



SPANISH AMERICAN MERCHANTS ASSOCIATION, INC.

_____ **NEIGHBORHOOD ECONOMIC DEVELOPMENT FUND**

_____ **MERCHANT REVOLVING FUND**

1. BusinessName: _____

Federal ID: _____ Reg. Num. _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone#: _____ Fax#: _____

E-Mail: _____

Borrower 1: _____

DOB: _____ Social Security # _____

Title: _____ % of Ownership: _____

Home Address: _____

Telephone: _____ Cell: _____

Borrower 2: _____

DOB: _____ Social Security # _____

Title: _____ % of Ownership: _____

Home Address: _____

Telephone: _____ Cell: _____

Borrower 3: _____

DOB: _____ Social Security # _____

Title: _____ % of Ownership: _____

Home Address: _____

Telephone: _____ Cell: _____

% Minority Owned: _____ % Women Owned: _____ % Physically Disabled: _____

How many employees do you have? _____ How many do you plan to hire? _____

2. Entity Classification

_____ Corporation _____ Partnership _____ Proprietorship _____ LLC _____

Date Established: _____ How long have you been in business? _____

Project Description: _____

1. Use of Funds:	Total Cost	Loan Requested
Inventory	\$ _____	\$ _____
Renovation/Construction	\$ _____	\$ _____
Purchase Equipment	\$ _____	\$ _____
Working Capital	\$ _____	\$ _____
Refinance Existing Debt	\$ _____	\$ _____
Purchase of Business	\$ _____	\$ _____
Other	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____

2. Source of Funds:

Amount of SAMA Loan	\$ _____
Equity from Owners/Partners	\$ _____
Funds from the Business	\$ _____
Bank Loan	\$ _____
Other	\$ _____
Total Funds	\$ _____

(Please provide copies of any commitment letters of intent from those firms or individuals that will be providing additional funds required to complete project)

3. Do you own any Federal, State or City Taxes? _____ No _____ Yes

If yes, please explain: _____

4. Bankruptcy

Have you ever declared personal or business bankruptcy, or had a bankruptcy petition filed against you? _____ No _____ Yes

If yes, please explain: _____

5. Convictions

Have you ever been convicted of a felony? _____ No _____ Yes

If yes, please explain: _____

6. Professionals

Accountant

Name: _____

Firm: _____

Address: _____

Telephone: _____ Fax: _____

Email: _____

Lawyer

Name: _____

Firm: _____

Address: _____

Telephone: _____ Fax: _____

Email: _____

PLEASE LIST ALL EXISTING BUSINESS DEBTS

DEBT SCHEDULE

*Date: _____

Creditor	Original Amount	Original Date	Balance	Rate	Maturity Date	Monthly Payment	Secure/ Unsecure
** Total Present Balance \$			Total Monthly Payment \$				

* **Should** be the same as current financial statement.
 ** Total must agree with balance shown on current financial statement.

BANK INFORMATION:

<u>Bank</u>	<u>Account #</u>	<u>Account Officer</u>	<u>Phone #</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TRADE REFERENCES:

<u>Company</u>	<u>Contact Person</u>	<u>Phone#</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

**DOCUMENTS NEEDED FOR ANY BUSINESS
APPLYING TO BE CONSIDERED FOR A LOAN**

- Business Plan to include Balance Sheet and Income Statement (Not more than 60 days old)

- Personal Financial Statement, showing collateral

- Income Tax return (2 years – Business and Personal)

- Insurance Certificate (Business and Term life)

- Tax Affidavit – City of _____

- Credit Report (HEDCO); please include \$50.00 bank check or money order

- Bank declination letter

- SAMA membership application (\$225.00 fee)

- Copy of Lease

- Buy Sale agreement (if applicable) for people buying an existing business.

These documents will be retained whether or not the loan is approved.
The SAMA revolving loan committee is authorized to check credit and employment history.

CREDIT REPORT REQUEST FORM

NAME: _____

CURRENT ADDRESS: _____

CITY STATE ZIP CODE
(If less than 3 years)

CITY STATE ZIP CODE

SOCIAL SECURITY NUMBER: _____

AUTHORIZATION SIGNATURE: _____

REQUESTED BY: Fernando G. Rosa, Deputy Director

AGENCY: HEDCo/GHBDC

CONTACT NAME: Fernando G. Rosa, Deputy Director

PHONE No. (860)527-1301

FAX No. (860)727-9224

Please mail to: Capitol City Credit Company, 100 Farmington Avenue, Hartford, CT 06107
Phone No. (860)236-0641 Fax No. (860)231-9175

Authorization to Release Information

To Whom It May Concern:

1. I/We have applied for a loan from SAMA/HEDCO. As part of the application process SAMA/HEDCO may verify information contained in my/our loan application and in other documents required in connection with the loan, either before or after the loan is closed.

2. I/We authorize you to provide to SAMA/HEDCO and any other organization to whom SAMA/HEDCO, may involve, any and all information and documentation that they request. Such information includes, but is not limited to, employment history and income: bank money market and similar account balances; credit history; and copies of Income tax returns, SAMA/HEDCO HAS DE RIGHT TO SHARE THIS INFORMATION WITH ANY OTHER PARTIES INVOLVED.

3. SAMA/HEDCO or any investor that purchases the mortgage may address this authorization to any party named in the loan application.

4. A copy of this authorization may be accepted as an original.

5. Your prompt reply to SAMA/HEDCO or any other organization involved in this loan are appreciated.

6. Provide proof of U.S. Citizenship or Permanente Residency.

(Borrower's Signature)	Date	(Social Security Number)

(Borrower's Signature)	Date	(Social Security Number)

SPANISH AMERICAN MERCHANTS ASSOCIATION, INC.

_____ NEIGHBORHOOD ECONOMIC DEVELOPMENT FUND
_____ MERCHANT REVOLVING LOAN FUND

CERTIFICATION

The undersigned certifies the following:

I/We have applied for SAMA/HEDCO loan.

In applying for the loan:

1. I/We have completed a loan application containing various information on the purpose of the loan, the amount and source of the down payment, employment and income information, and assets and liabilities. I/We have made no misrepresentations in the loan application or other documents, nor did I/We omit any pertinent information.

2. I/We understand and agree that SAMA/HEDCO reserves the right to change the loan review process to a full documentation program. This may include verifying the information provided on the application with the employer and/or the financial institution.

3. It is hereby represented by the undersigned as an inducement to SAMA/HEDCO to approve the Loan requested herein, that to the best of my knowledge and belief no information or data contained in the application or in the attachments are in any way false or incorrect that no material information has been omitted, including the Financial Statements. The undersigned agrees that Banks, Credit Agencies and References are hereby authorized now, or anytime in the future, to give SAMA/HEDCO, any and all information in connection with matters referred in this application. In addition, the undersigned agrees that the funds provided pursuant to this application will be utilized exclusively for the purposes represented in this application, as may be amended.

4. I/We fully understand that it is a federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements when applying for this loan, as applicable under the provision of Title 18, United States Code Section 1014.

Signature: _____ Date: _____

Print Name: _____ Social Security # _____

Home Address: _____ City _____, CT Zip Code _____

Business Name: : _____

Business Address: _____ City _____, CT Zip Code _____