

## **Fisheries Enhancement Loan Modification Application**

### **Contact Information**

**Mail Applications To:** DED - INVESTMENTS  
DCCED  
P.O. Box 110802  
Juneau, AK 99811-0802

**By Telephone:** (800) 478-LOAN (5626) Toll Free within Alaska  
(907) 465-5437 TTD

**By Email:** [financing@alaska.gov](mailto:financing@alaska.gov)

<b>In Person:</b>	<b>Juneau Office</b>	<b>Anchorage Office</b>
	State Office Building 333 Willoughby Ave. 9th Floor Juneau, Alaska (907) 465-2510 Office (907) 465-2103 Fax	Robert B. Atwood Building 550 W. 7th Ave. Suite 1770 Anchorage, Alaska (907) 269-8150 Office (907) 269-8147 Fax

**Website:** [www.commerce.alaska.gov/web/ded](http://www.commerce.alaska.gov/web/ded)

### **PERSONAL INFORMATION DISCLOSURE STATEMENT**

#### **FISHERIES ENHANCEMENT**

AS 16.10.500 - AS 16.10.620 3 AAC 80.010 - 3 AAC 80.900

To apply for a loan or request action under the above program, the corporation must complete loan application forms, which require you to provide certain personal information about the corporation. The application cannot be considered without this information because it is necessary for the evaluation of your request. In the course of this process, some or all of this information may be released to other State agencies including the Alaska legislature, or may be subject to inspection and copying under AS 09.25.110 - AS 09.25.120. Information supplied is also governed by the appropriate regulations referenced above.

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

1. a description of the challenged corporate information;
2. the changes necessary to make the information accurate or complete; and
3. your name, title, and the address where we may contact you.

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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.

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**CHECK-OFF LIST**

The following information is required to process the application. Please use this list to make sure all information is submitted as incomplete applications cannot be processed. Please retain a copy of this application for your records.

\_\_\_\_\_ **Nonrefundable Fee**  
Include a check or money order for \$100.00.

\_\_\_\_\_ **Letter of Request**  
Please indicate the nature of your modification request on page 3 and 4.

AS 16.10.510(11) provides that the term of an existing loan may be extended if the term extension would alleviate an undue financial hardship on the borrower. This requirement must be fully demonstrated on the Letter of Request.

\_\_\_\_\_ **Current Financial Statement**  
Please provide.

\_\_\_\_\_ **Pro forma** (minimum of 10 years)  
Please provide.

\_\_\_\_\_ **Authorization to Obtain Credit and/or Release Information**  
Complete and return page 5.

\_\_\_\_\_ **Disclosure Authorization**  
Complete and return page 6, if necessary.

\_\_\_\_\_ **Legislative Disclosure Acknowledgment**  
Complete and return page 7 if requesting term extension(s).

AS 16.10.510(11) requires submission of an annual report to the legislature summarizing the Division's decisions made regarding loan term extensions.

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**LETTER OF REQUEST**

Please include the following:

- 1) Indicate each **loan number** and whether a refinance, loan term extension, or other loan modification is requested. For loan term extensions, please indicate the **length** of term extension requested.
- 2) Fully demonstrate the financial hardship a loan term extension would alleviate. A term extension application cannot be processed without this information. See check - off list on page 2.

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If you need additional space, please continue on the next page.

I certify under penalty of perjury that all information contained in this application and any attachments to it 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)). I understand that if any information contained in this application is false, inaccurate, or incomplete, the Division will deny the application, the loan will be canceled and the remaining balance immediately due, and the corporation may no longer be eligible for any future benefits under the Fisheries Enhancement Loan Program.

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Name of Corporation – Please Print

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Authorized Officer / Title – Please Print

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Signature

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Date



**Fisheries Enhancement  
Loan Modification Application**

**AUTHORIZATION TO OBTAIN CREDIT AND/OR RELEASE INFORMATION**

I authorize the Department of Commerce, Community, and Economic Development, Division of Economic Development to obtain information from or release any information contained in this application and attachments to the following agencies:

Internal Revenue Service  
Alaska Department of Fish and Game

In addition, we authorize the Division to verify the validity of information submitted in support of this loan application. I understand that information contained in the application may be released to other lending institutions.

I specifically authorize the Internal Revenue Service (IRS) to release our federal tax return information for the applicable tax years to the State of Alaska, Department of Commerce, Community, and Economic Development, Division of Economic Development for their use in processing our loan application.

I hereby authorize the Division of Economic Development, the "lender," to verify the corporation's past and present employment earnings records, bank accounts, stock holdings and any other asset balances that are needed to process the loan application. We further authorize the lender to order a consumer credit report and verify other credit information, including past and present grant and mortgage references

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.

Name of Corporation:

Authorized Signature:

Date;

Printed Name and Title:

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**DISCLOSURE AUTHORIZATION**

Under Alaska Statutes and Regulations certain information about the loan is confidential and cannot be released without your written approval. Confidential information may include personal and financial details.

Do you want confidential information released to anyone assisting you in applying for a loan payment extension or other financial arrangements?

Yes,  
Confidential information may be released  
to:

No,  
Do not release confidential  
information to anyone at this  
time.

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Name of Corporation – Please Print

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Authorized Officer / Title – Please Print

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Signature

Date

To cancel this disclosure authorization,  
you must notify the Director of this  
Division in writing.

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Loan Number

DED - INVESTMENTS  
Department of Commerce, Community, and Economic Development

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**LEGISLATIVE DISCLOSURE ACKNOWLEDGMENT**

On behalf of the corporation named below, the undersigned officer hereby acknowledges the provisions of AS 16.10.510(11) which require the Division of Economic Development to submit an annual report to the Legislature summarizing the approval or denial of loan term extension requests and the reasons for the Division's decisions.

The undersigned further acknowledges that information contained in this loan term extension application may be included in that report.

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Name of Corporation – Please Print

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Authorized Officer / Title – Please Print

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Signature

Date