

# Alaska Microloan Revolving Loan Fund

AS 44.33.950 – AS 44.33.990    3AAC 74.010 – 3AAC 74.900

## Loan Purpose

To promote economic development in Alaska by helping small businesses access needed capital.

## Contact Information

**Mail Applications To:** DIVISION OF 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:** [investments@alaska.gov](mailto:investments@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 1850 Anchorage, Alaska (907) 269-8150 Office (907) 269-8147 Fax

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

## **General Requirements**

- Loans may be made for working capital, equipment, construction, or other commercial purposes for a business located in Alaska.
- Alaska resident for the 12 months preceding the date of application.
- Loans may not be made to pay costs that were incurred more than six months before loan application.
- Applicant(s) may not have any child support arrearage.

## **Terms and Conditions**

- Maximum loan amount is \$35,000 to a person or up to \$70,000 to two or more persons.
- Loan requests of more than \$35,000 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 twelve years.  
Interest rate will be fixed at the time of loan approval, contact us for current interest rates
  
- All loans must be adequately secured. A loan may not exceed the value of the collateral used to secure the loan.
- A reasonable amount of money from other non-state sources must be committed for use on any project for which money from a loan will be used.

## **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

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**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.

	<b>Application for Microloan Revolving Loan Fund:</b> Be sure the form has been completed and signed. If a partnership or corporation, each individual owning 20% or more must complete an application. (Page 3)
	<b>Non-refundable Application Fee:</b> You must include a check or money order for \$100.
	<b>Letter of Intent:</b> (Page 4)
	<b>Residency Questionnaire:</b> (Page 5 & 6)
	<b>Project Funding Summary:</b> (Page 7)
	<b>Copies of Earnest Money Agreement, Contractor's Bid, Purchase Agreement, or Other documentation to verify the use of the Loan Proceeds:</b> (Page 7)
	<b>Business Profile:</b> (Page 8)
	<b>Business Plan or Business Resume:</b> Brief narrative on your business experience and history. (Page 8)
	<b>Resumes of Applicant(s) and Key Managers of the Business:</b> (Page 8)
	<b>Job Information:</b> (Page 8)
	<b>Individual Financial Statement:</b> 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 as of no more than 90 days prior to receipt of application. (Pages 9 & 10)
	<b>Current Bank Statement:</b> Provide copies of current bank statements verifying Cash Accounts as shown on Financial Statement. (Pages 9 & 10)
	<b>Business Financial Statement:</b> Must indicate financial condition of business as of no more than 90 days prior to receipt of application. (Pages 11 & 12)
	<b>Collateral:</b> (Page 13)
	<b>Actual Profit &amp; Loss Statement:</b> (Page 14)
	<b>Projected Profit &amp; Loss Statement:</b> (Pages 15 & 16)
	<b>Authorization to Obtain Credit and/or Release Information:</b> (Page 17)
	<b>Oath:</b> (Page 18)
	<b>Copy of Government Issued Identification:</b> Provide a copy of each applicant's valid government issued identification at or before loan closing.
	<b>Federal Tax Returns:</b> Include complete, signed copies of your Federal Income Tax Returns for the last three years. You must also submit the business' last three year's tax returns. Corporations must submit complete copies of their last three year's federal income tax returns, as well as returns for individuals owning 20% or more of the corporation.
	<b>A Letter of Denial:</b> Required if loan request is over \$35,000.

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**APPLICATION FOR ALASKA MICROLOAN REVOLVING LOAN FUND**

Please Check One:	<input type="checkbox"/> Individual	<input type="checkbox"/> Business	<input type="checkbox"/> Partnership	<input type="checkbox"/> 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)				<input type="checkbox"/> Married (including separated)	
				<input type="checkbox"/> 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):					





**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
<input type="checkbox"/>	_____	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____	_____

**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)

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**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. A reasonable amount of these funds need to be from other non-state sources.

Source:	Amount:
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Microloan Revolving Loan 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):		\$
		\$
<b>Total Project Cost:</b>		<b>\$</b>

**USE OF LOAN PROCEEDS:** Describe below how the loan proceeds will be used. Attach copies of earnest money 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:
------	---------

	\$
	\$
	\$
	\$
<b>Total Loan Requested:</b>	<b>\$</b>

**IF FUNDS FROM OTHER SOURCES ARE USED:** Describe below how you will use funds from other sources to complete your project. Attach copies of earnest money agreements, contractor's bids, contracts, invoices or other documentation to verify these uses. The total of these funds and the loan proceeds listed above must equal the Total Project Cost listed under Source of Funds.

Use:	Amount:
------	---------

	\$
	\$
	\$
<b>Total Use of Funds from Other Sources:</b>	<b>\$</b>



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<b>BUSINESS PROFILE</b>
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<b>BUSINESS INFORMATION</b>	
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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		% 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, your marketing plan, potential customers, cash flow analysis, etc.	
6	Attach resumes of the applicants and key managers of the business.	

