



**City of Ukiah  
Community Development Department**

Housing Services Division  
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[www.cityofukiah.com/housing-services](http://www.cityofukiah.com/housing-services)

# **CDBG BUSINESS ASSISTANCE PROGRAM LOAN APPLICATION**

**January 2018**

**Dear Existing/Potential Business Owner:**

Thank you for your interest in the City of Ukiah's Business Assistance (BA) loan program! The City of Ukiah has been awarded funding by the California Department of Housing and Community Development (HCD) through a 2016 Community Development Block Grant (CDBG) to assist businesses in Ukiah with starting up or expanding their businesses. The CDBG BA loan program is designed to provide gap financing between what traditional lenders will loan and what is needed for the small business. Through favorable terms and flexible financing, the CDBG BA loan program assists businesses to successfully start up or expand, ultimately leading to a more sustainable and successful business in the long-term. We are pleased to be able to provide this program to our Ukiah business community.

The following pages contain the City's business assistance program loan application. If at any time through the application process you have questions, please feel free to contact us.

We look forward to working with you.

Regards,

City of Ukiah Economic Development Team

**BUSINESS LOAN APPLICATION**

1. **Applicant Name:** \_\_\_\_\_  
**Name of Business:** \_\_\_\_\_

Sole Proprietorship: \_\_\_\_\_ S Corporation: \_\_\_\_\_  
Partnership: \_\_\_\_\_ C Corporation: \_\_\_\_\_  
LLC/LLP: \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
**Street Address:** \_\_\_\_\_

**Business Telephone:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
**Home Telephone:** \_\_\_\_\_  
**Cell Phone:** \_\_\_\_\_  
**Fax:** \_\_\_\_\_

**Project Address:** \_\_\_\_\_

**Federal Employer Identification Number:** \_\_\_\_\_

**Assessor's Parcel Number for Business and/or Project Site:** \_\_\_\_\_  
(Needed for ALL businesses no matter if renting or owning)

**DUN #** \_\_\_\_\_ (see last page of application for instructions)

2. **Loan Amount Requested:** \$ \_\_\_\_\_

**Uses of Funds:**

Purchase of Real Estate \$ \_\_\_\_\_  
Purchase of Existing Business \_\_\_\_\_  
Furniture, Fixtures & Equipment \_\_\_\_\_  
Inventory \_\_\_\_\_  
Advertising & Promotion \_\_\_\_\_  
Operating Capital \_\_\_\_\_  
Other (specify) \_\_\_\_\_

Construction Uses  
Renovation/New Construction \_\_\_\_\_  
Leasehold Improvements \_\_\_\_\_  
Infrastructure (curbs, gutter, sidewalks, etc.) \_\_\_\_\_

**TOTAL \$** \_\_\_\_\_

3. **Ownership**

All owners of 20% or more of the applicant business are listed below:

Name \_\_\_\_\_  
Home Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Social Security # \_\_\_\_\_

% of Ownership  
 U.S. Citizen            Yes \_\_\_\_\_            No \_\_\_\_\_

Name \_\_\_\_\_

Home Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

Social Security # \_\_\_\_\_

% of Ownership  
 U.S. Citizen            Yes \_\_\_\_\_            No \_\_\_\_\_

For corporations, please list corporate officers, titles and who will be signing loan documents.

Name	Corporate Title	Signing Loan Documents (Yes or No)

(If additional space is needed, please use reverse side of this page.)

4. Have any of the persons listed above ever been charged with, or convicted of any criminal offenses, other than a minor motor vehicle violation?

Yes                       No

If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

5. Has the applicant or any person listed above been in receivership or filed bankruptcy?

Yes                       No

If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

6. Has the applicant or any person listed above had any credit problems in the last 5 years?

Yes                       No

If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

7. **Number of Employees**

Current:                      Full Time \_\_\_\_\_                      Part Time \_\_\_\_\_

Proposed New Jobs (if any): Full Time \_\_\_\_\_                      Part Time \_\_\_\_\_



**9. Collateral Being Offered as Security for This Loan**

(Real estate, equipment, inventory, other business assets, personal assets, etc.) A Preliminary Title Report will be requested from a local Title Company early in the application process on any real estate being considered as collateral for the loan. The Borrower is responsible for any and all fees associated with the Title Company.

