

Application for Waverly Area Development Fund

Under the Equal Credit Opportunity Act and Regulation B, Waverly Area Development Fund must verify how you intend to apply for credit. This institution (WADF) is an Equal Opportunity Provider.

If there is more than one party to this loan, the following individuals intend to be a joint applicant:

Initials _____

Loan Information

Loan Amount	\$ _____
Loan Purpose	_____
Has the Business or Guarantor filed for bankruptcy in the past 5 years? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, date of bankruptcy: (month/day/year) _____

Business/Individual Information

Business/Individual Name:	E-Mail:	Telephone:	
Business/Individual Address:	City:	State:	Zip:
Fed. Tax ID/ Social Sec.#: _____			
<input type="checkbox"/> Individual/Sole Proprietorship	<input type="checkbox"/> General Partnership	<input type="checkbox"/> Limited Liability Corporation	
<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Other _____	

Co-Applicant Information

Business/Individual Name:	E-Mail:	Telephone:	
Business/Individual Address:	City:	State:	Zip:
Fed. Tax ID/ Social Sec.#:	Date of Birth:	Relationship to Applicant:	

Signatures and Authorizations

<p>I (we) certify that the information provided is correct to the best of my (our) knowledge. I (we) understand that I (we) may be required to supply additional information and to provide security for the requested financing. In conjunction with this application, I (we) agree and consent that lender may obtain a credit report and/or any other information relating to my (our) financial position. Any person or firm is hereby authorized to provide such information requested by lender. Applicant hereby authorizes lender to provide the information contained in this application and any supplemental financial or other information provided by Applicant in connection herewith, if any, to other financial institutions for credit analysis purposes.</p>			
x		x	
Applicant's Signature	Date	Applicant's Signature	Date

Submit the following with the completed application:

- | | |
|--|---|
| <input type="checkbox"/> Personal Financial Statement
<input type="checkbox"/> Cash Flow Projection | <input type="checkbox"/> Business Plan/Description of scope of project
<input type="checkbox"/> Three (3) years of tax returns
<input type="checkbox"/> Employment:
Current # of employees: _____
Number of jobs retained: _____
Number of new jobs created: _____ |
|--|---|

Please remit application and information to:



Waverly Economic Development, 200 1st St. NE, PO Box 616, Waverly, IA 50677