

Alaska Division of Investments
Department of Commerce, Community, and Economic Development
Extension Applications for Rural Development Initiative Fund
Small Business Economic Development RLF

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.

If you need additional space, please continue on the back of this form.

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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FINANCIAL STATEMENT (INDIVIDUAL)				
Name (Last, First, M.I.)			Date:	
Mailing Address (Street/P.O. 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	\$	\$
TOTAL ASSETS	\$	TOTAL LIABILITIES		\$
TOTAL ASSETS \$		minus TOTAL LIABILITIES \$		= NET WORTH \$
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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 Extension Applications for Rural Development Initiative Fund
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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

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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%	\$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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ACTUAL STATEMENT OF PROFIT & LOSS		
Applicant's Name:		SSN/EIN:
For the Period Beginning: (Must be for Current Year)		And Ending
Gross Receipts:		\$
Cost of Goods Sold:		
Beginning Inventory (If Applicable)	\$	
Add: Purchases		
Less: Ending Inventory		
Total Cost of Goods Sold		
GROSS PROFIT:		\$
OPERATING EXPENSES:		
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		
OPERATING INCOME		\$
OTHER EXPENSES:		
Depreciation	\$	
Interest	\$	
Total Other Expenses		(-)
OTHER INCOME:		
	\$	
	\$	
	\$	
Total Other Income		(+)
TOTAL NET INCOME		\$

Alaska Division of Investments
 Department of Commerce, Community & Economic Development
 Extension Applications for Rural Development Initiative Fund &
 Small Business Extension Application

FINANCIAL STATEMENT (BUSINESS)

Name			Date:	
Mailing Address (Street/P.O. 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		
Less: Reserve for Bad Debts		Employer Taxes Payable		
U.S. Bonds or Notes		Other Taxes Payable		
Mortgages & Contracts (Schedule 1)		Other Liabilities (Itemize)		
Securities (Schedule 2)				
Value of Real Estate Owned (Schedule 3)				
Machinery, Furniture & Fixtures				
Less: Depreciation				
Prepaid Expenses				
Other Assets (Itemize)				
		Total Monthly Payments	\$	\$
TOTAL ASSETS		TOTAL LIABILITIES		\$

TOTAL ASSETS \$ _____ minus TOTAL LIABILITIES \$ _____ = NET WORTH \$ _____

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 a letter of explanation	Year
<input type="checkbox"/>	No			

Other Obligations:	Amount
	\$
	\$
	\$
	\$
	\$
	\$

Alaska Division of Investments
 Department of Commerce, Community & Economic Development
 Extension Applications for Rural Development Initiative Fund & Small Business Extension Application

**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	
			<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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Extension Applications for Rural Development Initiative Fund & Small Business Extension Application

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ACTUAL STATEMENT OF PROFIT & LOSS		
Applicant's Name:		
For the Period Beginning: (Must be for Current Year)		And Ending
Gross Receipts:		\$
Cost of Goods Sold:		
	Beginning Inventory (If Applicable)	\$
	Add: Purchases	
	Less: Ending Inventory	
Total Cost of Goods Sold		(-)
GROSS PROFIT:		\$
OPERATING EXPENSES:		
	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		(-)
OPERATING INCOME		\$
OTHER EXPENSES:		
	Depreciation	\$
	Interest	\$
Total Other Expenses		(-)
OTHER INCOME:		
		\$
		\$
		\$
Total Other Income		(+)
TOTAL NET INCOME		\$

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AUTHORIZATION TO OBTAIN CREDIT INFORMATION

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

It is understood that a photocopy of this form will serve as authorization.

Applicant's Signature:	Spouse/Co-Applicant Signature:
Please Print Name:	Please Print Name:
Date:	Date:

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Small Business Economic Development RLF

Authorization to Obtain or Release Information

I authorize the Alaska 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

Applicant's Signature

Co-Applicant's Signature

Please Print Name

Please Print Name

Date

Date

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 Department of Commerce, Community, and Economic Development
 Extension Applications for Rural Development Initiative Fund
 Small Business Economic Development 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 Alaska 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