

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 On leases? On contracts?) _____ | |
| Real estate income _____ | Taxes – federal, state and local _____ | Involvement in pending legal actions? _____ | |
| Other income _____ (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) | Insurance payments _____ | Other special debt or circumstances? _____ | |
| | Other contract payments (car payments, charge cards, etc.) _____ | Delinquent taxes, liens? _____ | |
| | Alimony, child support, maintenance _____ | Ever declared bankruptcy? _____ | |
| | Other expenses _____ | Alimony/child support? _____ | |
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| | | | |
| Total Income | Total Expenditures | 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 |
|-------------------------------|------------------|----------------|---------------|------|--------------|-----------------|-----------------|-------------------|
| | | | | | | | | |
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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 |
|---------------------------|-----------------|------------------------------|-------------|--------------|----------------------|
| | | | | | |
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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 |
|------------------------------|---------------------------|--------------|---------------|--|-------------|
| | | | | | |
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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 |
|--|----------------------------------|---------------------|-------------------------------------|--------------------------|------------------|-------------------|
| | | | | | | |
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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. |
|-----------------------|---------------|---------------|-----------------|-----------------|---------------|-----------------|---------------|---------------------|------------------|
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| Total Balance*: | | | | | | | | | |

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

Signature: _____ Date: _____

COLD STORAGE ADDENDUM TO NCIF APPLICATION

1. What do you currently grow on your farm? Where and to whom do you sell?
2. How will cold storage increase your ability to serve wholesale markets? What will you store in the unit?
3. Describe the unit you plan to purchase or construct.
IMPORTANT: Attach specifications/drawings/designs and a budget for the storage unit.
4. *[If you are constructing your unit]* Who will construct the unit? How long will construction take? **IMPORTANT:** Please contact Professor Mike Boyette at boyette@ncsu.edu , (919) 515-6790 to consult with him regarding your design.