

Division of Economic Development  
 Department of Commerce, Community, and Economic Development  
 Extension Application for RDIF & SBED RLF

**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.

1	<b>Letter of Request for Extension:</b> Must be signed by same borrowers as the original loan documents.
2	<b>Non-refundable Application Fee:</b> You must include a check or money order for \$100.
3	<b>Individual Financial Statement:</b> Required from all individual borrowers. If the borrower is a corporation, required from all individuals owning 20% or more of any outstanding shares. If borrower is a partnership or other association, required from all individuals in the organization. Must indicate financial condition of the individual as of no more than 90 days prior to receipt of application (pages 4 & 5).
4	<b>Collateral:</b> (page 7).
5	<b>Business Financial Statement:</b> Must indicate financial condition of business as of no more than 90 days prior to receipt of application (pages 8 & 9).
6	<b>Actual Statement of Profit &amp; Loss:</b> Individual (page 6) and business (page 10) statements need to be completed.
7	<b>Authorization to Obtain and/or Release Information:</b> (page 11).
8	<b>Oath:</b> (page 12).
9	<b>Federal Tax Returns:</b> Include complete, signed copies of your federal income tax returns for the last calendar year. You must also submit the business' tax return for the last calendar year. Corporations must submit complete copies of last year's federal income tax returns, as well as returns for individuals owning 20% or more of the corporation.
10	<b>Current Bank Statement:</b> Provide Copies of current bank statements verifying Cash Accounts as shown on Financial Statements.

## LETTER OF REQUEST

Please explain the following:

- 1) Reasons why you cannot make the payment at this time.  
Be sure to include all factors that contributed.
  
- 2) Your plan to make up the payment.  
State your plan to repay in detail.

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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, my loan will be canceled and the remaining balance immediately due, and I will no longer be eligible for any future benefits under the Rural Development Initiative Fund or Small Business Economic Development loan programs.

\_\_\_\_\_  
Business

\_\_\_\_\_  
Loan Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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<b>FINANCIAL STATEMENT (INDIVIDUAL)</b>				
Name (Last, First, M.I.)			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		
			Monthly Payments	Balance Owing
Cash in Bank	\$	Real Estate (Schedule 3)	\$	\$
Cash on Hand		Notes Payable (Schedule 4)		
Notes/Accounts Receivable (Schedule 1)		Accounts Payable		
U.S. Bonds or Notes		Other Liabilities		
Mortgages & Contracts (Schedule 1)				
Securities (Schedule 2)				
Value of Real Estate Owned (Schedule 3)				
Automobiles		Credit Cards		
Personal Property				
Other Assets (Itemize)				
		Total Monthly Payments	\$	\$
<b>TOTAL ASSETS</b>	<b>\$</b>	<b>TOTAL LIABILITIES</b>		<b>\$</b>
CONTINGENT LIABILITIES				
<input type="checkbox"/>	Yes	Are you a co-maker, endorser, or guarantor on any loan or contract?	If "yes," to whom?	Amount \$
<input type="checkbox"/>	No			
<input type="checkbox"/>	Yes	Are there any unsatisfied judgments or collections against you?	If "yes," attach letter of explanation.	Amount \$
<input type="checkbox"/>	No			
<input type="checkbox"/>	Yes	Have you filed for bankruptcy in the last 14 years?	If "yes," attach letter of explanation.	Year
<input type="checkbox"/>	No			
Personal Living expenses and Other Obligations (Child Support, Alimony, etc.)			Amount	
			\$	
			\$	
			\$	
			\$	

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**FINANCIAL STATEMENT (INDIVIDUAL)  
 SCHEDULES 1-4**

**SCHEDULE NO. 1: NOTES RECEIVABLE/ACCOUNTS RECEIVABLE,  
 MORTGAGES & CONTRACTS OWNED**

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

**SCHEDULE NO. 2: SECURITIES**

# of Shares	Description	To Whom Pledged	Market Value	Cost	Income Received Last Year

**SCHEDULE NO. 3: REAL ESTATE OWNED**

Description & Location (Street, City, State)	Date Acquired	Cost	Current Assessed Value	Mortgages						
				Name & Address of Bank	Current Market Value	Original Balance	Present Balance	Payment Amount		
								Monthly	Annual	

Is any real estate being purchased on a contract of sale?  Yes  No If so, which one?

