

# Application For Small Business Development Loan Program

City of La Crosse  
400 La Crosse Street  
La Crosse, WI 54601-3396  
(608) 789-7512  
Fax: (608) 789-7318

<b><i>Project Information</i></b>	
Name:	Tax ID Number:
Address:	
Contact Person:	Telephone Number:
<b><i>Owner Information</i></b>	
Name:	Social Security Number:
Home Address:	
<b><i>Co-owner Information (if applicable)</i></b>	
Name:	Social Security Number:
Home Address:	
<b><i>Business/Developer Information</i></b>	
Name:	
Address:	
<b><i>Project Description</i></b>	
Provide a brief description of the project:	

### ***Project Information***

Is this a new business/project?

Is a minority owned/operated business(es) involved in this project?

If yes, please explain.

Which architectural firm will provide the architectural analysis?

Which architectural firm will provide the working plans?

Will persons/businesses be displaced as a result of this project?

Have you requested money from public lenders for this project?

### ***Project Analysis and Justification***

The following items will be needed for project analysis and justification:

- Detailed project plan, including architectural analysis and competitive bids
- Business plan (long-term goals)
- Timetable
- List of the principal players and their relationships to the business operation
- Articles of Incorporation
- Balance sheet (current) (on Microsoft Excel disk if possible)
- Operating (profit/loss) statements for last three years (with percentage breakdown) (on Microsoft Excel disk if possible)
- Five-year projected cash flow statement (with percentage breakdown) (on Microsoft Excel disk if possible)
- Previous years' Federal Income Tax Returns (personal and business)
- Personal financial statements of officers
- Copies of correspondence from two lending institutions regarding availability of funds
- List of current employees and their job titles
- List of titles and descriptions of projected jobs
- Cover letter which requests specific loan terms and conditions

**Balance sheets, operating statements, and projected cash flow statements should also be submitted electronically in table form to decrease application processing time.**

**Employment/Job Creation**

One permanent full-time, low/moderate income job must be created for each \$35,000 of public investment.

At least 51% of all jobs which are created as a result of special economic development activity must be filled by members of low/moderate income families.

	Current		Projected	
	Full-time	Part-time	Full-time	Part-time
Employees	_____	_____	_____	_____

All new employees must be income certified. An income certification form is attached to the back of this application. Provide the list of job titles for jobs to be created.

Amount desired from Small Business Development Loan Program	\$ _____
Amount desired from lending institution	\$ _____
Owner/developer cash contribution	\$ _____
Other sources (attach explanation)	\$ _____

TOTAL PROJECT COST \$ \_\_\_\_\_

**SOURCES OF FUNDS**

<u>Uses of Funds</u>	<u>Bank</u>	<u>City</u>	<u>Equity</u>	<u>Other</u>	<u>Total</u>
Acquisition Real Estate	_____	_____	_____	_____	_____
Acquisition Equipment	_____	_____	_____	_____	_____
Rehabilitation	_____	_____	_____	_____	_____
Soft Costs (taxes, legal, interest, architectural)	_____	_____	_____	_____	_____
TOTAL	_____	_____	_____	_____	_____

**APPLICATION CERTIFICATION**

I hereby certify that all information provided on and accompanying this application is complete and accurate. I also agree to notify the City of La Crosse in writing prior to loan closing should any of this information change and I understand that changes in the information provided or failure to notify the City of such changes shall give the City the right to cancel or deny loan approval or alter its terms/conditions.

\_\_\_\_\_

Date

\_\_\_\_\_

Applicant's Signature

\_\_\_\_\_

Name

\_\_\_\_\_

Title

\_\_\_\_\_

Company

**EXHIBIT B  
INCOME ELIGIBILITY CERTIFICATION**

When federal financial assistance is provided for special economic development activities, jobs for low and/or moderate income families must be created and demographic information must be collected. The following chart provides the range of annual gross household income limits which define very low, low and moderate income households.

**Please compare your annual gross household income before being hired by the project business with the figures on the chart and complete the form.**

Number of Residents	Income Limits (As of 2012)			
	1	\$0 to \$14,350	\$14,351 to \$23,950	\$23,951 to \$38,300
2	\$0 to \$16,400	\$16,401 to \$27,400	\$27,401 to \$43,800	Greater than \$43,800
3	\$0 to \$18,450	\$18,451 to \$30,800	\$30,801 to \$49,250	Greater than \$49,250
4	\$0 to \$20,500	\$20,501 to \$34,200	\$34,201 to \$54,700	Greater than \$54,700
5	\$0 to \$22,150	\$21,601 to \$36,950	\$36,951 to \$59,100	Greater than \$59,100
6	\$0 to \$23,800	\$23,801 to \$39,700	\$39,701 to \$63,500	Greater than \$63,500
7	\$0 to \$25,450	\$25,451 to \$42,450	\$42,451 to \$67,850	Greater than \$67,850
8	\$0 to \$27,100	\$27,101 to \$45,150	\$45,151 to \$72,250	Greater than \$72,250

As of \_\_\_\_\_, there are \_\_\_\_\_ members in my household and  
 (Date of Employment) (Number)  
 the annual gross household income is at the corresponding income limit above (circle one).

Please check here \_\_\_\_\_ if your household has a female head of household.

**Report your ethnicity (non-Hispanic or Hispanic) and race (1 of 10).**

Demographic Information										
Race →	White	Black/ African American	Asian	American Indian	Native Hawaiian/ Other Pacific Islander	Am. Ind. & White	Asian & White	Black/ African Am. & White	American In. & Black/ African American	Other Multi- Racial
Ethnicity ↓										
Non-Hispanic										
Hispanic										

\_\_\_\_\_  
Name of Employee (please print)

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Employee Job Title

\_\_\_\_\_  
Name of Employer

Circle: Full-time Part-time

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number