

## ISDA REVOLVING LOAN FUND BUSINESS & NONPROFIT APPLICATION FORM

**APPLICATION DATE:** 

BUSINESS / NONPROFIT NAME:		EMPLOYER ID# (EIN)				
DUNS#:  Don't have a DUNS#?  Visit: fedgov.dnb.com	LOAN AMOUNT REQUESTED:		LOAN TE REQUESTI		months	
# JOBS TO BE CREATED/SAVED:		YPE OF BUSIN st or type your				
PRIMARY ADDRESS   CITY	STATE   ZIP	HOW LONG H	RENTED OR OWNED?  AVE YOU BEEN IN THIS ADDRESS?	?		
TYPE OF BUSINESS: SOLE P	ROPRIETORSHIP	LLC	CORPORATION	501(c)3		
MANAGER'S NAME:	r	MANAGER'S AD	DRESSES:			
ADDITIONAL MANAGER'S NAME: (IF APPLICABLE)		MANAGER'S A	DITIONAL ADDRESS: PLICABLE)			
DESCRIPTION OF BUSINESS A	ACTIVITY <u>:</u>					
PURPOSE OF LOAN:						
COLLATERAL TO BE OFFERE	D:					
HOW WILL YOUR BUSINESS BE ENHANCED BY THIS LOAN & HOW WILL THE AJO COMMUNITY BENEFIT FROM THOSE ENHANCEMENTS (# employees supported, new jobs created?)						

PLEASE PROVIDE THE FOLLOWING DOCUMENTS		
THIS COMPLETED APP FORM AND ALL APPLICABLE	ATTACHMENTS	
12 MONTHS CASH FLOW PROJECTION demonstrating	ability to repay	
BUSINESS PLAN demonstrating ability to repay		
ORGANIZATIONAL INFORMATION (if applicable)		
A copy of your state acknowledgement of (certified) article	es on incorporation.	
A copy of your Bylaws		
A copy of your 501(c)3 IRS Notification		
If this is an existing business, provide copies of:	Note: additional i	nformation may be requested
BUSINESS FEDERAL TAX RETURNS FOR PAST TWO	YEARS	
PROFIT AND LOSS STATEMENT		
BALANCE SHEET		
COMMITMENTS FROM PRIVATE LENDERS		
3 MONTHS BANK STATEMENTS		
If collateral will be offered, documentation must be availa please attach additional sheets.)	ble to demonstrate o	wnership. (If there are more iten
Item:	Serial #:	· · · · · · · · · · · · · · · · · · ·
Item:	Serial #:	
Signature of Applicant(s):	Date:	Email:
Signature of Applicant(s):	Date:	Email:

Attach additional pages as necessary