

Before completing this application, please contact a NCIF lender to evaluate program eligibility.
Initial response to a request is made within 10 business days.

Borrower Information

First Name	M.I.	Last name	Phone	E-mail	
Street address			City	State	Zip
Social security no. <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident alien		Date of birth		Driver's license no.	
Additional name(s) credit could be under				Marital status (Optional) <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried <input type="checkbox"/> Divorced	
Name of spouse or partner					

Business Information

Business name		Work phone		
Name(s) of <u>all</u> owners and percent ownership		Majority woman, minority or veteran ownership? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Street address		City	State	Zip
Website URL	Facebook URL	Other social media		
Legal Entity <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> LLC / Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> Other		Seasonal <input type="checkbox"/> Yes <input type="checkbox"/> No		Location <input type="checkbox"/> Home <input type="checkbox"/> Retail/Storefront <input type="checkbox"/> Other
Description of business, its products and services, and competition (1000 characters - provide attachment if more space is needed)		Date established		Owner experience years
		IRS Employer Identification Number (EIN)		

Employment and Benefits

Current number of employees full time part time	Projected employees in Year 1 full time part time	Projected employees in Year 2 full time part time
Benefits (check all that apply) <input type="checkbox"/> paid vacation or holidays <input type="checkbox"/> paid sick leave <input type="checkbox"/> health insurance <input type="checkbox"/> dental insurance <input type="checkbox"/> vision insurance <input type="checkbox"/> disability insurance <input type="checkbox"/> life insurance <input type="checkbox"/> retirement plan <input type="checkbox"/> child care <input type="checkbox"/> paid training		

Loan Request

Amount requested	Desired repayment: months
Purpose (check all that apply) <input type="checkbox"/> land <input type="checkbox"/> building <input type="checkbox"/> renovation <input type="checkbox"/> equipment <input type="checkbox"/> working capital <input type="checkbox"/> other, specify:	
Describe loan use & expected benefits (1000 characters - provide attachment if more space is needed)	

Credit and Environmental Questions

Have you ever filed for bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you behind on payments for a student loan, mortgage, vehicle, child support, or any other debts? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you, your business, or any co-owners of the business, involved in any lawsuits or pending lawsuits? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you, your business, or any co-owners of the business been cited for environmental violations in the past 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or any owners of your company ever been involved in receiverships or insolvency proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has your company ever been delinquent on payments of payroll, income or sales taxes (federal, state, or local)? <input type="checkbox"/> Yes <input type="checkbox"/> No

Collateral**

Asset 1: Type: <input type="checkbox"/> real estate <input type="checkbox"/> inventory <input type="checkbox"/> AR <input type="checkbox"/> equipment <input type="checkbox"/> other	Value	Outstanding Debt
Asset 2: Type: <input type="checkbox"/> real estate <input type="checkbox"/> inventory <input type="checkbox"/> AR <input type="checkbox"/> equipment <input type="checkbox"/> other	Value	Outstanding Debt
Asset 3: Type: <input type="checkbox"/> real estate <input type="checkbox"/> inventory <input type="checkbox"/> AR <input type="checkbox"/> equipment <input type="checkbox"/> other	Value	Outstanding Debt
Asset 4: Type: <input type="checkbox"/> real estate <input type="checkbox"/> inventory <input type="checkbox"/> AR <input type="checkbox"/> equipment <input type="checkbox"/> other	Value	Outstanding Debt

** List each asset item separately, even those of the same type.

Principal Suppliers

1. <input type="checkbox"/> provides 10% or more of business inputs	Phone	Email
2. <input type="checkbox"/> provides 10% or more of business inputs	Phone	Email
3. <input type="checkbox"/> provides 10% or more of business inputs	Phone	Email
4. <input type="checkbox"/> provides 10% or more of business inputs	Phone	Email