<b>JOB INFORMATION</b> (Please provide job related information below. This information is for statistical purposes only.)	
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1	If this loan is approved, will jobs be retained that would have otherwise been lost?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2	If "yes" to question number 1, how many jobs will be retained?	Number of Jobs:	
3	If this loan is approved, will new jobs be created?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4	If "yes" to question number 3, how many jobs will be created?	Number of Jobs:	

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**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)	\$	\$	
<b>TOTAL ASSETS</b>	<b>\$</b>	<b>TOTAL LIABILITIES</b>	<b>\$</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 10 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 1-3

**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

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**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)	\$	1)	\$	\$
Value of Real Estate Owned (Schedule 2)	\$	2)	\$	\$
Machinery, Furniture & Fixtures	\$	3)	\$	\$
Less: Depreciation	\$	4)	\$	\$
Prepaid Expenses	\$	5)	\$	\$
Other Assets (Itemize)		6)	\$	\$
1)	\$	7)	\$	\$
2)	\$	8)	\$	\$
<b>TOTAL ASSETS</b>	<b>\$</b>	<b>TOTAL LIABILITIES</b>	<b>\$</b>	<b>\$</b>
CONTINGENT LIABILITIES				
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a co-maker, endorser, or guarantor on any loan or contract?	If "yes," to whom?	Amount: \$	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are there any unsatisfied judgments or collections against you?	If "yes," attach letter of explanation	Amount: \$	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you filed for bankruptcy in the last 10 years?	If "yes," attach a letter of explanation	Year:	
Other Obligations:			Amount	
			\$	
			\$	
			\$	

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**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			
			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

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**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
<b>Total Loan Value</b>			<b>\$145,000.00</b>		<b>\$135,000.00</b>

**List Collateral:**

Collateral Description	Value	Maximum Collateral %	Collateral Value	Existing Liens	Adjusted Value
	\$	%	\$	\$	\$
	\$	%	\$	\$	\$
	\$	%	\$	\$	\$
	\$	%	\$	\$	\$
	\$	%	\$	\$	\$
	\$	%	\$	\$	\$
	\$	%	\$	\$	\$
	\$	%	\$	\$	\$
	\$	%	\$	\$	\$
	\$	%	\$	\$	\$
	\$	%	\$	\$	\$
	\$	%	\$	\$	\$
	\$	%	\$	\$	\$
	\$	%	\$	\$	\$
	\$	%	\$	\$	\$
	\$	%	\$	\$	\$
<b>Total Loan Value</b>			<b>\$</b>		<b>\$</b>

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**ACTUAL PROFIT & LOSS STATEMENT**

(Must be within last 12 months)

Applicant Name:		SSN/EIN:	
For Period Beginning:		And Ending:	
<b>Revenues</b>			
<b>Gross Receipts</b>		<b>\$</b>	
Cost of Goods Sold			
Beginning Inventory (If Applicable)	\$		
Add: Purchases	\$		
Less: Ending Inventory	\$		
Total Cost of Goods Sold		(-)	
<b>Gross Profit</b>		<b>\$</b>	
<b>Expenses</b>			
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)			
	\$		
	\$		
	\$		
<b>Total Expenses</b>		<b>(-)</b>	
<b>Other Income</b>			
Depreciation	\$		
Interest Income	\$		
Other (Itemize)			
	\$		
	\$		
	\$		
<b>Total Other Income</b>		<b>(+)</b>	
<b>Net Income</b>			
<b>TOTAL NET INCOME</b>		<b>\$</b>	

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<b>PROJECTED PROFIT &amp; LOSS STATEMENT</b>		
(Estimate all income and expenses for the 12 month period after receiving loan)		
Applicant Name:		SSN/EIN:
For Period Beginning:		And Ending:
Revenues		
<b>Gross Receipts</b>		<b>\$</b>
Cost of Goods Sold		
Beginning Inventory (If Applicable)	\$	
Add: Purchases	\$	
Less: Ending Inventory	\$	
Total Cost of Goods Sold		(-)
<b>Gross Profit</b>		<b>\$</b>
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)		
	\$	
	\$	
	\$	
<b>Total Expenses</b>		<b>(-)</b>
Other Income		
Depreciation	\$	
Interest Income	\$	
Other (Itemize)		
	\$	
	\$	
	\$	
<b>Total Other Income</b>		<b>(+)</b>
Net Income		
<b>TOTAL NET INCOME</b>		<b>\$</b>
Explain how you made the above projections on the next page.		





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

I authorize the Division of Investments 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 further authorize any individual or institution to release credit information concerning me to the Division of Investments. This authorization is given to enable the Division of Investments 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:

DIVISION OF INVESTMENTS  
Department of Commerce, Community, and Economic Development  
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**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): \_\_\_\_\_

**APPLICANT'S PRINTED NAME(s)**

\_\_\_\_\_  
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 Investments which contains the following information:

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