Alternative Energy Conservation Loan Fund

AS 45.88.010 – AS 45.88.090 3AAC 78.010 – 3AAC 78.900

Loan Purpose

Loans may be made to purchase, construct and install alternative energy systems or energy conservation improvements in commercial buildings.

Contact Information

Division of Economic Development
Department of Commerce, Community, and Economic Development
PO Box 34159
Juneau, AK 99803-4159
Telephone: (907) 465-2510
(800) 478-LOAN (5626)
TDD: (907) 465-5437
Fax: (907) 465-2103

Division of Economic Development
Department of Commerce, Community, and Economic Development
550 W. 7th Avenue Suite 1770
Anchorage, AK 99501-3569
Telephone: (907) 269-8150
Fax: (907) 269-8147

E-mail: financing@alaska.gov

Website: www.commerce.alaska.gov/ded/fin

The Division of Economic Development, Department of Commerce, Community, and Economic Development complies with Title II of the Americans with Disabilities Act of 1990. This publication is available in alternative communication formats upon request. Please contact the Division of Economic Development at (907) 465-2510 or TDD (907) 465-5437 to make any necessary arrangements.

Rev 9/12

General Requirements

- Loan must be for the purchase, construction, and installation of alternative energy systems or energy conservation improvement in commercial buildings.
- Alaska Resident for the 12 months preceding the date of application.
- Loans may not be made to pay costs that were incurred more than four months before receipt of loan application.
- Loans must result in alternative energy production or energy conservation.
- Applicant(s) may not have any child support arrearage.

Terms and Conditions

- Maximum loan amount is $50,000. Loan requests over $30,000 require a letter of denial from a financial institution, stating the reason(s) for denial, or confirmation that a loan from a financial institution is contingent on the applicant receiving a loan from the fund.
- Maximum loan term is 20 years.
- Interest rate will be fixed at the time of loan approval, contact us for current rates.
- All loans must be adequately secured, include a lien on real property, and the improvements financed.

Fees

- A $100 application fee (non-refundable) must accompany all applications.
- A 1% origination fee is due at closing.
- Borrower is responsible to pay all direct costs incurred in processing an application including title reports and title insurance, recording fees, appraisals, travel or other direct costs.

Definitions

- Alternative Energy System: A source of thermal, mechanical or electrical energy that is not dependent on oil, gas, or nuclear fuel for the supply of energy for space heating and cooling, refrigeration and cold storage, electrical power, mechanical power, or heating of water.
- Commercial Building: A building intended to be used for commercial purposes. Excluding residential structures, apartment complexes of less than five units, and single units within a condominium or cooperative complex.
- Energy Conservation Improvement: Structural insulation, thermal windows and doors, weatherizing, heat exchangers, high efficiency furnace and boiler additions, etc.

CHECK-OFF LIST

The following information is **required** in order to process your application. Please use the list to make sure all information is submitted. Retain a copy of this application for your records. The department may require additional information or documentation, as it deems necessary in order to verify eligibility or other requirements of the program.

