



# FINANCING APPLICATION

Revised 12/21

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

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

Business Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Business Structure: ☐ Sole Proprietorship ☐ Partnership ☐ Corporation ☐ LLC ☐ Other: \_\_\_\_\_

Date Incorporated: \_\_\_\_\_ State: \_\_\_\_\_

Type of Business: ☐ Existing ☐ Startup

Social Security #: \_\_\_\_\_ Employer Identification #: \_\_\_\_\_

## INFORMATION FOR STATISTICAL PURPOSES

### BUSINESS OWNERSHIP

- ☐ Female (100%)  
☐ Female (51%)  
☐ Male (100%)  
☐ Male (51%)  
☐ Male/Female (50/50%)

### VETERAN STATUS

- ☐ Non Veteran  
☐ Vietnam-Era Veteran  
☐ Other Veteran

### RACE / ETHNICITY

- ☐ Black  
☐ White  
☐ Hispanic or Latino  
☐ Non-Hispanic or Latino  
☐ Puerto Rican  
☐ Pacific Islander or Native Hawaiian  
☐ American Indian or Alaskan Native  
☐ Other  
☐ Prefer Not to Answer

Amount Requested: \$ \_\_\_\_\_

### Use of Funds

Construction: \$ \_\_\_\_\_  
Purchase of Building: \$ \_\_\_\_\_  
Machinery & Equipment: \$ \_\_\_\_\_  
Working Capital: \$ \_\_\_\_\_  
Inventory: \$ \_\_\_\_\_  
FF&E: \$ \_\_\_\_\_  
Build Out: \$ \_\_\_\_\_  
**Total Project Cost** \$ \_\_\_\_\_

### Source of Funds

Bank Loans (identify below): \$ \_\_\_\_\_  
\$ \_\_\_\_\_  
Proposed I-7 Loan/Equity: \$ \_\_\_\_\_  
Other Private Sources: \$ \_\_\_\_\_  
Other Public Sources: \$ \_\_\_\_\_  
Grants: \$ \_\_\_\_\_  
Applicant Equity (cash): \$ \_\_\_\_\_  
Other: \$ \_\_\_\_\_  
**Total Source of Funds\*** \$ \_\_\_\_\_

\* (this should equal Total Project Cost)

Briefly describe your existing/start-up business: \_\_\_\_\_

How did you hear about Impact Seven's financing programs? \_\_\_\_\_

Have you approached other funding sources? ☐ Yes ☐ No  
If yes, list agencies/funding institutions: \_\_\_\_\_

### Summary of Collateral Offered:

	Present Market Value	Balance Owed <small>Input as a negative number</small>
A. Real Estate:	_____	_____
B. Inventory (At Cost):	_____	_____
C. Equipment:	_____	_____
D. Accts Rec.:	_____	_____
E. Other:	_____	_____
F. Other:	_____	_____

### Total Collateral:

Do you have any liens on any of your assets? ☐ Yes ☐ No  
Explain: \_\_\_\_\_



## PLEASE USE THIS CHECKLIST

- ☐ Complete application and sign where prompted

### >>> PROJECT / BUSINESS

- ☐ Provide Business Plan, which should include:
  1. Detailed description of project/business
  2. Management/Owners' Resumes
  3. Location
  4. Competitors
  5. Operating/Management agreement
  6. Third-party market study
  7. Ownership percentages
  8. Three years of financial projections (year one month-to-month)
- ☐ If existing business, last three years of income statements and balance sheets, plus a year-to-date
- ☐ Project/Business federal tax returns for prior two years
- ☐ Dun and Bradstreet number, also known as DUNS Number
- ☐ Copy of lease agreement
- ☐ Copies of bids, estimates and quotes
- ☐ Schedule of Assets (inventory and equipment), and Accounts Receivable and Payable

### >>> PERSONAL

- ☐ Federal tax return for prior two years
- ☐ Personal financial statement
- ☐ Copy of driver's license
- ☐ Personal global cash flow statement
- ☐ Schedule of all real estate



## DECLARATIONS

1. ☐ **Have** ☐ **Have not** personally, nor has our company, been involved in bankruptcy of insolvency proceedings. If have, provide details; use a separate sheet if necessary.
2. Company officers ☐ **have** ☐ **have not** been involved in bankruptcy or insolvency proceedings. If have, provide details; use a separate sheet if necessary.
3. ☐ **Have** ☐ **Have not** had any liens or judgments filed against our personal or business assets. If have, provide details and state whether satisfied and dates:
4. ☐ **Do** ☐ **Do not** have a 20 percent or more ownership in additional entities. If do, please list; use a separate sheet if necessary.
5. The undersigned has applied for a loan from Impact Seven, Inc. dated \_\_\_\_\_ in the amount of \$ \_\_\_\_\_.