Principal Customers

1. <input type="checkbox"/> purchases 10% or more of business output	Phone	Email
2. <input type="checkbox"/> purchases 10% or more of business output	Phone	Email
3. <input type="checkbox"/> purchases 10% or more of business output	Phone	Email
4. <input type="checkbox"/> purchases 10% or more of business output	Phone	Email

Additional Documentation (please provide – checked items are required)

Please provide lender with the following:		
<input type="checkbox"/> resumes for all management (or experience description)	<input type="checkbox"/> copy of partnership or operating agreement	<input type="checkbox"/> analysis of conditions in your market
<input type="checkbox"/> most recent Balance Sheet	<input type="checkbox"/> year-to-date Income Statement	<input type="checkbox"/> business debt schedule*
<input type="checkbox"/> business tax returns, past 3 years	<input type="checkbox"/> personal tax returns, past 3 years	<input type="checkbox"/> personal financial statement*
<input type="checkbox"/> aging of Accounts Receivable	<input type="checkbox"/> aging of Accounts Payable	<input type="checkbox"/> financial statements, past 3 years
<input type="checkbox"/> projections for next 2 years (if requested)	<input type="checkbox"/> business plan, if start-up	

* attached

Demographics (optional)

- | | | | |
|--|---|--|----------------------------------|
| <input type="checkbox"/> Caucasian | <input type="checkbox"/> Native American, American Indian or Pacific Islander | <input type="checkbox"/> Black or African American | |
| <input type="checkbox"/> Asian, including East Asian and South Asian | <input type="checkbox"/> Multi-racial | <input type="checkbox"/> Hispanic | <input type="checkbox"/> Veteran |

Note: This data helps evaluate outreach efforts. It will not affect your eligibility for a loan from NCIF.

I attest that all of the information on this application is true. **I authorize NCIF to investigate and verify the above information. I also authorize NCIF to perform a credit check, which may include obtaining consumer and/or commercial credit reports, and to exchange information about credit experience with other creditors from time to time, as authorized by law.** The release of all information to NCIF, in any manner, is hereby authorized whether such information is of record or not. I also hereby release all persons, agencies, firms, company, ect. from any damages resulting from such information. I understand that NCIF will retain this application whether the loan is approved or denied. I understand materials submitted to NCIF in connection with my loan application shall become the property of NCIF, unless otherwise requested, and shall be retained or destroyed in accordance with NCIF's file retention policy. I understand that NCIF will charge an origination fee for completed loans.

Signature of borrower: _____

Date: _____

Signature of co-borrower: _____

Date: _____

Natural Capital Investment Fund
1098 Turner Road
Shepherdstown, WV 25443
www.ncifund.org



Schedule A – U.S. Government and Marketable Securities

Section 1 – Individual Information (type or print)		Section 2 – Other Party Information (type or print)	
Name		Name	
Date of Birth	S.S.N.	Date of Birth	S.S.N.
Address City, State & Zip		Address City, State & Zip	
Position or Occupation		Position or Occupation	
Business Name		Business Name	
Business Address City, State & Zip		Business Address City, State & Zip	
Length of Employment		Length of Employment	
Home Phone	Work Phone	Home Phone	Work Phone
Email Address		Email Address	

Section 3 – Statement of Financial Condition as of			
Assets (Do not include assets of doubtful value)	In dollars (omit cents)	Liabilities	In dollars (omit cents)
Cash on hand and in the bank		Notes payable to banks-see Schedule E	
U.S. Gov't & marketable securities – see Schedule A		Notes payable to other institutions-see Schedule E	
Non-marketable securities – see Schedule B		Due to brokers	
Securities held by broker in margin accounts		Amounts payable to others-secured	
Restricted, control, or margin account stocks		Amounts payable to others-unsecured	
Real estate owned-see Schedule C		Accounts and bills due	
Accounts, loans, and notes receivable		Unpaid income tax	
Automobiles		Other unpaid taxes and interest	
Other personal property		Real estate mortgages payable-see Schedules C & E	
Cash surrender value-life insurance – see Schedule D		Other debts (car payments, credit cards, etc.) – itemize	
Other assets – itemize – see Schedule F if applicable			
		Total Liabilities	
		Net Worth	
Total Assets		Total Liabilities and Net Worth	