	Application for Alternative Energy Conservation Fund Loan: Be sure the form has been completed and signed. If a partnership or corporation, each individual owning an interest must complete an application. (Page 3)
	Residency Questionnaire: Required for all applicants owning 20% or more of business. (Page 4 & 5)
	Non-refundable Application Fee: You must include a check or money order for $100.
	Letter of Intent: (Page 6)
	Project Funding Summary: (Page 7)
	Business Profile: (Page 8)
	Individual Financial Statement: Required from all individual applicants. If the applicant is a corporation, required from all individuals owning 20% or more of any outstanding shares. If applicant is a partnership or other association, required from all individuals in the organization. Must indicate financial condition of the individual no more than 90 days prior to receipt of application. (Pages 9 & 10)
	Business Financial Statement: Must indicate financial condition of business no more than 90 days prior to receipt of application. (Pages 11 & 12)
	Collateral: (Page 13)
	Actual Profit & Loss Statement: (Page 14)
	Copy of Government Issued Identification: Provide a copy of each applicant's valid government issued identification at or before loan closing.
	Authorization to Obtain Credit and/or Release Information: Must be signed by all parties or entities. (Page 15)
	Oath: Signature required from all individual applicants. (Page 16)
	Federal Tax Returns: Include a complete, signed copy of your individual federal income tax return for the last filing year. You must also submit the business' last filing year's tax return. Corporations must submit complete copies of their last filing year's federal income tax return, as well as returns for individuals owning 20% or more of the corporation.
	Copies of Agreements, Contractor's Bid, Conceptual Designs, Maps, Charts, Drawings, Reports or other documentation to verify the Use of the Loan Proceeds
	Business Plan or Business Resume: Brief narrative on your business experience and history.
	Current Bank Statement: Provide copies of current bank statements verifying Cash Accounts as shown on Financial Statement.
	A Letter of Denial: Required if loan request is over $30,000.

APPLICATION FOR ALTERNATIVE ENERGY CONSERVATION LOAN FUND

Please Check One:	☐ Individual	☐ Business	☐ Partnership	☐ Corporation	Today's Date:

Applicant Business Name:		NAICS: (From Business License)
Mailing Address: (Street/PO Box, City, State, Zip Code)		SSN/EIN:
		Business Telephone Number:
		Business Email:
Applicant Name: (Last, First, M.I.)		Applicant's Telephone Number:
		Applicant's Email:
Mailing Address: (Street/PO Box, City, State, Zip Code)		☐ Married (including separated)
		☐ Not Married (single, divorced or widowed)
		Social Security Number:
Date of Birth:	Place of Birth: (City & State)	Number of Dependents: (excluding applicant)
Applicant's Employer:	Occupation/Position:	Employer's Telephone Number:
How long at present position? Years Months		Gross Monthly Salary: (before deductions) $
Guarantor/Spouse/Co-Applicant Name: (Last, First, M.I.)		Social Security Number:
Date of Birth:	Place of Birth: (City & State)	
Mailing Address (Street/PO Box, City, State, Zip Code):		
Guarantor/Spouse/Co-Applicant's Employer:	Occupation/Position:	Employer's Telephone Number:
How Long at Present Position? Years Months		Gross Monthly Salary: (before deductions) $
Nearest relative not living with you/Contact Person Name: (Last, First, M.I.)		Telephone Number:
Mailing Address (Street/PO Box, City, State, Zip Code):		

List below the addresses of each place you have resided during the past two years (attach a separate sheet of paper if necessary).

From	To	Address	Landlord or Manager Name & Phone Number
		Own ☐	Rent ☐
		Own ☐	Rent ☐
		Own ☐	Rent ☐

Residency Questionnaire

1. When did your Alaska residency begin? (This means the month and year that you physically arrived in Alaska with the intent to remain permanently.)

_____ Month _____ Year

2. Are you a United States Citizen?

☐ **YES**
☐ **NO**

3. Have you been registered to vote in Alaska for the past two years? If NO, complete question 1 on the Supplemental Residency Questionnaire – Page 5.

☐ **YES**
☐ **NO**

4. Have you had an Alaska driver's license for the past two years? If NO, complete question 2 on the Supplemental Residency Questionnaire – Page 5.

☐ **YES**
☐ **NO**

5. Have you claimed any residency benefits in a state other than Alaska during the past two years? If YES, complete question 3 on the Supplemental Residency Questionnaire – Page 5.

☐ **YES**
☐ **NO**

6. During the past two years were you gone from Alaska for more than 90 consecutive days? If YES, complete question 4 Supplemental Residency Questionnaire – Page 5.

☐ **YES**
☐ **NO**

Supplemental Residency Questionnaire

Complete ONLY as instructed on Residency Questionnaire

During the past two years, in which State other than Alaska were you:

1. Registered to vote in _____

   Please explain:_____

   _____

2. Licensed to drive in _____

   Please explain:_____

   _____

3. Claimed residency benefits in _____

   Please explain:_____

   _____

4. List the dates you were gone from Alaska *(Use Absence Reason Codes below to fill in boxes).*

	Date Began	Date Ended	# of Days	Explanation
☐	_____	_____	_____	_____
☐	_____	_____	_____	_____
☐	_____	_____	_____	_____

Absence Reason Codes

A. Enrolled as a full-time student
B. On active duty as a member of U.S. Armed Forces
C. Continuous medical treatment under a doctor's care (attach doctor's statement)
D. Employment requirement by the State of Alaska
E. Vacation
F. Seeking employment
G. Accompanying an eligible Alaskan resident as the resident's spouse
H. Other reasons, including business (please explain)

LETTER OF INTENT
(Attach additional sheets as necessary)

Applicant Name:

➔ I am applying for a loan in the amount of $ to be repaid in years.

Describe in detail the projects for which you are requesting a loan. Include any information you consider significant in determining the merits of this request, including plans, contractor's bid, conceptual designs, maps, charts, drawings, reports, etc.

PROJECT FUNDING SUMMARY

SOURCE OF FUNDS: List below the source of all funds that will be invested in the project for which you are requesting financing. The total will be the total project cost.

Source:			Amount:
Alternative Energy Conservation Fund:			$
Cash to be Invested by Applicant:			$
Loan from Banks:	Name of Bank:		$
	Name of Bank:		$
Loans from Other Sources:	Name:		$
	Name:		$
Grants (Describe):			$
			$
Other (Describe):			$
			$
Total Project Cost:			**$** 0.00

USE OF LOAN PROCEEDS: Describe below how the loan proceeds will be used. Attach copies of agreements, contractor's bids, contracts, invoices or other documentation to verify these uses. Total must equal loan amount requested. If your loan is approved, you will need to provide documentation to verify the total project cost.

Use:	Amount:
	$
	$
	$
	$
Total Loan Requested:	**$** 0.00

ESTIMATED ENERGY SAVINGS: Describe below the estimated energy savings or alternative energy production after each phase of the project is completed, expressed in KWh, or units of fuel, and dollars that will be saved. Include energy audits, statements from contractor's and vendors, engineer's reports, current KWh or fuel statements, or other documentation to back-up estimates.

Project:	KWh/Fuel Saved:	Amount:
		$
		$
		$
		$
Total Savings:	0	**$** 0.00

BUSINESS PROFILE

BUSINESS INFORMATION

1	When was this business established?			
2	List below all owners and their percent of ownership (please add additional sheets if necessary). Ownership total must equal 100%. All individuals owning 20% or more of the business must complete an individual financial statement, and will be required to sign loan documents. A partnership, corporation, or joint venture must be 51% owned by Alaska residents and each individual must complete a residency questionnaire.			
	a		%	of ownership
	b		%	of ownership
	c		%	of ownership
	d		%	of ownership
3	List subsidiaries and/or affiliated companies. Explain trade and financial interrelationships of applicant and such subsidiaries and/or affiliates:			
	a	Name:		
	Explanation:			
	b	Name:		
	Explanation:			
4	What are the principle products or services your business provides?			
	Explanation:			
5	Attach a copy of your business plan or provide information relating to markets, marketing plan, cash flow analysis, etc.			
6	Attach resumes of the applicants and key managers of the business.			

PROPERTY INFORMATION (Please answer the questions listed below regarding the property receiving the upgrades. If the answer to any question is "Yes", please provide a written explanation on a separate sheet.)

1	Are you aware of any environmental hazards on the property?	☐	Yes	☐	No
2	How many years have you owned the property?	Years:			
3	Is there any existing, pending or potential legal proceedings concerning the property?	☐	Yes	☐	No

FINANCIAL STATEMENT (INDIVIDUAL)

Name: (Last, First, M.I.)	Social Security Number:	Date:	
Mailing Address (Street/PO Box):	City:	State:	Zip Code:

The undersigned makes the following statement of financial condition as of day of ,20 .

ASSETS		LIABILITIES		
Asset	Amount	Liability	Monthly Payment	Balance Owing
Cash in Bank	$	Real Estate (Schedule 2)	$	$
Cash on Hand	$	Notes Payable (Schedule 3)	$	$
Notes/Accounts Receivable (Schedule 1)	$	Accounts Payable	$	$
U.S. Bonds or Notes	$	Other Liabilities (Itemize)		
Mortgages & Contracts (Schedule 1)	$	1)	$	$
Securities (Attach Statement)	$	2)	$	$
Value of Real Estate Owned (Schedule 2)	$	3)	$	$
Automobiles	$	4)	$	$
Personal Property	$	Credit Cards (Itemize)		
Other Assets (Itemize)		1)	$	$
1)	$	2)	$	$
2)	$	3)	$	$
3)	$	4)	$	$
4)	$	5)	$	$
TOTAL ASSETS	$ 0.00	**TOTAL LIABILITIES**	$ 0.00	$ 0.00

CONTINGENT LIABILITIES

☐ Yes ☐ No	Are you a co-maker, endorser, or guarantor on any loan or contract?	If "yes," to whom?	Amount: $
☐ Yes ☐ No	Are there any unsatisfied judgments or collections against you?	If "yes," attach letter of explanation.	Amount: $
☐ Yes ☐ No	Have you filed for bankruptcy in the last 10 years?	If "yes," attach letter of explanation.	Year:

Personal Living Expenses and Other Obligations (Child Support, Alimony, etc.)	Amount
	$
	$
	$
	$

FINANCIAL STATEMENT (INDIVIDUAL)
SCHEDULES 1-3

SCHEDULE 1: NOTES RECEIVABLE, ACCOUNTS RECEIVABLE, MORTGAGES & CONTRACTS OWNED

Description	Name of Debtor	Original Balance	Present Balance	Monthly Payment	Amount Past Due
		$	$	$	$
		$	$	$	$
		$	$	$	$
		$	$	$	$
		$	$	$	$

SCHEDULE 2: REAL ESTATE OWNED

Property Address (Street, City, State)	Year Acquired	Cost	Current Assessed Value	Mortgages			
				Lienholder Name	Original Balance	Present Balance	Monthly Payment
		$	$		$	$	$
		$	$		$	$	$
		$	$		$	$	$
		$	$		$	$	$
		$	$		$	$	$

Is any real estate being purchased on a contract of sale? ☐ Yes ☐ No

If YES, which one and from whom:

SCHEDULE 3: NOTES PAYABLE (Do not include mortgages listed in Schedule 2)

Lienholder Name	Collateral	Year Acquired	Original Balance	Present Balance	When Due	Monthly Payment
			$	$		$
			$	$		$
			$	$		$
			$	$		$
			$	$		$

Have you ever received a loan from the state? ☐ Yes ☐ No If yes, please complete the following:

Loan Number	Loan Type	Date Received	Paid in Full	
			☐ Yes	☐ No
			☐ Yes	☐ No
			☐ Yes	☐ No
			☐ Yes	☐ No

FINANCIAL STATEMENT (BUSINESS)

Business Name:	SSN/EIN:	Date:	
Mailing Address (Street/PO Box):	City:	State:	Zip Code:

The undersigned makes the following statement of financial condition as of day of , 20 .

