

**Town of Canaan Revolving Loan Fund**  
**PO Box 159**  
**Canaan, VT 05903**

**APPLICANT INFORMATION**

Applicant Name(s) \_\_\_\_\_ SSN \_\_\_\_\_  
Address \_\_\_\_\_ SSN \_\_\_\_\_  
Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Current Employer \_\_\_\_\_ Position \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_

Previous Employer \_\_\_\_\_ Position \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_

*Circle Yes or No to the following questions. If yes, provide details:*

**Yes / No** Are you a comaker, endorser or guarantor on any loan or contract?  
\_\_\_\_\_  
\_\_\_\_\_

**Yes / No** Are there any unsatisfied judgments against you?  
\_\_\_\_\_  
\_\_\_\_\_

**Yes / No** Have you been declared bankrupt in the last 14 years?  
\_\_\_\_\_  
\_\_\_\_\_

**Yes / No** Have you ever settled a debt for less than full payment?  
\_\_\_\_\_  
\_\_\_\_\_

**Yes / No** Are you current on all State and Federal taxes?  
\_\_\_\_\_  
\_\_\_\_\_

**Yes / No** Have you applied for financing elsewhere and been denied?  
\_\_\_\_\_  
\_\_\_\_\_

**PROJECT INFORMATION**

Business Name \_\_\_\_\_ EIN \_\_\_\_\_  
Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Type of Business \_\_\_\_\_  
Is 51% of the business owned by a U.S. citizen? \_\_\_\_\_ Yes / No  
\_\_\_\_\_

Amount of Request: \_\_\_\_\_ Number of Employees: \_\_\_\_\_ before project  
\_\_\_\_\_ after project

Unencumbered Collateral Available for the Project:

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

Please provide the following attachments:

- \_\_\_\_\_ **A) Full Project Description:** Describe the purposes for which the loan will be used, including the total project cost, a description of jobs to be created/protected that will benefit low/moderate income individuals and projected community benefits. Include a listing of land, building(s) and/or equipment etc to be purchased.
- \_\_\_\_\_ **B) Business Plan:** Describe short and long-term goals of the business including information on products and services, business environment, marketing plan, etc. Include financial projections for three years.
- \_\_\_\_\_ **C) Three Years Prior Income Tax Returns:** Business and Personal
- \_\_\_\_\_ **D) Current Credit Report:** Business and Personal
- \_\_\_\_\_ **E) Financial Statements:** Business and Personal
- \_\_\_\_\_ **F) Permits:** Listing of applicable town, state and federal permits required for project and status of those permits.

I authorize the Town of Canaan Revolving Loan Committee to obtain such information as may be required concerning the statements made in this application and that the application shall remain property of the Committee whether or not the loan is granted. I hereby certify that all statements made above are true and complete and submitted for the purpose of obtaining credit. I hereby agree to hold the Town of Canaan and the Town of Canaan Revolving Loan Committee harmless with regard to processing, approval and administration of this loan.

I have enclosed \$100 nonrefundable loan application fee. I understand that I will be responsible for all attorney's fees incurred as a result of the approval of this request.

Signature of Applicant(s): \_\_\_\_\_ Date: \_\_\_\_\_

## CREDIT CONSENT FORM

"Pursuant to 9 V.S.A. Section 2480e, we hereby give consent to have the named lenders and/or their assigned Credit Bureau, obtain any and all information regarding our employment, checking and/or savings account, credit obligations and application for a loan. In the event our application is approved, we also give consent to have the named lenders and/or their assigned Credit Bureau to update our credit report and other information in connection with reviewing this account, additional extension of credit, for the purpose of taking collection action on the account, or for other legitimate purposes associated with the account. THIS FORM MAY BE REPRODUCED AND THAT COPY SHALL BE AS EFFECTIVE AS THE ORIGINAL CONSENT WHICH WE HAVE SIGNED."

Name (s) \_\_\_\_\_

Address \_\_\_\_\_

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

Signature \_\_\_\_\_

Date \_\_\_\_\_

Name (s) \_\_\_\_\_

Address \_\_\_\_\_

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

Signature \_\_\_\_\_

Date \_\_\_\_\_