

# Lincoln County Port Authority Loan Application

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Thank you for considering Lincoln County Port Authority (LCPA) for your financial needs. Our goal is to build south Lincoln's economy by working with new and expanding businesses with a priority of those companies that will create jobs for the community. The goal is to infuse business capital into the communities for sustainable projects and when bank financing is not available.

The first step is to complete the attached application. Upon completion of the loan application we will provide you a list of documents that will be needed based upon your application and business need and history.

Additional documents required will vary according to the project and phase of the business. For existing business typical documents required are:

1. Business Financial Statements (Balance Sheet & Income Statements) for the last three fiscal years and year-to-date information.
2. Business Federal Tax Returns for past three years.
3. Current personal financial statement on the owner(s)
4. Two years Federal Tax Returns on each 20% or greater owner. Please provide the complete return with all schedules and attachments.
5. Monthly Projections for the next twelve months, which illustrate the ability to pay back debt.
6. Authorization for a Credit Report
7. Business Plan or narrative on the business and details on the financing need

If you need assistance with the application, or if you have questions about the lending process and timeline, we are available to help and answer questions.

If you need assistance developing your business plan or cash flows, or require other business counseling, LCPA can provide these resources or connect you with the Small Business Development Director for this region.

*LCPA practices equal treatment of clients. LCPA does not discriminate on the grounds of race, color, religion, gender, marital status, disability or national origin in services or accommodations offered to our employees, clients or guests.*

# Lincoln County Port Authority

Application Date: \_\_\_\_\_  
 If you intend to apply for joint credit, please initial below

Applicant

Joint Applicant

## APPLICANT

Is your business a  Sole Prop.  Corporation  LLC  LLP  Partnership  Business Individual(s)  Trust  
 Legal Business Name \_\_\_\_\_ Year Business Started \_\_\_\_\_

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

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

Tax ID or SSN#: \_\_\_\_\_ Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Joint Applicants SSN# or Tax ID: \_\_\_\_\_

Are you current on all Payroll, Income and Property Taxes?  Yes  No

Is your business registered with the Secretary of State?  Yes  No

Is your business qualified to do business in Montana?  Yes  No

Is the business or any members a defendant in a suit or legal action?  Yes  No

Has the business or any members gone through bankruptcy or has a judgment against them?  Yes  No

Number of Employees (including subsidiaries and affiliates):

At Time of Application \_\_\_\_\_ If loan is Approved \_\_\_\_\_ Subsidiaries or Affiliates \_\_\_\_\_

## OFFICERS / PARTNERS / MEMBERS

Name	% of Ownership	Title	Social Security #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## LOAN REQUEST NUMBER 1

Amount \$ \_\_\_\_\_ Term: \_\_\_\_\_

Purpose of Loan: \_\_\_\_\_

Source of Repayment: \_\_\_\_\_

Collateral Offered	Estimated Value
_____	\$ _____
_____	\$ _____

## LOAN REQUEST NUMBER 2

Amount \$ \_\_\_\_\_ Term: \_\_\_\_\_

Purpose of Loan: \_\_\_\_\_

Source of Repayment: \_\_\_\_\_

Collateral Offered	Estimated Value
_____	\$ _____
_____	\$ _____

**Business Debts**

To Whom Debt is Owed	Monthly Payments	Balance (*)	Collateral Description

Place an (\*) next to any debt you intend to pay off with this loan.

**ACKNOWLEDGEMENT AND AGREEMENT**

Pursuant to the National Privacy Law that took effect July 1, 2001, I authorize Lincoln County Port Authority to obtain verification of any information needed to complete my loan request. This information includes but is not limited to my bank account, other assets, employment earning record and the need to order a consumer credit report. I further authorize anyone to accept a photocopy or facsimile of this document as his or her authorization to release such information, including detailed payoff information, to Lincoln County Port Authority.

Everything that I/we have stated in this application is correct to the best of my/our knowledge. I/We understand that you will retain this application whether or not my/our request is approved.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

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## INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by LCPA in order to provide evidence of compliance to our loan program funders. You are not required to furnish this information, but are encouraged to do so. The law requires that a lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish it, this lender is required to note race and sex on the basis of visual observation or surname. If you do not wish to furnish the information, please check the box below. (Lender must review the material to assure that the disclosures satisfy all requirements to which the lender is subject under applicable loan fund requirements for the particular type of loan applied for.)

Borrower	Co-Borrower	Co-Borrower
<input type="checkbox"/> I do not want to furnish this information <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black, not of Hispanic origin <input type="checkbox"/> Other (specify) <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> White, not of Hispanic Origin Sex <input type="checkbox"/> Female <input type="checkbox"/> Male Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No  _____ Signature  _____ Print Name  _____ Date	<input type="checkbox"/> I do not want to furnish this information <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black, not of Hispanic origin <input type="checkbox"/> Other (specify) <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> White, not of Hispanic Origin Sex <input type="checkbox"/> Female <input type="checkbox"/> Male Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No  _____ Signature  _____ Print Name  _____ Date	<input type="checkbox"/> I do not want to furnish this information <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black, not of Hispanic origin <input type="checkbox"/> Other (specify) <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> White, not of Hispanic Origin Sex <input type="checkbox"/> Female <input type="checkbox"/> Male Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No  _____ Signature  _____ Print Name  _____ Date

**Please complete additional pages if there are more co borrowers.**

**To be completed by interviewer.**

This application was taken by: <input type="checkbox"/> face-to-face <input type="checkbox"/> by mail <input type="checkbox"/> by telephone	Interviewer's name (print) <hr/> Interviewer's Signature	Lincoln County Port Authority 60 Port Blvd. T-3 Libby, MT 59912
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# CREDIT REPORT VERIFICATION AND AUTHORIZATION TO RELEASE INFORMATION

To Whom It May Concern:

I/We have applied for a business loan with Lincoln County Port Authority. You are hereby authorized to release any information or consumer report required by Lincoln County Port Authority to complete the processing of the loan request. Necessary credit information may include savings deposits, checking accounts, consumer credit balances, business credit balances, payments and history, including mortgage payment records and balances, and lease payments.

I/We authorize the credit reporting agency chosen by Lincoln County Port Authority to verify my/our past and present employment earnings records, bank accounts, stock holdings and any other asset balances that are needed to process my/our loan application.

A photographic or carbon copy of this signed authorization may be used as a duplicate original.

Thank you.

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Date

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Signature and Printed Name	Social Security #	Birth date
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Street Address:

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Date

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Signature and Printed Name	Social Security #	Birth date
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Street Address: