

(All PA Plants)								
NEW EMPLOYMENT- YEAR 1 (do not include above existing) THIS SITE ONLY								
NEW EMPLOYMENT- YEAR 3 (do not include above existing or Year 1) THIS SITE ONLY								
TOTAL								

PHYSICAL FACILITIES (attach/provide copy of Lease/Deed)

Do you own/rent? _____ Building in square feet: _____
 Lot size in acres: _____ Purchase price of building: _____
 Annual Rental: \$ _____ Building Appraised value: \$ _____

METHOD OF FINANCING

Complete the following. Identify each project funding source in a separate column, indicate the use and amount of funds to be expended and provide the other information requested for each funding source. Use additional paper if more than four funding sources are to be used for your project.

FINANCING	Source No. 1 NEPA LOAN PROGRAM	Source No. 2	Source No. 3	Source No. 4
Use of Funds:				
1. Land/Building	\$ _____	\$ _____	\$ _____	\$ _____
2. Machinery/ Equipment	\$ _____	\$ _____	\$ _____	\$ _____
3. Working Capital	\$ _____	\$ _____	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____	\$ _____	\$ _____
Term (years)	_____	_____	_____	_____
Interest Rate (%)	_____	_____	_____	_____
Collateral	_____	_____	_____	_____
Contact Person	_____	_____	_____	_____
Telephone No.	_____	_____	_____	_____

SCHEDULE OF COLLATERAL OFFERED BY THIS APPLICANT

Description	Value	Total Liens	Lien Holder Name
1. _____	1. _____	1. _____	1. _____
2. _____	2. _____	2. _____	2. _____
3. _____	3. _____	3. _____	3. _____
4. _____	4. _____	4. _____	4. _____

SECURED DEBTS OF APPLICANT (REAL ESTATE) *

	Property 1	Property 2	Property 3
Amount of Debt			
Date Debt Incurred			
Original Amount Borrowed			
Current Principal Balance			
Description of Real Estate Address			
Name of Secured Party			
Monthly Payment			
Maturity Date			

SECURED DEBTS OF APPLICANT (NON REAL ESTATE) *

	Item 1	Item 2	Item 3
Amount of Debt			
Date Debt Incurred			
Original Amount Borrowed			
Current Principal Balance			
Description of Secured Property and			
Name of Secured Party			
Monthly Payment			
Maturity Date			

UNSECURED DEBTS OF APPLICANT

	Item 1	Item 2	Item 3
Amount of Debt			
Date Debt Incurred			
Original Amount Borrowed			
Current Principal Balance			
Name of Creditor Paid			
Monthly Payment			
Maturity Date			

*Please do not complete if this information is included within the financial statements

WITH RESPECT TO ANY OF THE FOREGOING SECURED AND UNSECURED DEBT DESCRIBED ABOVE, ARE YOU AWARE OF ANY UNCURED EVENT OF DEFAULT BY THE APPLICANT? IF SO, PLEASE DESCRIBE IN DETAIL. (List all proposed guarantors and/or signers for this Applicant.)

	1	2	3
Name:			
Title			
Authorized Signee OR Guarantor			
SSN or TIN #			
Street Address			
City			
State			
ZIP Code			

HISTORY OF BUSINESS

Date Established: _____ Date/State Incorporated: _____
 Market Region: _____ % Sales outside PA: _____
 % of Market Held: _____ Number of Customers: _____

Major Customers: 1. _____ 2. _____ 3. _____
 Major Competitors: 1. _____ 2. _____ 3. _____
 Major Suppliers: 1. _____ 2. _____ 3. _____

Please answer the following questions on separate sheets of paper:

1. Provide a detailed description of your business
2. Describe your production, competitive advantage and marketing strategy.

ACKNOWLEDGMENTS

I/We hereby apply for the loan or credit on behalf of the Applicant. I/We certify that I/we have not omitted any information relevant to the Application. NEPA is hereby authorized to verify with other parties and to make investigations of our credit. All information contained herein and submitted herewith, is true and complete to the best of the applicant's knowledge and belief; it is intended to induce the Northeastern Pennsylvania Alliance to lend or to participate with others in lending money to the applicant.

_____ Date

_____ Signature and Title

Questions and completed application form/attachments should be addressed to: Business Finance Center, Northeastern Pennsylvania Alliance, 1151 Oak Street, Pittston, PA (Telephone: 570-655-5581).

PERSONAL FINANCIAL STATEMENT

As of _____, 20__

Complete this form for: (1) each Applicant or (2) each limited partner, shareholder, member, and each general partner, corporate officer and director, or (3) any other person or entity providing a guaranty on the loan.

Name _____ Business Phone () _____

Residence Address _____ Residence Phone () _____

City, State & Zip Code _____

Business Name of Applicant/Borrower _____

ASSETS (Omit Cents)	LIABILITIES (Omit Cents)
Cash on hands & in banks	Accounts Payable
\$	\$
Savings Account	Notes Payable to Banks and Others (Describe in Section 2)
\$	\$
IRA or other Retirement Account	Installment Account (Auto)
\$	\$
Accounts & Notes Receivable	Mo. Payments \$
\$	Installment Account (other)
Life Insurance-Cash Surrender Value Only (Complete Section 8)	\$
Stocks and Bonds (Describe in Section 3)	Mo. Payments \$
\$	Loan on Life Insurance
Real Estate (Describe in Section 4)	\$
\$	Mortgages on Real Estate (Describe in Section 4)
Automobile-Present Value	\$
\$	Unpaid Taxes (Describe in Section 6)
Other Personal Property (Describe in Section 5)	\$
\$	Other Liabilities (Describe in Section 7)
Other Assets (Describe in Section 5)	\$
\$	Total Liabilities
	\$
TOTAL: \$	Net Worth
	\$
	TOTAL: \$

Section 1. Source of Income		Contingent Liabilities	
Salary	\$	As Endorser of Co-Maker	\$
Net Investment Income	\$	Legal Claims & Judgments	\$
Real Estate Income	\$	Provision for Federal Income Tax	\$
Other Income (Describe Below)	\$	Other Special Debt	\$

Description of Other Income in Section 1

*Alimony or Child Support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.

SECTION 2. NOTES PAYABLE TO BANK AND OTHERS. (Use attachments if necessary. Each attachment must be identified as part of this statement and signed).

Name and Address of Noteholders	Original Balance	Current Balance	Payment Amount	Frequency (Monthly, etc.)	How Secured or Endorsed Type of Collateral

SECTION 3. Stocks and Bonds (Use attachments if necessary. Each attachment must be identified as part of this statement and signed).

Number of Shares	Name of Securities	Cost	Market Value Quotations/Exchange	Date of Quotations/Exchange	Total Value

SECTION 4. Real Estate Owned. (List each parcel separately. Use attachments if necessary. Each attachment must be identified as part of this statement and signed).

	Property A	Property B	Property C
Name of Property			
Name and Address of Title Holder			
Date Purchased			
Original Cost			
Present Market Value			
Name and Address of Market Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment per Month/Year			
Status of Mortgage			

SECTION 5. Other Personal Property and Other Assets. (Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment, and if delinquent, describe delinquency).

SECTION 6. Unpaid Taxes (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any a tax lien attaches).

SECTION 7. Other Liabilities. (Describe in detail).

SECTION 8. Life Insurance Held. (Give face amount and cash surrender values of policies – name of insurance company and beneficiaries).

I authorize NEPA to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above and the statement contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. I understand FALSE statement may result in denial of credit by NEPA and be subject to criminal prosecution.

Signature _____ **Date** _____ **Social Security Number** _____

Signature _____ **Date** _____ **Social Security Number** _____