



COMMUNITY RESOURCES  
also known as Region IV Development

PO Box 5079 -202 Falls Avenue  
Twin Falls, ID 83301  
208-732-5727

FrontierCR.org



**About the Applicant (Complete this section for all business services)**

Business Legal Name		DBA Name (If Applicable)		
Business Street Address (Not PO Box)		City	State	Zip
Tax ID	Business Phone	Business Email	Business Web site	
Date Business Established	Date Under Current Ownership	Primary Contact Name		
<b>Entity Type: (Check ONLY one)</b> Corporation    S Corporation    Limited Liability Company    Partnership Proprietorship    Other				
What will the funds be used for:    Purchase Land    Purchase Land & Construct Building    Remodel Building Purchase Equipment    Refinance Existing Debt				
Amount Requested	Address of proposed property			

**For each owner provide the following**

Owner Name	Title	% Owned	SSN #	
Email Address	Phone #	Date of Birth	Place of Birth City:	State:
Address:	US Citizen Yes          No.	If No, are you a Lawful Permanent Resident Alien Alien Registration Number:		

Owner Name	Title	% Owned	SSN #	
Email Address	Phone #	Date of Birth	Place of Birth	
Address:	US Citizen Yes          No.	If No, are you a Lawful Permanent Resident Alien Alien Registration Number:		

Number of Employees	How many new jobs will be created in the next 2 years:
Full Time:          Part Time:	Full Time:          Part Time:

Describe the type of business you are in:

Bank Name	Bank Contact	Bank Phone	Bank Email
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**Business Background Questions**

	Yes	No
Has the Small Business Applicant or any Affiliates ever obtained or applied for a direct or guaranteed loan from SBA, or from any other Federal, State or local government loan program or been a guarantor on such a loan? If yes, provide relevant information		
Has the Applicant business ever declared bankruptcy?		
If yes, explain and provide relevant documents		
Is the Applicant business involved in any pending lawsuits, or reasonably foreseeable lawsuits or charges of discrimination with any government agency?		
If yes, please explain		

**Business Liabilities (Attach additional liabilities)**

Creditor Name & Address	Original Amount	Original Date	Current Balance	Int Rate	Maturity Date	Monthly Pmt	Secured by	Current

By signing below, I (we) hereby authorize Region IV Development doing business as Frontier Community Resources as well as any governmental agency regulating or administering various loan programs, to make all inquiries deemed necessary to verify the accuracy of the statements made herein and to determine my (our) credit worthiness. I (We) certify the information and the statements contained herein and the information provided to support the application is a true and accurate statement of my (our) financial condition as of the date stated herein. I (we) understand that if I (we) knowingly make a false statement or overvalue an asset, I (we) may be subject to fines or imprisonment as defined by applicable laws. I (We) understand that this application will be reviewed for possible funding via several different loan programs. I (we) authorize Frontier Community Resources to contact our accountant(s), bank(s) and credit references, obtain credit reports from various credit reporting agencies, and to conduct any other activities necessary to review my (our) application. I (we) understand that financing is dependent upon factors that Frontier Community Resources cannot control such as economic and financial conditions, the ultimate decision of oversight committees and/or lending institutions, changing lending programs and criteria, and other variables outside of the control of Frontier Community Resources. Accordingly, Frontier Community Resources does not guarantee that I (we) will obtain financing. I (We) agree that Frontier Community Resources shall not be responsible or liable in any manner to me (us) or any other person or organization in the event that financial assistance is not obtained from financing sources, regardless of the reason for failing to obtain financing. I (We) also agree that Frontier Community Resources shall not be liable for any of the debts or obligations that are incurred on my (our) behalf. I (We) further agree that I (we) and all related parties will hold harmless and defend Frontier Community Resources including its officers, directors, and employees; and I (we) agree to pay all of Frontier Community Resources' costs and expenses, including attorney's fees, in the event any claim is made or lawsuit is filed by or against Frontier Community Resources arising out of any transaction or assistance provided.

Name	Signature	Title	Date
Name	Signature	Title	Date

**Owner And / Or Guarantor Information**

**Complete for each principal owner. Make additional copies if necessary.**

Owner/Guarantor Name:

Driver's License Number	Driver's License Expiration	Driver's License State of issuance
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If business owner (including sole proprietorship) resides in a community property state (such as AZ, CA, ID, NV, NM, TX, WA or WI) check one of the following    Married            Unmarried            separated