Section 4 – Annual Income For Year Ended	Annual Expenditures	Contingent Liabilities	Estimated Amounts
Salary, bonuses, commissions _____	Mortgage/rental payments _____	Do you have any...	
Dividends and Interest _____	Real estate taxes and assessments _____	Contingent liabilities (as endorser, co-maker or guarantor)	
Real estate income _____	Taxes – federal, state and local _____	On leases? On contracts?) _____	
Other income _____	Insurance payments _____	Involvement in pending legal actions? _____	
(alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation) _____	Other contract payments (car payments, charge cards, etc.) _____	Other special debt or circumstances? _____	
	Alimony, child support, maintenance _____	Delinquent taxes, liens? _____	
	Other expenses _____	Ever declared bankruptcy? _____	
		Alimony/child support? _____	
Total Income	Total Expenditures	If "yes" to above, please provide details on separate sheet of paper	
		Total Contingent Liabilities	

Number of Shares or Face Value of Bonds	Description	In Name of	Are These Registered Pledged or Held by others?	Market Value

Schedule B – Non-Marketable Securities

Number of Shares	Description	In Name of	Are These Registered Pledged or Held by others?	Value	Source of Value

Schedule C – Residences and Other Real Estate (Partially or Wholly Owned)

Address and Types of Property	Title in Name of	% of Ownership	Date Acquired	Cost	Market Value	Monthly Payment	Mortgage Amount	Mortgage Maturity

Schedule D – Life Insurance Carried, Including Group Insurance

Name of Insurance Company	Owner of Policy	Beneficiary and Relationship	Face Amount	Policy Loans	Cash Surrender Value

Schedule E – Bank and Other Institutional Relationships

Name and Address of Creditor	Original Loan/Line Amount	Date of Loan	Maturity Date	Unsecured or Secured (List Collateral)	Amount Owed

Schedule F – Business Ventures

List Name and Address and Any Business Venture in Which You Are a Principal or Partner	Total Assets Listed in Section 3	Your % of Ownership	Your Position/Title in the Business	Total Assets of Business	Line of Business	Years in Business

The information contained in this statement is provided to induce you to extend or to continue the extension of credit to the undersigned or to others upon the guaranty of the undersigned. The undersigned acknowledge and understand that you are relying on the information provided herein in deciding to grant or continue credit or to accept a guaranty 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 you 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 its (or their) obligations to you. In the absence of such notice or a new and full written statement, this should be considered as a continuing statement and substantially correct. You are authorized to make all inquiries you deem necessary to verify that accuracy of the information contained herein, and to determine the credit-worthiness of the undersigned. Each of the undersigned authorizes you to answer questions about your credit experience with the undersigned. I/We authorize you to share this application, and any credit, employment or other information you may have obtained in connection with my/our application, with any of your affiliates and non-affiliates unless

I/We initial here _____ **to indicate that I/We do not want you to share this application and related information with your affiliates and non-affiliates.**

Date Signed _____

Signature (individual) _____

Date Signed _____

Signature (individual) _____

Natural Capital Investment Fund
 Business Debt Schedule



BUSINESS DEBT SCHEDULE

COMPANY NAME: _____ DATE: _____

(Same as Interim Financial Statements)

This schedule should contain loans for contracts and notes payable, not accounts payable or accrued liabilities.

Creditor Name/Address	Creditor Date	Original Date	Original Amount	Present Balance	Interest Rate	Monthly Payment	Maturity Date	Collateral Security	Curr. or Delinq.
Total Balance*:									

***Total must agree with balance shown on Balance Sheet**

Signature: _____ Date: _____