



Streetscape Relief Loan Fund Application

November 2011

 WACIF <small>Washington Area Community Investment Fund</small>	DSLBD  <small>DC Department of Small & Local Business Development</small>
<p>Washington Area Community Investment Fund 3624 12th Street, NE Washington DC, 20017 Phone: 202-529-5505 www.wacif.org</p>	<p>District of Columbia Department of Small and Local Business Development 441 4th Street NW Suite 970N Washington, DC, 20001 Phone: 202-727-3900 www.dslbd.dc.gov</p>

Washington Area Community Investment Fund
APPLICATION FOR STREETSCAPE PROJECT RELIEF LOAN

Individual			Ward #		
Name of Applicant Business				Tax I.D. No. or SSN	
Full Street Address of Business				Tel. No. (inc. area code)	
City	State	ZIP	Number of Employees (Including subsidiaries and affiliates) At Time of Application _____		
			Jobs created/retained for low- to moderate income individuals if loan is approved: _____		
Business Type:		Date Business Established			

Are you certified by the Department of Small and Local Business Development (DSLBD) as a Certified Business Enterprise (CBE)?

Is your business located in a DC Main Streets corridor?

Is your business located in a Neighborhood Investment Program Target Area?

Is your business located in another area identified for economic development and commercial revitalization?

Use of Proceeds: (Enter Gross Dollar Amount)	Loan Request	Loan Request	Loan Request
Working Capital		Payment of overdue mortgage of retail business space affected by the streetscape improvements	
Inventory		Payment of other substantiated debt affecting the retail business derived by the streetscape improvements	
Furniture, Fixtures, Equipment, and Machinery		Payment of any fees associated with the closing and servicing of this loan	
Contract Cash Flow Assistance		Other (please explain)	
Payment of taxes due to the Office of Tax and Revenue		Other (please explain)	
Payment of overdue rent for lease of retail space affected by the streetscape improvements		Other (please explain)	

Credit Request

Total Loan Requested: \$ _____

Term of loan desired – (Not to exceed 5 years beyond completion of streetscape project): _____ Years or _____ Months

BUSINESS INDEBTEDNESS: Furnish the following information on all installment debts, contract, noted, and mortgages payable. Indicate by an asterisk (*) items to be paid by loan proceeds and reason for paying them (present balance should agree with the latest balance sheet submitted).

To Whom Payable	Original Amount	Original Date	Present Balance	Rate of Interest	Maturity Date	Monthly Payment	Security	Current or Past Due
Acct. #	\$		\$			\$		
Acct. #	\$		\$			\$		
Acct. #	\$		\$			\$		

Management (Proprietor, partners, officers, directors) Use separate sheet if necessary. *This information is for statistical purposes only. It has no bearing on the credit decision to approve or decline.

Name and Position Title	Complete Address	*Gender

Race*: American Indian/Alaska Native Black/African-Amer. Asian Native Hawaiian/Pacific Islander White Ethnicity* Hisp./Latino Not Hisp./Latino

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Personal Financial Statement

All parties with greater than 15% ownership must provide a Personal Financial Statement and may be required to guaranty the loan

Applicant Name:			Co-Applicant Name:		
Employer (if other than applicant):			Employer (if other than applicant):		
Business Phone #:	# of Years with Employer	Title/Position	Business Phone #:	# of Years with Employer	Title/Position
Home Address:			Home Address:		
Home Phone #:	Social Security #	Date of Birth	Home Phone #:	Social Security #	Date of Birth
Name, Phone # of Accountant:			Name, Phone # of Accountant:		
ASSETS (Omit Cents)			LIABILITIES (omit Cents)		
Cash on hand & in Banks	\$	_____	Accounts Payable.....	\$	_____
Savings Accounts	\$	_____	Notes payable to Banks and Others.....	\$	_____
IRA or other Retirement Account.....	\$	_____	Installment Account (Auto).....	\$	_____
Accounts & Notes Receivable.....	\$	_____	Mo. Payments \$	_____	
Life Insurance-Cash Surrender Value.....	\$	_____	Installment Account (Other).....	\$	_____
Stocks and Bonds.....	\$	_____	Mo. Payments \$	_____	
Real Estate.....	\$	_____	Loan on Life insurance.....	\$	_____
Automobile Present-Value.....	\$	_____	Mortgages on Real Estate	\$	_____
Other Personal Property	\$	_____	Unpaid Taxes.....	\$	_____
Other Assets.....	\$	_____	Other Liabilities.....	\$	_____
Total	\$	_____	Total	\$	_____
Minus Primary Residence	\$	_____	Minus Mortgage Primary Residence	\$	_____
Total	\$	_____	Total	\$	_____
Net Worth (Assets minus Liabilities)			_____		

I authorize WACIF to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of obtaining a loan. I understand false statements may result in forfeiture of benefits and possible prosecution.

Signature:	Printed Name:	Date:
Signature:	Printed Name:	Date:

Please briefly describe the hardship (both financial and otherwise) endured during the streetscape project, and how an interest-free loan will help your business. Please identify the applicable streetscape project in your response.

In addition to a completed application, please submit the following information:

- Financial documentation of applicant's hardship and financial condition, which should include:
 - a. Profit & Loss for last two fiscal years and year-to-date
 - b. Balance sheet for year-end 2009 and 2010
 - c. Balance sheet for most recent quarter-end
 - d. Tax Returns for last 3 years
 - e. Last 3 months of business bank statements, preferably with same three months of last year for comparison

- Projected Profit & Loss for next three fiscal years in order to show impact of both the loan and the end of the Streetscape

- Clean Hands Certification from the Office of Tax and Revenue ***or*** statement that the loan sought will be used to pay outstanding taxes owed the Office of Tax and Revenue together with tax bills

- Certificate of Good Standing with the DC Department of Consumer and Regulatory Affairs

- Certificate of Occupancy from the Department of Consumer and Regulatory Affairs

Signatures (signed individually and on behalf of the business)

By my signature, I certify that this application and all related tax returns, schedules and other attachments are true and complete; If approved, I agree that any loan proceeds will be used exclusively for business-related purposes and that I will notify WACIF of any adverse changes in my financial condition. I agree to notify WACIF of any material change in the business or the information provided.

Business Name: _____

By: _____
Signature and Title

Date: _____

Guarantors:

Signature and Title

Date

Signature and Title

Date