

CARES Act Revolving Loan Fund Application

**Post Office Box 6806
721 South Walnut Street
Pine Bluff, Arkansas 71601
870-536-1971
Email: pburgess@southeastarkansas.org**

SEAEDD offers multiple services to businesses and employers through its' Workforce Development Department

- *Job postings, recruitment, and screening services*
- *Labor Market Information*
- *Work-Based Learning Opportunities including Work Experiences, OJT's, and registered apprenticeships*
- *Development of structured and customized training programs*
- *Information on employer tax incentives*
- *Lay-off aversion strategies and rapid response services*
- *Other technical assistance to employers*

Contact a Business Services Specialist today at 870-536-1971

TABLE OF CONTENTS

| | |
|--|----|
| Overview | 3 |
| Application Information | 4 |
| Job Information & History of Company..... | 5 |
| Project Description..... | 6 |
| Loan Request & Anticipated Uses of Loan Funds..... | 7 |
| Collateral | 8 |
| References..... | 9 |
| Demographic Information | 10 |
| Certification | 11 |
| Credit Check Authorization..... | 12 |
| Assurances | 13 |
| Additional Exhibits..... | 14 |
| Privacy & Disclosure Policy..... | 15 |

CARES ACT REVOLVING LOAN FUNDS

This CARES Act Revolving Loan Fund Program (RLF) will assist small businesses directly affected by the Coronavirus (COVID-19). The purpose of the RLF is to accelerate COVID-19 recovery efforts in the SEAEDD ten-county region. Many small sized business owners in the Southeast Arkansas Economic Development District (SEAEDD) region lack access to capital resources to keep their businesses viable and to keep employees on the payroll for the future. The loans are to be used for rent, mortgage and/or operating capital for the businesses. The loans may be used in addition to commercial/business loans.

| | |
|--------------------------------|---|
| LOAN LIMITS | Minimum Amount: \$5,000 Maximum - \$50,000 |
| TERMS | <ul style="list-style-type: none"> • Five (5) year repayment period with a maximum of six (6) years with deferment option • Deferrals of principal payments may be allowed for up to 12 months after loan closing |
| RATES | 4% |
| AVAILABILITY: | \$1,970,000 for the entire 10-county service area, provided on a first come, first served basis until funds are depleted. |
| ELIGIBLE USES | Working Capital for: <ul style="list-style-type: none"> • Rent/Mortgage • Payroll • Fixed Expenses • Supplies • Equipment |
| ELIGIBLE APPLICANT | Small businesses, with 150 employees or less, located within SEAEDD's 10-county region (Arkansas, Ashley, Bradley, Chicot, Cleveland, Desha, Drew, Grant, Jefferson and Lincoln) that have been affected by the COVID-19 pandemic. Any current employees of SEAEDD or immediate family members WILL NOT be eligible for loan funds. Any RLF Board members or immediate family members WILL NOT be eligible for loan funds. |
| ADDITIONAL REQUIREMENTS | <ul style="list-style-type: none"> • Written referral from a financial institution located in the 10-county region • Collateral is required • Financial statements • Personal guarantees may be required from all individuals with 20% or more ownership in the business • Most recent business plan |

All applications must be legible (handwritten or typed), signed in blue or black ink and complete upon submittal. All additional requirements must be submitted within 3 business days of submitting completed application. Incomplete applications WILL NOT be presented to the RLF Board. Completed applications should be submitted to:

Mailing Address
 RLF Board
 P. O. Box 6806
 Pine Bluff, AR 71611

OR

Physical Address
 RLF Board
 721 South Walnut Street
 Pine Bluff, AR 71601

TELEPHONE: 870-536-1971 FAX: 870-536-7718

Email: pburgess@southeastarkansas.org

CARES Act Revolving Loan Fund Application

APPLICANT INFORMATION

DATE OF APPLICATION: _____

BUSINESS NAME: _____ FEIN: _____

CONTACT PERSON: _____ TITLE: _____

EMAIL ADDRESS: _____

BUSINESS PHYSICAL ADDRESS: _____

CITY _____ COUNTY _____ STATE _____

ZIP CODE _____ PHONE _____

BUSINESS MAILING ADDRESS: _____

CITY _____ COUNTY _____ STATE _____

ZIP CODE _____ PHONE _____

PRINCIPAL BUSINESS ACTIVITY _____

PRODUCT LINE(S) _____

DATE COMPANY INCORPORATED _____ NAICS (SIC)# _____

BUSINESS LEGAL STRUCTURE

Corporation LLC Partnership

Sole Proprietorship Non-Profit (501 c3)

Other _____

Identify all parent, subsidiary, and affiliated companies, including the location, number of employees and ownership breakdown (%). (Attach additional page if needed)

| | | | |
|---|---------------|-----------------|------------------------|
| Insurance Company Under Which Business is Covered | | Bank | Account Officer's Name |
| Type of Insurance | Policy Number | Bank Address | |
| Agent's Name | Phone Number | Phone Number | Email |
| | | | |
| Accountant's Name | Phone Number | Attorney's Name | Phone Number |

PROJECT DESCRIPTION

Include a brief description of how the COVID-19 crisis has affected business operations and/or staffing: (Attach additional page if needed)

Describe this project and explain how it will affect your current operation and productivity: *(Attach additional page if needed)*

LOAN REQUEST

Loan Amount Requesting: \$_____

Proposed Repayment Schedule: _____

Proposed Source(s) of Repayment: _____

ANTICIPATED USES LOAN FUND

Attach copies of quotes as examples of expenditures. Detail the Working Capital needs to be financed (BE SPECIFIC): (Attach additional page if needed)

| | \$ Amount | Description |
|---|------------------|--------------------|
| Working Capital | | |
| Purchase of Machinery and/or Equipment | | |
| Inventory Purchase | | |
| Supplies | | |
| Other | | |
| Other | | |
| Totals | | |

COLLATERAL

| Type | Location | Value | Source of Valuation |
|---------------|----------|-------|---------------------|
| | | | |
| Equipment | | | |
| Description | | | |
| | | | |
| A/R Inventory | | | |
| Description | | | |
| | | | |
| Real Estate | | | |
| Description | | | |
| | | | |
| Other | | | |
| Description | | | |
| | | | |
| Other | | | |
| Description | | | |
| | | | |
| Other | | | |
| Description | | | |

REFERENCES

DEMOGRAPHIC INFORMATION:

The following information is requested by the Federal Government for certain loans, in order to monitor the lender's compliance with equal credit opportunity. 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 chose to furnish it. However, if you choose not to furnish it, please check the box below.

I do not wish to furnish this information

Race/Ethnicity – check all that apply

White/Caucasian

American Indian/Native Alaskan

Hispanic/Latino

Black/African American

Asian

Native Hawaiian/Pacific

Gender - Check

Male

Female

Credit Check Authorization

I/We the undersigned hereby authorize SEAEDD to make any credit inquiries that may deem necessary, in connection with application for a business loan. This authorization also applies to inquiries regarding employment history, ban accounts and follow-up credit inquiries/checks that may deem necessary in the future, in connection with servicing the RLF loan.

We intend to apply for joint credit: Applicant_____ Co-Applicant_____

(Please Initial)

| Applicant | Co-Applicant (If Applicable) |
|-------------------------------|-------------------------------------|
| <i>Name (Last, First)</i> | <i>Name (Last, First)</i> |
| <i>Signature</i> | <i>Signature</i> |
| <i>Street Address</i> | <i>Street Address</i> |
| <i>City, State, Zip</i> | <i>City, State, Zip</i> |
| <i>Social Security Number</i> | <i>Social Security Number</i> |
| <i>Date of Birth</i> | <i>Date of Birth</i> |

If your application for a RLF business loan is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact Southeast Arkansas Economic Development District, Post Office Box 6806, Pine Bluff, Arkansas 71611, in writing within 60 days from the date you are notified of our decision. We will send you a written statement of reason(s) for the denial within 30 days of receiving your written request for the statement.



Notice: The Federal Equal Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex marital status and age (provided the applicant has the capacity to enter into a binding contract) or, because all or part of the applicant's income is derived from any public assistance program, or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with the law concerning this credit is the Federal Trade Commission, Division of Credit Practices, 6th and Pennsylvania Avenue, NW, Washington, DC 20580.

ASSURANCES

- A. I certify that all information in this application and the exhibits is true and complete to the best of my knowledge and is submitted to SEAEDD so that the RLF Board can decide whether to grant a loan or participate with a lending institution in a loan.
- B. I certify that the business was in operation on March 15, 2020 and had employees for who it paid salaries and payroll taxes or independent contractors, as reported on Forms(s) 1099-MISC.
- C. I certify that, with respect to this project, commencement will not occur prior to the approval of the application by the RLF Board.
- D. I certify that no officers or principal shareholders is presently suspended, debarred, proposed for debarment, declared ineligible, voluntarily excluded from participation in this transaction by any Federal department or agency or presently involved in any bankruptcy.
- E. I certify that no officers or principal shareholders have ever been convicted of any felony or any misdemeanor involving theft, dishonesty, deception, false swearing, or the filing or submission of any false or misleading information to any agency of government, nor are any charges of any such offenses pending.
- F. I give the assurance that this project complies with all local, State and Federal environmental and zoning regulations. I further certify that the business is not currently under citation for pollution violations and that all applicable future anti-pollution standards shall be met.
- G. I comply with Federal, State and Local laws concerning facility access for the physically handicapped.
- H. I provide a drug free workplace as defined by the Controlled Substances Act (21 U.S.C. 812) and 21 CFR 1308.11.
- I. I certify that no officers or principal shareholders are not engaged in any activity that is illegal under federal, state or local law.
- J. I authorize disclosure of all information submitted in connection with this application to the financial institution agreeing to participate in the loan.
- K. Loans will not be made to applicants for the sole purpose of relocating an enterprise from one area in the SEAEDD ten county region to another. Loans will be called if loan recipient relocates outside the SEAEDD ten county region.
- L. I give the assurance that I/ shall now and throughout the term of this loan provide any and all information requested by SEAEDD staff for the purposes of monitoring the RLF loan and evaluating the RLF program and its impact.
- M. As consideration for any and technical assistance that may be provided, I waive all claims against RLF Board, SEAEDD and its consultants.
- N. Authority to Collect Personal Information: This information is provided pursuant to Public Law 93-570 (Privacy Act of 1974)
- O. Effects of Non-Disclosure: Omission of any item means your application may not receive full consideration.

I HAVE READ AND AGREE TO THE ABOVE ASSURANCES.

Business Name: _____

Authorized Signatory Official:

(Signature) (Print Name)

Title: _____

Date: _____

ADDITIONAL EXHIBITS*

- A. Written referral letter from a financial Institution located in SEAEDD’s 10-county region: Arkansas, Ashley, Bradley, Chicot, Cleveland, Desha, Drew, Grant, Jefferson and Lincoln.
- B. Business Plan which 1) Describes the background and history of the business, 2) Provides an analysis of what the project will accomplish, 3) Explains how the market will support and sustain business operations, and 4) Breakdown of ownership.
- C. Balance Sheet and Profit & Loss Statements dated within 90 days of application
- D. Projected three-year Balance Sheet and Profit & Loss Statement. (Project the balance of this fiscal year and two additional fiscal years)
- E. Projected one-year Cash Flow Statement (month-by-month), which includes new debt service. (Project Cash Flow for balance of this fiscal year as well as next fiscal year).
- F. Summary of outstanding loans including: Amount, remaining Balance, Interest Rate, Terms, Monthly Payment and Security. Include all loans to date and pending.
- G. Most recent year’s personal financial statements and tax returns for all owner(s), officer(s) & shareholder(s) who own 20% or more shares of the company.
- H. Signed quotes or sales agreements on machinery/equipment purchases.
- I. Names of any affiliates or subsidiaries including relationship (include financial statements). A company is considered an affiliate if the principal has 51% or more ownership in another company.
- J. Details of any bankruptcy or insolvency proceedings against company or principals.
- K. Details of any pending lawsuits.
- L. Franchise agreements.
- M. Recent appraisal of building or land to be offered as collateral. Loan may be contingent upon receiving appraisal at value.
- N. Current Environmental Assessment of Subject property. Loan may be contingent upon receipt of Phase I Environmental, if necessary.
- O. Organizational Documents – such as Articles of Incorporation, Corporate Resolution, 501c3, etc.

*If exhibit does not pertain to your business, place an N/A beside the exhibit. Please place exhibits in order.

*Additional exhibits not listed may be requested by Board prior to approval.

For office use only:

Date of application received: _____ Received by: _____

Date required information received: _____

PRIVACY & DISCLOSURE POLICY

The RLF Board and SEAEDD recognize the importance consumers place on privacy and the security of their personal information. Our goal is to protect this information in every way that we interact with you, whether it is over the telephone, in person or otherwise.

We have developed this policy to help you to understand the steps we take to protect your sensitive information. We feel it is important for you to be informed as to the policies, procedures and security measures we have in place to safeguard your personal and confidential information. Furthermore, we want you to feel assured that we will take reasonable steps to safeguard sensitive information that has been entrusted to us.

Information that we collect

At SEAEDD, we collect nonpublic personal information about customers and potential customers from several sources:

- Information we receive from you on applications, emails, faxes or other forms
- Information from your transactions with us or other lenders
- Information we receive from a consumer reporting agency
- Information that is generated when you contact us electronically

Nonpublic personal information does not include that which is available from governmental records, widely distributed media or government-mandated disclosures.

Information that we disclose

We do not disclose any nonpublic personal information about our customers or former customers to anyone, except as required or permitted by law. By law, SEAEDD may disclose certain personally identifiable information without allowing consumers the right to opt out of in the following circumstances:

- To disclose information necessary to administer the processing of an application or preliminary funding and/or financing request, facilitate the repayment of a borrower's debt or the collection of same, or enforce SEAEDD's legal or contractual rights or the rights of any other person or entity who is engaged in the application process of any financial transaction which may occur
- To disclose information to SEAEDD attorneys, accountants, auditors, other participating lenders, RLF Board members, member of the SEAEDD Board of Directors and those federal or state agencies from which funding and/or financing is received
- To comply with federal, state or local laws, rules and other applicable legal requirements

We do not disclose or sell to any third-party information that we collect or that is provided to us from visitors to our website. We do not send advertisements or emails to someone who has visited our website.

Security

We restrict employee access to your nonpublic personal information to a "need to know" basis. We maintain physical, electronic, and procedural safeguards to guard your nonpublic personal information. We educate our employees about the importance of confidentiality and customer privacy. We also take appropriate disciplinary measures to enforce employee privacy responsibilities.



**Certification Regarding
Debarment, Suspension, and Other Responsibility Matters
Primary Covered Transactions**

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 13 CFR Part 145. The regulations were published as Part VII of the May 26, 1988 *Federal Register* (pages 19160-19211). Copies of the regulations are available from local offices of the U.S. Small Business Administration.

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS ON REVERSE)

- (1) The prospective primary participant certifies to the best of its knowledge and belief that it and its principals:
 - (a) Are not presently debarred, suspended, proposed for disbarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
 - (b) Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
 - (c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and
 - (d) Have not within a three-year period preceding this application had one or more public transactions (Federal, State, or local) terminated for cause or default.

- (2) Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective primary participant shall attach an explanation to this proposal.

Business Name _____

Date _____

By _____
Name and Title of Authorized Representative

Signature of Authorized Representative

INSTRUCTIONS FOR CERTIFICATION

1. By signing and submitting this proposal, the prospective primary participant is providing the certification set out below.
2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. The prospective participant shall submit an explanation of why it cannot provide the certification set out below. The certification or explanation will be considered in connection with the department or agency's determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.
3. The certification in this clause is a material representation of fact upon which reliance was placed when the department or agency determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.
4. The prospective primary participant shall provide immediate written notice to the department or agency to which this proposal is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
5. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549. You may contact the department or agency to which this proposal is submitted for assistance in obtaining a copy of those regulations (13 CFR Part 145).
6. The prospective primary participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency entering into this transaction.
7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transactions," provided by the department or agency entering into this covered transaction, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the ineligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List.
9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.

South Arkansas Venture Enterprise, Inc.

CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

The grantee certifies that it will provide a drug-free workplace by:

1. (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
2. (b) Establishing a drug-free awareness program to inform employees about—
 1. (1) The dangers of drug abuse in the workplace;
 2. (2) The grantee's policy of maintaining a drug-free workplace;
 3. (3) Any available drug counseling, rehabilitation and employee assistance programs, and
 4. (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.
3. (c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);
4. (d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will—
 1. (1) Abide by the terms of the statement; and
 2. (2) Notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after each conviction;
5. (e) Notifying the agency within ten days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction;
6. (f) Taking one of the following actions, within 30 days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted—
 1. (1) Taking appropriate personnel action against such an employee, up to and including termination; or
 2. (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
7. (g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e) and (f).

Signature

Date

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C.1352

Approved by OMB
0348-0046

| | | |
|--|--|--|
| 1. * Type of Federal Action: <input type="checkbox"/> a. contract <input checked="" type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance | 2. * Status of Federal Action: <input type="checkbox"/> a. bid/offer/application <input checked="" type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award | 3. * Report Type: <input checked="" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change |
|--|--|--|

4. Name and Address of Reporting Entity:
 Prime SubAwardee

* Name

* Street 1 Street 2

* City State Zip

Congressional District, if known:

5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime:

| | |
|--|---|
| 6. * Federal Department/Agency: <input type="text"/> | 7. * Federal Program Name/Description: <input type="text"/> CFDA Number, if applicable: <input type="text"/> |
|--|---|

| | |
|--|--|
| 8. Federal Action Number, if known: <input type="text"/> | 9. Award Amount, if known: \$ <input type="text"/> |
|--|--|

10. a. Name and Address of Lobbying Registrant:

Prefix * First Name Middle Name

* Last Name Suffix

* Street 1 Street 2

* City State Zip

b. Individual Performing Services (including address if different from No. 10a)

Prefix * First Name Middle Name

* Last Name Suffix

* Street 1 Street 2

* City State Zip

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

* Signature:

* Name: Prefix * First Name Middle Name
* Last Name Suffix

Title: Telephone No.: Date:

