMENT

As of:

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			LIABILITIES		
(Omit Cents)			(Omit Cents)		
Cash on hands & in Banks			Accounts Payable		
Savings Accounts			Notes Payable to Banks and Others (Describe in Section 2)		
IRA or Other Retirement Account			Installment Account (Auto) Monthly Payment \$_____		
Accounts & Notes Receivable			Installment Account (Other) Monthly Payment \$_____		
Life Insurance--Cash Value Only (Complete Section 8)			Loans on Life Insurance		
Stocks & 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(s)--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. Sources 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.					
Section 2. Notes Payable to Bank and Others			(Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)		
Name & 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.					
Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value
Section 4. Real Estate Owned.					
	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 Balance					
Amount of Payment per Month/Year					
Status of Mortgage					
Section 5. Other Personal Property and Other Assets.					
Section 6. Unpaid Taxes.					
Section 7. Other Liabilities.					
Section 8. Life Insurance Held. (Face amount, cash surrender value, insurance company, and beneficiary)					
<p>I authorize the 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.</p>					
Signature:		Date:		Social Security Number:	
Signature:		Date:		Social Security Number:	