ASSETS		LIABILITIES		
Asset	Amount	Liability	Monthly Payment	Balance Owing
Cash in Bank	$	Real Estate (Schedule 2)	$	$
Cash on Hand	$	Notes Payable (Schedule 3)	$	$
Notes/Accounts Receivable (Schedule 1)	$	Accounts Payable	$	$
Less: Reserve for Bad Debts	$	Employer Taxes Payable	$	$
U.S. Bonds or Notes	$	Other Taxes Payable	$	$
Mortgages & Contracts (Schedule 1)	$	Other Liabilities (Itemize)		
Securities (Attach Statement)	$		$	$
Value of Real Estate Owned (Schedule 2)	$		$	$
Machinery, Furniture & Fixtures	$		$	$
Less: Depreciation	$		$	$
Prepaid Expenses	$		$	$
Other Assets (Itemize)			$	$
1)	$		$	$
2)	$		$	$
TOTAL ASSETS	**$** 0.00	**TOTAL LIABILITIES**	**$** 0.00	**$** 0.00

CONTINGENT LIABILITIES

☐ Yes ☐ No	Are you a co-maker, endorser, or guarantor on any loan or contract?	If "yes," to whom?	Amount: $
☐ Yes ☐ No	Are there any unsatisfied judgments or collections against you?	If "yes," attach letter of explanation	Amount: $
☐ Yes ☐ No	Have you filed for bankruptcy in the last 10 years?	If "yes," attach a letter of explanation	Year:

Other Obligations:	Amount
	$
	$
	$

FINANCIAL STATEMENT (BUSINESS)
SCHEDULES 1-3

SCHEDULE 1: NOTES RECEIVABLE, ACCOUNTS RECEIVABLE, MORTGAGES & CONTRACTS OWNED

Description	Name of Debtor	Original Balance	Present Balance	Monthly Payment	Amount Past Due
		$	$	$	$
		$	$	$	$
		$	$	$	$
		$	$	$	$
		$	$	$	$

SCHEDULE 2: REAL ESTATE OWNED

Property Address (Street, City, State)	Year Acquired	Cost	Current Assessed Value	Mortgages			
				Lienholder Name	Original Balance	Present Balance	Monthly Payment
		$	$		$	$	$
		$	$		$	$	$
		$	$		$	$	$
		$	$		$	$	$
		$	$		$	$	$

Is any real estate being purchased on a contract of sale? ☐ Yes ☐ No

If YES, which one and from whom:

SCHEDULE 3: NOTES PAYABLE (Do not include mortgages listed in Schedule 2)

Lienholder Name	Collateral	Year Acquired	Original Balance	Present Balance	When Due	Monthly Payment
			$	$		$
			$	$		$
			$	$		$
			$	$		$
			$	$		$

Have you ever received a loan from the state? ☐ Yes ☐ No If yes, please complete the following:

Loan Number	Loan Type	Date Received	Paid in Full	
			☐ Yes	☐ No
			☐ Yes	☐ No
			☐ Yes	☐ No
			☐ Yes	☐ No

COLLATERAL

All loans must be adequately secured. The loan amount may not exceed the value of the collateral equity securing the loan. Please list below the collateral you are offering. You must also indicate the method used to value this collateral and include supporting documentation such as appraisals, assessment notices, opinions of value or invoices, bids or other documentation to support cost valuations.

EXAMPLE:

Collateral Description	Value	Maximum Collateral %	Collateral Value	Existing Liens	Adjusted Value
Land	$50,000.00	85%	$42,500.00	$10,000.00	$32,500.00
Building	$100,000.00	85%	$85,000.00	0	$85,000.00
Equipment	$50,000.00	35%	$17,500.00	0	$17,500.00
Total Loan Value			**$145,000.00**		**$135,000.00**

List Collateral:

Collateral Description	Value	Maximum Collateral %	Collateral Value	Existing Liens	Adjusted Value
	$	%	$ 0.00	$	$ 0.00
	$	%	$ 0.00	$	$ 0.00
	$	%	$ 0.00	$	$ 0.00
	$	%	$ 0.00	$	$ 0.00
	$	%	$ 0.00	$	$ 0.00
	$	%	$ 0.00	$	$ 0.00
	$	%	$ 0.00	$	$ 0.00
	$	%	$ 0.00	$	$ 0.00
	$	%	$ 0.00	$	$ 0.00
	$	%	$ 0.00	$	$ 0.00
	$	%	$ 0.00	$	$ 0.00
	$	%	$ 0.00	$	$ 0.00
	$	%	$ 0.00	$	$ 0.00
	$	%	$ 0.00	$	$ 0.00
Total Loan Value			**$** 0.00		**$** 0.00