Description of Collateral (with APN)	Market Value	Purchase Cost	Balance Owed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**10. Other Lenders for This Project**

Type of Lender	Name of Lender	Amount	Term	Rate
Bank				
Private				
Other				
<b>Total</b>		<b>\$</b>		

**PLEASE ATTACH THE FOLLOWING DOCUMENTS TO THIS APPLICATION**

- \_\_\_ 1. All businesses must provide Resumes of Key Personnel. **(Attachment "A")**
- \_\_\_ 3. Schedule of business debt. **(Attachment "B")**
- \_\_\_ 4. Current personal financial statements of principals. These must be dated no more than 90 days prior to the application. **(Attachment "C")**
- \_\_\_ 5. Three (3) years of personal tax returns for the proprietor, partners, and stockholders with 20% or more ownership in the business.
- \_\_\_ 6. Start-up businesses must provide three (3) years of monthly income and expense projections. Existing businesses must provide two (2) years of monthly income and expense projections. Also, a detailed description of how the projections were determined is required. **(Attachment "D")**
- \_\_\_ 7. All start-up businesses must provide a Business Plan.
- \_\_\_ 8. Business tax returns for the three (3) most recent years.
- \_\_\_ 9. Business financial statements for the applicant's three (3) most recent fiscal years, where applicable, and a current financial statement dated no more than 90 days prior to the application.
- \_\_\_ 10. Current Aging of Accounts Receivable and Accounts Payable.
- \_\_\_ 11. Copy of Business License, if applicable.
- \_\_\_ 12. Copy of all Corporate Filings or Partnership Agreements (in the case of Corporations – copies of Corporate Resolution authorizing the borrowing request).
- \_\_\_ 13. Breakdown of proposed cost with written estimates from contractors or suppliers. Purchase agreements, when applicable.
- \_\_\_ 14. Such non-financial information or supporting information necessary to substantiate the application, including, but not limited to: estimates, quotations, receipts, contracts, orders, invoices, leases, sales agreements, documentation from architects, engineers, contractors, suppliers, or others involved in the sale, lease, or construction of fixed assets, if any, for applicant's project including schedules of implementation.

**APPLICANT'S CERTIFICATION/AUTHORIZATION**

I/We certify that all information in this application and all information furnished in support of this application are true and complete to the best of my/our knowledge and belief.

I/We authorize the lending agency to verify all information furnished in connection with the loan application. The information that may be verified includes, but is not limited to, the following: employment, pensions, mortgages, deposits, and any other income; personal or business loans; insurance; and further, to obtain a credit report.

I/We also authorize the lending agency to disclose any financial information on income tax returns or on my personal or business financial statements, for the purpose of obtaining a loan on my behalf. I understand the information would be made available to loan committee members and other lenders that may be involved in the funding of my loan request.

I/We also acknowledge that this is an application for public funds and, therefore, the information provided may be made available for review.

I/We acknowledge that there is a \$250.00 non-refundable application fee due at the time this application is submitted, and that there is a closing fee of 1.5% of the total loan amount.

I/We acknowledge the Lake County Economic Development Corporation (LCEDC) does not and shall not discriminate on the basis of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or military status, in any of its activities or lending practices.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

The following information is requested by the Federal Government for certain types of loans in order to monitor the lender's compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may not discriminate either on the basis of this information, or on whether you choose to furnish it. If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race, or sex, under Federal regulations, this lender is required to note the information on the basis of visual observation and surname if you have made this application in person. If you do not wish to furnish the information, please check the box below. (Lender must review the above material to assure that the disclosures satisfy all requirements to which the lender is subject under applicable state law for the particular type of loan applied for.)

BORROWER  I do not wish to furnish this information CO-BORROWER  I do not wish to furnish this information

**Borrower:**

**Ethnicity:**  Hispanic or Latino  Not Hispanic or Latino

**Race:**  American Indian or Alaska Native  Native Hawaiian or Other Pacific Islander  Asian  
 Black or African American  White

**Sex:**  Male  Female

**CO-Borrower:**

**Ethnicity:**  Hispanic or Latino  Not Hispanic or Latino

**Race:**  American Indian or Alaska Native  Native Hawaiian or Other Pacific Islander  Asian  
 Black or African American

**Sex:**  Male  Female

**ATTACHMENT "A"**

**RESUME OF**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Note: This form is not required if another format is provided in its place.