Under Federal requirements Impact Seven Inc. is required to gather certain information to be retained in its files. One such certification is the certification that the borrower and principals of any business receiving a loan has not been convicted of a sex offense against a minor. Impact Seven will not grant funding to any borrower or principal of a business that has been convicted of such offense.

For each loan originated by Impact Seven or any of its Affiliates that is funded in whole or in part using certain funds Impact Seven, Inc. must receive and retain a written certification that no principal of such business has been convicted of a sex offense against a minor (as such terms are defined in section 111 of the Sex Offender Registration and Notification Act, 42 U.S.C. § 16911). Impact Seven shall retain all such certifications in accordance with commercially reasonable recordkeeping practices.

By signing this application, I certify that the borrower and principals have not been convicted of a sex offense as described in the previous paragraph.

*I authorize investigation of all statements contained herein including from credit bureaus and other relevant agencies and release all parties from liability for any damage that may result from furnishing same to you. I certify that the facts contained in this application are true and complete to the best of my knowledge, and understand that any falsified statements on this application shall be immediate cause for rejection.*

### ALL SUBMISSIONS MUST BE SIGNED AND DATED BY AUTHORIZED COMPANY REPRESENTATIVES

Name, Title (printed): \_\_\_\_\_ Name, Title (printed): \_\_\_\_\_

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

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

*All borrowers must provide Impact Seven with quarterly and annual financial statements and other items as requested.*

*In accordance with federal law and U.S. Department of the Treasury policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write to Department of the Treasury, Office of Civil Rights and Diversity, 1500 Pennsylvania Ave. NW, Washington, D.C. 20220 or call (202) 622-1160.*



## PERSONAL FINANCIAL STATEMENT

As of: \_\_\_\_\_

Complete this form if 1) a sole proprietorship by the proprietor; 2) a partnership by each partner; 3) a corporation by each officer and each stakeholder with 20% or more ownership; 4) any other person or entity providing a guaranty on the loan.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Married: ☐ No ☐ Yes Spouse's Name: \_\_\_\_\_ (spouse must also sign this form)

Residence Phone: ( ) \_\_\_\_\_ Business Phone: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

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

Business Name of Applicant/Borrower: \_\_\_\_\_

ASSETS	Omit cents	LIABILITIES
Cash on hand & in banks: \$ _____		Accounts payable: \$ _____
Savings accounts: \$ _____		Notes payable to bank/others: \$ _____ (Describe in Section 2)
IRA / 401k / 403b: \$ _____		Installment account (auto): \$ _____ Mo. payment \$ _____
Accounts & notes receivable: \$ _____ (Describe in Section 6)		Installment account (other): \$ _____ Mo. payment \$ _____
Life insurance: \$ _____ Face Value: \$ _____ (Cash Value)		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 7)
Automobile - present value: \$ _____		
Other personal property: \$ _____ (Describe in Section 5)		Other liabilities: \$ _____ (Describe in Section 8)
Other assets: \$ _____ (Describe in Section 6)		<b>Total liabilities:</b> \$ _____
<b>Total assets:</b> \$ _____		<b>Net Worth (assets minus liabilities):</b> \$ _____
		<b>Total liabilities + Net Worth:</b> \$ _____

SECTION 1. Source of Income (Annually)	Contingent Liabilities
Salary: \$ _____	As endorser or co-maker: \$ _____
Pension: \$ _____	As personal guarantor: \$ _____
Net (investment income): \$ _____	Legal claims & judgements \$ _____
Real estate income: \$ _____	Provision for fed, income tax \$ _____
Other income, describe: \$ _____	Other special debt, describe: \$ _____
<b>Total:</b> \$ _____	<b>Total:</b> \$ _____

SECTION 2. Notes Payable to banks, credit card debt, and other financial obligations					
Name/Address of Note Holder	Original Balance	Current Balance	Payment Amount	Terms (monthly, etc.)	How Secured or Endorsed, Type of Collateral

<b>SECTION 3. Other Stocks &amp; Bonds</b>	<i>Give listed and unlisted stocks &amp; bonds</i>
--	--

Number of Shares	Names of Securities	Cost	Market Value Quotation/Exchange	Date Amount

<b>SECTION 4. Real Estate Owned</b>	<i>List each parcel separately</i>
-------------------------------------	------------------------------------