SEAEDD
South Arkansas Venture Enterprises
Revolving Loan Fund

CREDIT APPLICATION

| APPLICANT INFORMATION | | | |
|--|-------------------------------------|----------------|-----------|
| Name: | | | |
| Date of birth: | SSN: | Phone: | |
| Current address: | | | |
| City: | State: | ZIP Code: | |
| Own Rent (Please circle) | Monthly payment or rent: | How long? | |
| Previous address: | | | |
| City: | State: | ZIP Code: | |
| Owned Rented (Please circle) | Monthly payment or rent: | How long? | |
| EMPLOYMENT INFORMATION | | | |
| Current employer: | | | |
| Employer address: | | | How long? |
| Phone: | E-mail: | Fax: | |
| City: | State: | ZIP Code: | |
| Position: | Hourly Salary (Please circle) | Annual income: | |
| Previous employer: | | | |
| Address: | | | How long? |
| Phone: | E-mail: | Fax: | |
| City: | State: | ZIP Code: | |
| Position: | Hourly Salary (Please circle) | Annual income: | |
| Name of a relative not residing with you: | | | |
| Address: | | | Phone: |
| City: | State: | ZIP Code: | |
| Relationship: | | | |
| CO-APPLICANT INFORMATION, IF FOR A JOINT ACCOUNT | | | |
| Name: | | | |
| Date of birth: | SSN: | Phone: | |
| Current address: | | | |
| City: | State: | ZIP Code: | |
| Own Rent (Please circle) | Monthly payment or rent: | How long? | |
| Previous address: | | | |
| City: | State: | ZIP Code: | |
| Owned Rented (Please circle) | Monthly payment or rent: | How long? | |
| EMPLOYMENT INFORMATION | | | |
| Current employer: | | | |
| Employer address: | | | How long? |
| Phone: | E-mail: | Fax: | |
| City: | State: | ZIP Code: | |
| Position: | Hourly Salary (Please circle) | Annual income: | |
| Previous employer: | | | |
| Address: | | | |
| Phone: | E-mail: | Fax: | |
| City: | State: | ZIP Code: | |

SEAEDD
South Arkansas Venture Enterprises
Revolving Loan Fund

CREDIT APPLICATION

| | | | |
|--|-------------------------------|-----------------|-----------------|
| Position: | Hourly Salary (Please circle) | Annual income: | |
| APPLICATION INFORMATION CONTINUED | | | |
| Name of a relative not residing with you: | | | |
| Address: | | Phone: | |
| City: | State: | ZIP Code: | |
| Relationship: | | | |
| CREDIT CARDS | | | |
| Name | Account no. | Current balance | Monthly payment |
| | | | |
| | | | |
| | | | |
| | | | |
| MORTGAGE COMPANY | | | |
| Account no.: | Address: | | |
| AUTO LOANS | | | |
| Auto loans | Account no. | Balance | Monthly payment |
| | | | |
| | | | |
| | | | |
| OTHER LOANS, DEBTS, OR OBLIGATIONS | | | |
| Description | Account no. | Amount | |
| | | | |
| | | | |
| | | | |
| OTHER ASSETS OR SOURCES OF INCOME | | | |
| Description | Amount per month or value | | |
| | | | |
| | | | |
| I, _____ authorize SAVE. to verify the information provided on this form as to my credit and employment history. | | | |
| **Credit check application fee and filing fee is required previous to Board approval** | | | |
| Signature of applicant | | | Date |
| Signature of co-applicant, if for joint account | | | Date |

Southeast Arkansas Economic Development District, Inc.

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

SIGNATURE

DATE

Printed Name and Title

South Arkansas Venture Enterprise

721S Walnut St - P.O. Box 6806, Pine Bluff, AR 71611

Phone: 870-536-1971 Fax: 870-536-7718

The information regarding race, national origin and sex designation solicited on this application is requested in order to assure the Federal Government, acting through Rural Development, that Federal Laws prohibiting discrimination against applicants on the basis of race, color national origin, religion, sex familial status, age and handicap are complied with. 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 that race/ national origin, and sex of individual applicants based on visual observation or surname.

Race _____

National Origin _____

Sex _____

Authorized Signature

Date

PERSONAL FINANCIAL STATEMENT

Statement of Financial Condition As Of _____ / _____ / _____

| | |
|--------------------|-----------------|
| Applicant Name: | Business Phone |
| Co-Applicant Name: | Business Phone |
| Residence Address | Residence Phone |
| City, State, & Zip | |

| JOINT CREDIT APPLICATION | |
|---|------------------------|
| By submitting this Personal Financial Statement, we intend to apply for joint credit. | |
| Applicant Signature | Co-Applicant Signature |