ACTUAL PROFIT & LOSS STATEMENT
(Must be within last 12 months)

Applicant Name:			SSN/EIN:
For Period Beginning:			And Ending:
Revenues			
Gross Receipts			**$**
Cost of Goods Sold			
	Beginning Inventory (If Applicable)	$	
	Add: Purchases	$	
	Less: Ending Inventory	$	
Total Cost of Goods Sold			(-) 0.00
Gross Profit			**$** 0.00
Expenses			
Advertising & Promotion		$	
Automobile		$	
Bad Debts		$	
Dues & Subscriptions		$	
Electricity		$	
Employee Expenses		$	
Entertainment		$	
Fuel		$	
Insurance		$	
Maintenance & Repairs		$	
Office Supplies		$	
Payroll Taxes		$	
Professional Services		$	
Proprietor's or Officer's Salary		$	
Rent or Lease Payment		$	
Salaries to Employees		$	
Taxes & Licenses		$	
Telephone		$	
Travel Expenses		$	
Other (Itemize)			
		$	
		$	
		$	
Total Expenses			**(-)** 0.00
Other Income			
Depreciation Income		$	
Interest Income		$	
Other (Itemize)			
		$	
		$	
		$	
Total Other Income			**(+)** 0.00
Net Income			
TOTAL NET INCOME			**$** 0.00

AUTHORIZATION TO OBTAIN CREDIT AND/OR RELEASE INFORMATION

I authorize the Division of Economic Development to obtain information from, or release any information contained in my loan application and attachments to the following agencies:

U.S. Department of Labor
U.S. National Marine Fisheries Service
U.S. Coast Guard
Alaska Department of Fish and Game
Alaska Commercial Fisheries Entry Commission
Alaska Child Support Enforcement Division
Alaska Permanent Fund Dividend Division
Alaska Department of Public Safety
Alaska Post Secondary Education
Alaska Division of Motor Vehicles
Alaska Energy Authority

I further authorize any individual or institution to release credit information concerning me to the Division of Economic Development. This authorization is given to enable the Division of Economic Development to evaluate my loan request. Verification may be obtained from any source named in this application and from any credit-reporting agency. I understand additional information may be requested as part of the quality control program at any time during the lending process.

It is understood that a photocopy of this form will serve as authorization.

Applicant Signature:	Co-Applicant Signature:
Please Print Name:	Please Print Name:
Social Security Number:	Social Security Number:
Date:	Date:

OATH

I understand and agree that if I submit any false, inaccurate, or incomplete information in this application and attachments, I will be subject to the following:

- My application will be denied.
- If I receive a loan based on the false, inaccurate, or incomplete information, and this information is disclosed in the future, the loan will be canceled and immediately payable.

I certify under penalty of perjury that all the information provided in this application and attachments is true, accurate and complete. I am aware that the maximum penalty for perjury, a Class B felony under AS 11.56.200(c), is a fine of up to $50,000 (AS 12.55.035(b)(2)) and imprisonment for up to 10 years (AS 12.55.125(d)).

Applicant Signature:	Date:
Co-Applicant Signature:	Date:

Acknowledgment

State of Alaska)
) ss.
_____ Judicial District)

The foregoing instrument was acknowledged before me this _____ day of _____, 20 _____

By (name of person(s) who acknowledged): _____

_____
Notary Public/Postmaster

My Commission Expires: _____

If you become aware of inaccurate or incomplete information which is contained in your application, you should submit a written request to the Director of the Division of Economic Development which contains the following information:

- A description of the challenged information
- Changes necessary to make the information accurate or complete
- Your name and address