**EMPLOYMENT HISTORY (most recent first):**

Dates Employed - From: \_\_\_\_\_ To: \_\_\_\_\_

Name of Company: \_\_\_\_\_

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

Position and Responsibilities: \_\_\_\_\_

Dates Employed - From: \_\_\_\_\_ To: \_\_\_\_\_

Name of Company: \_\_\_\_\_

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

Position and Responsibilities: \_\_\_\_\_

**EDUCATION:**

Dates Enrolled: From: \_\_\_\_\_ To: \_\_\_\_\_

Name of School: \_\_\_\_\_

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

Degree Received: \_\_\_\_\_ Date Graduated: \_\_\_\_\_

Dates Enrolled: From: \_\_\_\_\_ To: \_\_\_\_\_

Name of School: \_\_\_\_\_

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

Degree Received: \_\_\_\_\_ Date Graduated: \_\_\_\_\_

**OTHER RELATED TRAINING OR EXPERIENCE:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

References will be furnished upon request.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**ATTACHMENT "B"**

**BUSINESS INDEBTEDNESS:** Furnish the following information on **all** business debts owed -- **vendors, credit cards, payroll taxes, income taxes, sales tax, contracts, notes, and mortgages.** (Current balances should agree with the latest balance sheet submitted.) Use reverse side or another sheet to list additional information.

To Whom Payable	Original Amount	Original Date	Present Balance	Rate of Interest	Maturity Date	Monthly Payment	Security	Current = C Past Due = P

**AFFIDAVIT OF CURRENT TAX STATUS**

I hereby certify that any and all of the applicable real property taxes, personal property taxes, Federal & State income taxes, Federal and State payroll withholding taxes, State Sales Tax, insurance premiums, and any other assessment or public charges are current.

\_\_\_\_\_   
 Business Owner / Applicant

\_\_\_\_\_   
 Date



**ATTACHMENT "C"**  
**PERSONAL FINANCIAL STATEMENT**

OMB APPROVAL NO. 3245-0188  
EXPIRATION DATE: 11/30/2004

**U.S. SMALL BUSINESS ADMINISTRATION**

**As of \_\_\_\_\_, \_\_\_\_\_**

Complete this form for: (1) each proprietor, or (2) each limited partner who owns 20% or more interest and each general partner, or (3) each stockholder owning 20% or more of voting stock, or (4) any 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 \_\_\_\_\_

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

<b>Section 1. Source of Income</b>		<b>Contingent Liabilities</b>	
Salary .....	\$ _____	As Endorser or 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 Banks and Others. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)					
Name and Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed Type of Collateral

SBA Form 413 (3-00) **Previous Editions Obsolete**  
 This form was electronically produced by Elite Federal Forms, Inc.

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

Number of Shares	Name of Securities	Cost	Market Value Quotation/Exc hange	Date of Quotation/Exc hange	Total Value

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

	Property A	Property B	Property C
Type of Property			
Address			
Assessor Parcel Number (APN)			
Date Purchased			
Original Cost			
Present Market Value			
Name & Address of Mortgage 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 value of policies - name of insurance company and beneficiaries)

I authorize SBA/Lender 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 either obtaining a loan or guaranteeing a loan. I understand FALSE statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001).

Signature:

Date:

Social Security Number:

Signature:

Date:

Social Security Number:

PLEASE NOTE: The estimated average burden hours for the completion of this form is 1.5 hours per response. If you have questions or comments concerning this estimate or any other aspect of this information, please contact Chief, Administrative Branch, U.S. Small Business Administration, Washington, D.C. 20416, and Clearance Officer, Paper Reduction Project (3245-0188), Office of Management and Budget, Washington, D.C. 20503. **PLEASE DO NOT SEND FORMS TO OMB.**

**ATTACHMENT "D"**  
**INCOME AND EXPENSE PROJECTIONS**

**Instructions**

This is a worksheet designed to help determine monthly projected business income and expenses for a twelve month period. This will also help assess the feasibility of a project by determining if the projected income will cover the projected expenses, including owners draw and loan payments. This is just a worksheet, so fill it out in pencil. You will be making a lot of changes to it.