| ASSETS | AMOUNT (\$) | LIABILITIES & NET WORTH | AMOUNT (\$) |
|---|-------------|---|-------------|
| Cash in Bank (including money market accounts, CDs) | | Notes Payable to Bank | |
| | | Secured | |
| Cash in Other Financial Institutions (List) (including money market accounts, CDs) | | Unsecured | |
| | | Notes Payable to Others (Schedule F) | |
| | | Secured | |
| | | Unsecured | |
| | | Credit Cards & Accounts Payable | |
| | | Margin Accounts | |
| Readily Marketable Securities (Schedule A) | | Notes Due to Privately Owned Businesses | |
| Non-Readily Marketable Securities (Schedule A) | | Taxes Payable | |
| Ownership in Privately Owned Businesses (Schedule B) | | Personal Residential Mortgages (Schedule D) | |
| Notes Receivable from Business | | Investment Real Estate Debt (Schedule E) | |
| Notes Receivable from Others | | Life Insurance Loans (Schedule C) | |
| Net Cash Surrender Value of Life Insurance (Schedule C) | | Other Liabilities (List): | |
| Real Estate for Personal Use (Schedule D) | | | |
| Real Estate Investments (Schedule E) | | | |
| Retirement Accounts (IRA, Keogh, Profit Sharing & Other) | | | |
| Automobiles | | | |
| | | Total Liabilities | |
| Other Assets (List): | | | |
| | | Net Worth (Total Assets minus Total Liabilities) | |
| | | | |
| Total Assets | | Total Liabilities & Net Worth | |

| SOURCES OF INCOME | |
|--|--|
| Salary | |
| Bonus and Commissions | |
| Interest & Dividends | |
| Real Estate Income | |
| <small>You need not disclose alimony, child support or separate maintenance income unless you wish the Bank to consider them in a credit decision.</small> | |
| Other Income (please itemize) | |
| | |
| Total Income | |

| CONTINGENT LIABILITIES | |
|-------------------------------------|--|
| As Guarantor, Endorser, or Co-maker | |
| On Leases or Contracts | |
| Legal Claims | |
| Provisions for Federal Income Taxes | |
| Other Special Debt | |
| | |
| | |
| Total Contingent Liabilities | |

REPRESENTATIONS AND WARRANTIES

The information contained in this statement is provided to induce Bank to extend or to continue the extension of credit to the undersigned or to others upon the guarantee of the undersigned. The undersigned acknowledge and understand that the Bank is relying on the information provided herein in deciding to grant or to continue to grant credit or to accept a guarantee thereof. Each of the undersigned represents, warrants, and certifies that the information provided herein is true, correct, and complete. Each of the undersigned agrees to notify the Bank immediately and in writing of any change in name, address or employment and of any material adverse change (1) in any of the information contained in this statement or (2) in the financial condition of any of the undersigned or (3) in the ability of any of the undersigned to perform their obligations to the Bank. In the absence of such notice or a new and full written statement, this should be considered as a continuing statement and substantially correct. If the undersigned fail to notify the Bank as required above, or if any of the information herein should prove to be inaccurate or incomplete in any material respect, the Bank may declare the indebtedness of the undersigned or the indebtedness guaranteed by the undersigned, as the case may be, immediately due and payable. Bank is authorized to make all inquiries it deems necessary to verify the accuracy of the information contained herein and to determine the creditworthiness of the undersigned. Each of the undersigned authorizes Bank to answer questions about the Bank's credit experience with the undersigned. As long as any obligation or guarantee of the undersigned to Bank is outstanding, the undersigned shall supply annually an updated personal financial statement. This personal financial statement and any other financial or other information that the undersigned gives Bank shall become the property of the Bank.

The undersigned authorize any person or consumer reporting agency to give Bank a copy of the undersigned's credit report and any other financial information it may have on the undersigned, and to prepare at Bank's request, a consumer investigative report.

| | | |
|------------|-------|-------------------------|
| Signature: | Date: | Social Security Number: |
| Signature: | Date: | Social Security Number: |

(Rev. 9/06)