



COMMUNITY DEVELOPMENT OFFICE
 THE CITY OF OSWEGO
 20 WEST ONEIDA STREET, 3RD FLOOR
 OSWEGO, NEW YORK 13126

TDD 711 or 1-800-662-1220
 Fax: 315-342-8231

File No. _____

COMMERCIAL REVOLVING LOAN APPLICATION

You are applying for a loan of \$ _____ to be repaid in _____ months.

The purpose of the loan is _____

Name of Business: _____

A \$100.00 application fee is due at the time you submit this application. If your loan is approved, closing costs will be reduced by this amount.

Information About You

Full Name	Birth Date	Social Security No.	Driver's License No.
Street Address		<input type="checkbox"/> Own <input type="checkbox"/> Rent	<input type="checkbox"/> Live with Parents <input type="checkbox"/> Other
City	State	Zip Code	Telephone No. ()
Number of Dependents (excluding self)	Ages of Dependents		
E-Mail Address:		Cell Phone No. ()	
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Other (<i>including single, divorced, or widowed</i>)			

If you have lived at the above address less than two years, where did you live before?

Street Address	City
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References

Nearest Relative Not Living with You Name and Relationship	Street Address	City	State	Zip Code	Telephone No. ()
Personal Friend (not a relative) Name:	Street Address	City	State	Zip Code	Telephone No. ()

DESCRIBE PROPOSED PROJECT: (Type of work and estimated cost)

This institution is an Equal Opportunity Provider and Employer.
 Complaints of discrimination should be sent to:
 USDA, Director, Office of Civil Rights, 1400 Independence Avenue,
 SW, Washington, DC 20250-9410
 Or call 800-795-3272 (voice) or 202-720-6382 (TDD)
 NYS Relay dial 711 OR 1-800-662-1220 (TDD)

TOTAL PROJECT COST: _____

AMOUNT OF OWNER CAPITAL FOR PROJECT (10% Minimum) _____

COMMUNITY DEVELOPMENT LOAN REQUESTED: _____

STATUS OF BUSINESS

Existing _____ Date Established _____

Startup _____ Open Date _____

Purchase _____ Date _____

FORM OF OWNERSHIP

Sole Proprietorship _____

Partnership _____

Corporation _____

TYPE OF BUSINESS

Manufacturing _____ Retail _____

Wholesale _____ Service _____

EMPLOYMENT PROJECTION

Current Employees _____

New FTE Jobs _____

ANNUAL GROSS SALES: _____

EMPLOYER ID # _____

LEGAL COUNSEL ADDRESS PHONE

BANK OF BUSINESS ADDRESS PHONE

ACCOUNTANT ADDRESS PHONE

I understand that the information provided on this form is a preliminary summary of the proposed project to be used for initial eligibility determination only. Additional detailed information will be required for a loan review and credit analysis including: credit references, a business plan with balance sheets, a profit and loss statement for the past year, a 12 month cash flow projection, a job creation schedule, last years federal income tax return and other information required during the review of this proposal.

All information provided on this form and attached materials are complete and accurate or represent the best estimates available at present.

SIGNATURE OF OWNER TITLE DATE

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“The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname.”

Ethnicity: Hispanic or Latino _____ Non-Hispanic or Latino _____	Race: (Mark one or more) White _____ Black or African American _____ American Indian/Alaska Native _____ Asian _____ Native Hawaiian or Other Pacific Islander _____
Gender: Male _____ Female _____	