**MONTHS:** Fill in the month you anticipate opening your business, or start with "Month #1".

**TOTAL SALES:** All income from the sale of products or services for the month.

**COST OF GOODS SOLD:** Direct cost of the products sold. (Example: for a restaurant, the cost of goods sold is the food; for a clothing store, the clothing; for the manufacturing of tables, the cost of the wood, metal, varnish.) Service businesses do not have a cost of goods sold.

**GROSS PROFIT:** Subtract the **Cost of Goods Sold** from the **Total Sales** to determine the **Gross Profit**.

**OPERATING EXPENSES:** Listed here are some examples of monthly expenses. You may have some additional or different expenses that are specific to your business, just write them in.

**TOTAL OPERATING EXPENSES:** Add up all **Operating Expenses** for the month.

**NET PROFIT:** Subtract the **Total Operating Expenses** from the **Gross Profit**.

**OWNER'S DRAW:** This is the money the business owner will draw from the business for personal living expenses. When there is another monthly source of income, owner's draw may not apply. If the business owner will be paying personal living expenses from the business sales, owners draw will need to be determined. There is no owners draw under a corporate legal structure; all wages should be shown in the wages and payroll line items.

**AVAILABLE FOR LOAN PAYMENT:** Subtract **Owner's Draw** from **Net Profit**.

**LOAN PAYMENT:** This is the monthly payment of principal and interest based on the amount of the loan needed. This amount can be obtained from the Financial Consultant.

**MARGIN:** Subtract the **Loan Payment** from the **Available for Loan Payment**. This is the projected amount left after all expenses have been paid. If the **Loan Payment** amount is larger than the **Available for Loan Payment**, you are losing money at the end of the month.





**AUTHORIZATION AND RELEASE FOR CREDIT REPORT**

Dear Requestor:

Prior to a credit report request, you must understand the following:

- 1) Access to your credit file is limited to yourself and your agents acting on your behalf.
- 2) Your consent in writing is required before a report may be provided.
- 3) You are entitled to a copy of the credit report and a copy of the FTC's "Consumer Rights Notice".

Based on the above information, I hereby authorize **Community Development Services (CDS)** to obtain my credit report for the purposes of **applying for a business loan**.

**PLEASE PRINT THE BELOW INFORMATION NEATLY**

Applicant

Spouse/Partner

Name: \_\_\_\_\_  
(Full name including Jr., Sr., etc. )  
etc.)

Name: \_\_\_\_\_  
(Full name including Jr., Sr.,  
etc.)

SSN#: \_\_\_\_\_

SSN#: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

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

City, State, Zip: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Previous Address: \_\_\_\_\_

Previous Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

## How to Get a DUNS #

Please follow the below steps and read the attached document to assist you with your new D-U-N-S Number request:

1. Click or copy the following link to your browser <http://fedgov.dnb.com/webform>
2. Click on “Begin D-U-N-S Search / Request Process” at the top of the left hand tool bar
3. In the “Search” screen select “United States of America” (It will be at the top of the list) from the drop down list and click “Continue”
4. In the “iUpdate – Webform Page” click on “Continue to iUpdate” arrow at the bottom of the screen
5. In iUpdate, locate the center box titled “Find DUNS or Request new DUNS” and click on the “Start Now” button
6. Read the attachment “Step-by-Step Process for Customers” document. This will assist you in the process.
7. You must first make sure we do not already have your company on file. In the “Company Look-up” screen, please enter your Business Name, City and State and click the “Search” button.
  - A. Utilize the attached “Step-by-Step Process for Customers” document to assist you through the process
8. If you do not locate your company, click on the “Request a D-U-N-S Number” arrow at the bottom of the screen
9. You will now be in the New D-U-N-S Registration Process. Two **IMPORTANT NOTES**
  - A. This **PERSONAL** information is required at this step to validate your **PERSONAL** identity and eliminate fraudulent activity. **Do not** enter your **company address** as your registration will **fail**.
  - B. Please ensure you see the ReCaptcha box at the bottom of the screen (see below screen shot) If you do not have the ReCaptcha box, you will need to return to Step 8. When you get the box “Do you want to view only the webpage content that was delivered securely?” Click the “No” button.



10. Now complete the process.

11. Once you have completed the entire process, you will receive a confirmation email. It will take **24 to 48 hours to receive your D-U-N-S Number**, which you will receive via email for your records.