Address	Type of Property	Title Holder	Date Purchased	Original Cost	Present Value	Monthly Taxes and Insurance	Mortgage Balance	Monthly Payment	Mortgage Current?
									<input type="checkbox"/> YES <input type="checkbox"/> NO
									<input type="checkbox"/> YES <input type="checkbox"/> NO
									<input type="checkbox"/> YES <input type="checkbox"/> NO

<b>SECTION 5. Other Personal Property</b>	<i>Describe, and if any is mortgaged, state name and address of mortgage holder and amount of mortgage, terms of payment, and if delinquent, describe delinquency</i>
---	---

<b>SECTION 6. Other Assets, Notes and Accounts Receivable</b>	<i>Describe</i>
---	-----------------

<b>SECTION 7. Unpaid Taxes</b>	<i>Describe in detail, as to type, to whom payable, when due, amount, and what, if any, property the tax lien attaches</i>
--------------------------------	--

<b>SECTION 8. Other Liabilities</b>	<i>Describe in detail</i>
-------------------------------------	---------------------------

<b>SECTION 9. Life Insurance Held</b>	<i>Give face amount of policies, name of company and beneficiaries</i>
---------------------------------------	--

*USE SUPPLEMENTAL SHEETS AS NECESSARY.* Each sheet must be identified as a supplement to this statement and signed.  
 Lender is authorized to make all inquiries deemed necessary to verify the accuracy of the statements made herein and to determine my/our creditworthiness. (I) or (We) certify the above and the statements contained in the schedules herein are a true and accurate statement of (my) or (our) financial condition as of the date stated herein.

Signature	Date	Signature (spouse)	Date
-----------	------	--------------------	------

Social Security #	Social Security #
-------------------	-------------------

*In accordance with federal law and U.S. Department of the Treasury policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write to Department of the Treasury, Office of Civil Rights and Diversity, 1500 Pennsylvania Ave. NW, Washington, D.C. 20220 or call (202) 622-1160.*



## REQUEST FOR CREDIT HISTORY

### REQUESTOR:

Impact Seven, Incorporated  
2961 Decker Drive  
Rice Lake, WI 54868  
Phone: (715) 434-1717  
Fax: (715) 736-7005

Please furnish a credit report on the following person(s) for the reason stated below:

#### *Head of Household:*

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Social Security #: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

#### *Co-Applicant or Spouse:*

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Social Security #: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

Reason for Request: \_\_\_\_\_

*If this request is for Rental, the address of the property MUST be furnished:*

Address	City	State	Zip

### TO BE COMPLETED BY APPLICANT(S)

#### Permission to release information:

I authorize the credit bureau, and Dun and Bradstreet to release a copy of my credit report to the requestor listed above. A copy of this authorization may be accepted as an original.

Applicant Signature

Date

Co-Applicant Signature

Date



## ACTUAL JOB CREATION REPORTING FORM FOR BORROWERS

As a nonprofit Community Development Financial Institution (CDFI), we carefully track and evaluate the effectiveness of our programs to ensure they meet our charitable mission and satisfy the reporting requirements of our funders. Job creation is a primary part of our mission, and your completion of this form is essential to track job creation/retention impacts that are reasonably connected to our involvement in your project.

*Please see instructions on next page of this form*

Name of Business:

Date Submitted:

	BASELINE *			ACTUAL (Current)
	Initial	12 mos.	>12 mos.	
Number of FTE jobs on the payroll:				
How many are paid at least \$10 per hour (including wages, tips and salary)?				
How many are eligible for fringe benefits?				

Temporary FTE jobs as a result of construction/installation of funded project:

*\* Baseline figures are filled in by Impact Seven, based on figures submitted by the business when the initial loan was made*

Please list and briefly describe the fringe benefits provided for employees:

Please explain any deviations from baseline projections. Have there been any significant changes to your job creation plans? Discuss any unexpected layoffs, expansions, delays in hiring, etc.

Name of person submitting this form

Phone Number

Email address



**Instructions:**

- “FTE” means “Full-Time Equivalent” jobs. “Full-time” is defined as an average of at least 35 hours per week. Each full-time job should be counted as one whole FTE job.

- Convert all part-time or seasonal jobs into 12-month Full-Time Equivalent (FTE) jobs. Round to the nearest 0.5 FTE.

Example: Two jobs are 20 hours per week and one is 15 hours per week, for a total of 55 hours across all three jobs.  $55 \text{ divided by } 35 = 1.57$ , which is rounded down to 1.5 FTE. If the jobs were all seasonal jobs lasting only six months of the year, then divide 1.57 in half to get 0.79, which rounds up to 1.0 FTE.

- Include business owners in job numbers if they are active in day-to-day operations.
- Please contact your Impact Seven Loan Officer if you have questions or need assistance.