

Applicant Company Information

All applicants are encouraged to submit their applications ELECTRONICALLY at RebuildNJ@NJCLF.com

| | | | |
|--|--|------------------------|--------------|
| Organization/Business Name _____ | | | |
| Address _____ | | | |
| City _____ | | County _____ | |
| State & ZIP Code _____ | | Date Established _____ | Phone _____ |
| Fax _____ | | E-mail Address _____ | Tax ID _____ |
| Legal Structure: () Sole Proprietorship () Partnership () Corporation () LLC/LLP () Non-Profit | | | |
| List any affiliated organizations owned or controlled by the Business or the Owners listed below: _____ | | | |

| Company Ownership | | | |
|-------------------|-------|----------------|------------------------|
| Name | Title | % of Ownership | Social Security Number |
| | | | |
| | | | |
| | | | |
| | | | |

| Person(s) authorized to negotiate loan, loan security terms, and conditions. | | | |
|--|----------|--------|-------|
| Name | Position | E-Mail | Phone |
| | | | |
| | | | |

Has the Business or a listed owner been involved in a bankruptcy or insolvency proceeding within the last 24 months? Yes () No ()

Does the Business or a listed owner have any outstanding judgments, tax liens, or lawsuits against them? Yes () No ()

Is the Business or a listed owner delinquent on Federal taxes, loans, contracts, grants or child support payments? Yes () No ()

If you answered "Yes" to any of the above questions, please attach information with additional detail.

| Company Management | | |
|--|---------------|-----------|
| Name: | Address: | Position: |
| State and ZIP: | Phone: | |
| DOB: | SSN: | City: |
| Picture ID Type: | Picture ID #: | E-Mail: |
| Have you ever been convicted of a criminal offense? If yes, please attach explanation Yes () No () | | |

| | | |
|--|---------------|-----------|
| Name: | Address: | Position: |
| State and ZIP: | Phone: | |
| DOB: | SSN: | City: |
| Picture ID Type: | Picture ID #: | E-Mail: |
| Have you ever been convicted of a criminal offense? If yes, please attach explanation Yes () No () | | |

Please attach information on other members of the company's management, if relevant to the loan request.

HURRICANE IMPACT

Physical effects on your business:

Estimated \$ Amount of Loss:
 Financial effects on your business:

Estimated \$ Amount of Loss:

BUSINESS DESCRIPTION

Describe products and services your business provides:

Describe the geographic target market your business serves:

Describe the business's facilities, including ownership/rental, lease term, square footage, etc.:

Other information (include number of FT/PT employees)

BUSINESS DEBT SCHEDULE

| Lender | Original Amount | Balance | Interest Rate | Maturity | Monthly Payment | Collateral (a) | Status (b) |
|--------------|-----------------|---------|---------------|----------|-----------------|----------------|------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| TOTAL | | | | | | | |

(a) Use abbreviations including "A/R": accounts receivable; "INV": Inventory; "EQU": Furniture, Equipment; "RE": Real Estate; "OTHER": all other collateral
 (b) Status: Use "C" for current and "D" for delinquent

CERTIFICATION AND AUTHORIZATION

Please note that the application is not complete without all of the attachments (see page 4). For timely processing, it is important that you submit as much of the requested information as possible. If you do not have all of the attachments at this time, please explain why and when you expect to submit them in the comments section of the attachment checklist.

I hereby certify on behalf of _____, the applicant, that the information contained on this form and any attachments submitted in conjunction with this form are complete, true, and accurate to the best of my knowledge. No relevant information has been deleted, modified in any way, or withheld, and the applicant understands that it has a continuing obligation to amend and/or supplement the information provided in this application if any of the material facts represented herein change prior to closing.

The undersigned authorizes New Jersey Community Capital, its successors, assigns, agents, and/or participants to obtain information related to this loan request, including but not limited to, relevant financial information, credit reference and/or credit reports, and historical information about the applicant, its principals or affiliates. The undersigned also authorizes New Jersey Community Capital, its successors, assigns, agents, and/or participants to release any information obtained about the applicant and/or project in the application review or underwriting process to program partners.

It is hereby expressly understood that any financial proceeds from public or private entities related to disaster recovery from "Hurricane Sandy" will be utilized to repay the loan, unless an alternative use is authorized in writing by New Jersey Community Capital,

All proposals are subject to credit or investment approval. New Jersey Community Capital reserves all rights to publicly announce the approval, commitment or closing of any financing.

| | | |
|-------------|----------------|--------|
| (Signature) | (Printed Name) | (Date) |
| (Title) | (Organization) | |

A LOAN APPLICATION THAT IS NOT SIGNED WILL NOT BE CONSIDERED FOR APPROVAL

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- For Use by Loan Officer Only -

| | |
|-----------------------|-------------------------------------|
| Date Approved _____ | Approved Rate _____ |
| Approved Amount _____ | Date Commitment Letter Issued _____ |
| Approved Term _____ | Date Closed _____ |

ATTACHMENTS

Please include the following items with your application. If you do not have all of the attachments at this time, please explain why and when you expect to submit them in the comments section.

| Required Attachments | Attached? | | Comments |
|---|-----------|----|----------|
| | Yes | No | |
| Personal Financial Statement Form SBA 413: Please complete this form for any owner (and spouse, if applicable) who owns 20% or more of the business. | | | |
| Please provide the two most recent business tax returns. | | | |
| Please provide the two most recent personal tax returns for anyone who owns 20% or more of the business. | | | |
| Copy of most recent monthly business checking account statement | | | |
| Evidence that the organization is licensed to do business (for instance State of New Jersey business registration) | | | |
| Copy of picture ID for all owners who own 20% or more of the business (Driver's license, passport, government photo ID) | | | |
| Voided check from the business's operating account | | | |
| If business facilities are rented, please provide a copy of your lease agreement. | | | |
| If applicable, copies of all applications/filings with FEMA, the Small Business Administration, New Jersey State agencies or any other public or private organizations, related to disaster recovery financial aid. | | | |
| If applicable, copies of any insurance claims, related to "Hurricane Sandy". | | | |