From whom:

**SCHEDULE NO. 4: NOTES PAYABLE (Do Not Include Mortgages Listed in Schedule 3)**

Name & Address of Banks	Collateral	Date Incurred	Original Amount	Present Amount	When Due	Payment Amount	
						Monthly	Annual

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

Division of Economic Development  
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<b>ACTUAL STATEMENT OF PROFIT &amp; LOSS (INDIVIDUAL)</b>		
Applicant's Name:		
For the Period Beginning: (Must be for Current Year)		And Ending
<b>Gross Receipts:</b>		\$
Cost of Goods Sold:		
Beginning Inventory (If Applicable)	\$	
Add: Purchases		
Less: Ending Inventory		
<b>Total Cost of Goods Sold</b>		(-)
<b>GROSS PROFIT:</b>		\$
<b>OPERATING EXPENSES:</b>		
Proprietor's or Officer's Salary	\$	
Salaries to Employees	\$	
Employee Expenses	\$	
Payroll Taxes	\$	
Fuel	\$	
Electricity	\$	
Telephone	\$	
Automobile Expenses	\$	
Rent or Lease Payment	\$	
Office Supplies	\$	
Maintenance & Repairs	\$	
Dues & Subscriptions	\$	
Travel Expenses	\$	
Entertainment	\$	
Professional Services	\$	
Taxes & Licenses	\$	
Insurance	\$	
Advertising & Promotion	\$	
Bad Debts	\$	
Other	\$	
	\$	
	\$	
	\$	
<b>Total Operating Expenses</b>		(-)
<b>OPERATING INCOME</b>		\$
<b>OTHER EXPENSES:</b>		
Depreciation	\$	
Interest	\$	
<b>Total Other Expenses</b>		(-)
<b>OTHER INCOME:</b>		
	\$	
	\$	
	\$	
<b>Total Other Income</b>		(+)
<b>TOTAL NET INCOME</b>		\$

Division of Economic Development  
 Department of Commerce, Community, and Economic Development  
 Extension Application RDIF & SBED RLF

**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%	\$100,000.00	0	85,000.00
Equipment	\$50,000.00	50%	\$50,000.00	0	\$25,000.00
Vessel	\$100,000.00	75%	\$100,000.00	0	\$75,000.00
Total Loan Value			\$292,500.00		\$217,500.00

**List Collateral:**

Collateral Description	Value	Maximum Collateral %	Collateral Value	Existing Liens	Adjusted Value
Total Loan Value			\$		\$





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**FINANCIAL STATEMENT (BUSINESS)**  
**SCHEDULES 1 - 4**

**SCHEDULE NO. 1: NOTES RECEIVABLE/ACCOUNTS RECEIVABLE, MORTGAGES & CONTRACTS OWNED**

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

**SCHEDULE NO. 2: SECURITIES**

# of Shares	Description	To Whom Pledged	Market Value	Cost	Income Received Last Year

**SCHEDULE NO. 3: REAL ESTATE OWNED**

Description & Location (Street, City, State)	Date Acquired	Cost	Current Assessed Value	Mortgages						
				Name & Address of Bank	Current Market Value	Original Balance	Present Balance	Payment Amount		
								Monthly	Annual	

Is any real estate being purchased on a contract of sale?  Yes  No  If so, which one?

From whom:

**SCHEDULE NO. 4: NOTES PAYABLE (Do Not Include Mortgages Listed in Schedule 3)**

Name & Address of Bank	Collateral	Date Incurred	Original Amount	Present Amount	When Due	Payment Amount	
						Monthly	Annual

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	

Division of Economic Development  
 Department of Commerce, Community, and Economic Development  
 Extension Application for RDIF & SBED RLF

<b>ACTUAL STATEMENT OF PROFIT &amp; LOSS (BUSINESS)</b>		
Applicant's Name:		
For the Period Beginning: (Must be within last 12 months)		And Ending
<b>Gross Receipts:</b>		\$
Cost of Goods Sold:		
Beginning Inventory (If Applicable)	\$	
Add: Purchases		
Less: Ending Inventory		
Total Cost of Goods Sold		(-)
<b>GROSS PROFIT:</b>		\$
<b>OPERATING EXPENSES:</b>		
Proprietor's or Officer's Salary	\$	
Salaries to Employees	\$	
Employee Expenses	\$	
Payroll Taxes	\$	
Fuel	\$	
Electricity	\$	
Telephone	\$	
Automobile Expenses	\$	
Rent or Lease Payment	\$	
Office Supplies	\$	
Maintenance & Repairs	\$	
Dues & Subscriptions	\$	
Travel Expenses	\$	
Entertainment	\$	
Professional Services	\$	
Taxes & Licenses	\$	
Insurance	\$	
Advertising & Promotion	\$	
Bad Debts	\$	
Other	\$	
	\$	
	\$	
	\$	
Total Operating Expenses		(-)
<b>OPERATING INCOME</b>		\$
<b>OTHER EXPENSES:</b>		
Depreciation	\$	
Interest	\$	
Total Other Expenses		(-)
<b>OTHER INCOME:</b>		
	\$	
	\$	
	\$	
Total Other Income		(+)
<b>TOTAL NET INCOME</b>		\$

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

I/We 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

I/We further authorize any individual or institution to release credit information concerning me/us 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's Signature:	Co-Applicant Signature:
Please Print Name:	Please Print Name:
Co-Applicant's Signature:	Co-Applicant Signature:
Please Print Name:	Please Print Name:
Date:	Date:

Division of Economic Development  
 Department of Commerce, Community, and Economic Development  
 Extension Application for RDIF & SBED RLF

**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's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Applicant's 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