**Personal Financial Information**

Assets	Amount	Liabilities	Amount
Cash in Bank	\$	Accounts Payable	\$
Savings Accounts	\$	Notes Payable to Banks and Others (Describe on attached Schedule)	\$
IRA or Other Retirement Account (Describe on attached Schedule)	\$	Installment account (Auto) (Describe on attached Schedule)	\$
Accounts & Notes Receivable (Describe on attached Schedule)	\$	Installment Account (Other) (Describe on attached Schedule)	\$
Life Insurance – Cash Surrender Value Only (Describe on attached Schedule)	\$	Loans Against Life Insurance	\$
Stocks & Bonds (Describe on attached Schedule)	\$	Mortgages on Real Estate (Describe on attached Schedule)	\$
Real Estate (Describe on attached Schedule)	\$	Unpaid Taxes	\$
Automobiles (Describe on attached Schedule)	\$	Other Liabilities (Describe on attached Schedule)	\$
Other Personal Property (Describe on attached Schedule)	\$	Total Liabilities	\$
Other Assets (Describe on attached Schedule)	\$	Net Worth	\$
Total Assets	\$	Total *Must equal total in assets column.	\$
Source of Income		Contingent Liabilities	
Salary	\$	As Endorser or Co-Maker	\$
Net Investment Income	\$	Legal Claims & Judgements	\$
Real Estate Income	\$	Provision for Federal Income Tax	\$
Other Income	\$	Other Special Debt	\$

**Owner/Guarantor Financial Statement Schedules**

**Notes Payable to Banks and Others.**

(Use attachments if necessary. Each attachment must be identified as part of this statement and signed.)

Name & Address of Lienholder	Original Balance	Current Balance	Payment Amount	Interest Rate	Frequency	Type of Collateral

**Real Estate**  
(Please attach a separate exhibit if space is insufficient.)

Type of Real Estate (Primary, Rental Property, Land, etc.)	Address	Date Purchased	Original Cost	Market Value	Lienholder	Balance	Monthly Pmt	Int Rate

**Other Personal Property and Other Assets**  
(Use attachments if necessary. Each attachment must be identified as part of this statement and signed.)

Asset	Address	Date Purchased	Original Cost	Market Value	Lienholder	Balance	Monthly Pmt	Int Rate

**Other Liabilities**  
(Use attachments if necessary. Each attachment must be identified as part of this statement and signed.)

Name & Address of Lienholder	Original Balance	Current Balance	Payment Amount	Interest Rate	Frequency	How Secured or Endorsed Type of Collateral

**Background Questions**

	Yes	No
Do you have an ownership interest in any other entity that has existing SBA or other government/federal loans?		
Are you presently subject to an indictment, criminal information, arraignment, or other means by which formal criminal charges are brought in any jurisdiction?		
Have you been arrested in the last 6 months for any criminal offense?		
If yes, please provide relevant documents		
For any criminal offense – other than a minor vehicle violation – have you ever: been 1) convicted; 2) pleaded guilty; 3) pleaded nolo contendere; 4) been placed on pretrial diversion; or 5) been placed on any form of parole or probation (including probation before judgment)? (If “Yes,” furnish the dates, locations, fines, sentences, level of charge (whether misdemeanor or felony), dates of parole/probation, unpaid fines or penalties, name(s) under which charged, and any other pertinent information)		
Are you presently suspended, debarred, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal Department or agency?		
If you are a 50% or more owner of the Applicant, are you more than 60 days delinquent on any obligation to pay child support arising under an administrative order, court order, repayment agreement between the holder and a custodial parent, or repayment agreement between the holder and a state agency providing child support enforcement services?		
Have you ever declared bankruptcy?		
If Yes, please provide relevant documents		
Have you or any affiliated company of the Applicant as well as any Associate of the Applicant received any previous government financing?		
If yes, please provide relevant documents		

**Veteran/Gender/Race/Ethnicity Information**

**This data is collected for program reporting purposes only. Disclosure is voluntary and has no bearing on the credit decision.**

Veteran:	Non Veteran	Veteran	Disabled Veteran	Spouse of Veteran
Gender:	Male	Female	Not Disclosed	
Race:	American Indian or Alaska Native	Asian	Black or African American	
	Native Hawaiian or Pacific Islander	White	Not Disclosed	
Ethnicity:	Hispanic or Latino	Not Hispanic or Latino	Not Disclosed	

**Agreement**

I authorize Region IV Development doing business as Frontier Community Resources to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for programs authorized by the Small Business Act and the Small Business Investment Act.

I authorize Frontier Community Resources to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness.

Pursuant to certain Loan Application(s), Loan Agreement(s), Promissory Note(s) and other related documents by and between the undersigned and Frontier Community Resources (P.O. Box 5079, Twin Falls, ID 83303-5079) hereinafter referred to as "lender", we hereby authorize lender, including its successors and assigns, to request and obtain financial information including but not limited to financial statements, balance sheets, income statements and income tax returns. This information will be used to assist lender in the consideration and maintenance of the borrower's loan application and lending file. In the event that the application and/or loan(s) include a participating lender, we hereby authorize lender to provide copies of said financial information to the participant.

The undersigned hereby authorizes and instructs its current and past accountants, financial advisors, bookkeepers and income tax preparer's to provide any requested financial information that lender may require relative to the following parties:

Printed Name	Signature	Title	Date
Printed Name	Signature	Title	Date