

JOB CREATION LOAN PROGRAM

Organization/Business Name _____

Address _____

City _____ County _____

State & ZIP Code _____ Date Business Established _____

Date Business Began in Trenton _____

Date Business was purchased, if you are not the original owner? _____

Phone _____

Fax _____ E-mail Address _____ Tax ID _____

Legal Structure: () Sole Proprietorship () Partnership () Corporation () LLC/LLP () Non-Profit

Is your business currently in the Urban Enterprise Zone? Yes () No () I Don't Know ()

Is your business currently a registered Urban Enterprise Zone business? Yes () No ()

Are City of Trenton property taxes current? Yes () No () Am not the property owner ()

Are federal/state employee withholding tax payments current? Yes () No ()

Are sale and other business tax payments current? Yes () No ()

List any affiliated organizations owned or controlled by the Business or the Owners listed below:

Project Information

Project Name _____

Project Address _____

Property Site Control: () Owned by Applicant () Leased by Applicant () Under Purchase Agreement

Value of the Property \$ _____ Valuation Method \$ _____

Can a mortgage be placed on the property? Yes () No ()

Loan Information

Type of Loan Requested: () Construction/Rehabilitation () Acquisition
() Tenant Improvements () Furniture, Fixtures and Equipment
() Working capital () Minipermanent/ Refinance
() Payroll () Other

Amount of Loan Requested \$ _____ Anticipated Repayment Term _____

Company Ownership (If ownership > 20%)

Name	Title	% of Ownership	Social Security Number

Person(s) authorized to negotiate loan, loan security terms, and conditions.

Name	Position	E-Mail	Phone

Company Management

Name:	Address:	City:
State and ZIP:	Phone:	
DOB:	SSN:	Position:
Picture ID Type:	Picture ID #:	E-Mail:

Have you ever been convicted of a criminal offense? If yes, please attach explanation Yes () No ()

Name:	Address:	City:
State and ZIP:	Phone:	
DOB:	SSN:	Position:
Picture ID Type:	Picture ID #:	E-Mail:

Please attach information on other members of the company's management, if relevant to the loan request.

BUSINESS DESCRIPTION

Describe products and services your business provides:

Describe the business's facilities, including ownership/rental, lease term, square footage, etc.:

Number of full time employees _____
Number of part time employees _____

JOB CREATION

This loan program has job targets that must be met. In addition to those targets, please give us some details on your commitment to creating jobs in Trenton.

How many new jobs do you plan to create? _____

How many are full time? _____

How many Trentonians do you plan to hire? _____

How many are full time? _____

What are the titles and projected hourly wage for newly created positions?

What groups will you work with to identify qualified Trenton residents for positions created?

Describe your businesses commitment to hiring Trenton residents

Describe your businesses commitment to diverse hiring

Describe any other community benefits that will be derived from your project

BORROWER DIVERSITY

The following information is not required to process this application, nor will it be used to determine eligibility for a loan, but it does help to describe our borrowers to the citizens of Trenton.

Borrow Race: _____

Borrower Ethnicity: _____

Is this business owned (50% or more) by

Women? Yes () No ()

LGBTQ+ person(s)? Yes () No ()

Disabled Person(s)? Yes () No ()

Veteran(s) Yes () No ()

Low-moderate Income Person(s)? Yes () No ()

Financial Information

Bank Name _____

Branch Address _____

Phone Number _____

Account Officer Name _____ Type of Account(s) _____

BUSINESS DEBT SCHEDULE

Lender	Original Amount	Balance	Interest Rate	Maturity	Monthly Payment	Collateral (a)	Status (b)
TOTAL							

(a) Use abbreviations including "A/R": accounts receivable; "INV": Inventory; "EQU": Furniture, Equipment; "RE": Real Estate; "OTHER": all other collateral

(b) Status: Use "C" for current and "D" for delinquent

Has the Business or a listed owner been involved in a bankruptcy or insolvency proceeding within the last 24 months?
Yes () No ()

Does the Business or a listed owner have any outstanding judgments, tax liens, or lawsuits against them? **Yes () No ()**

Is the Business or a listed owner delinquent on Federal taxes, loans, contracts, grants or child support payments? **Yes () No ()**

If you answered "Yes" to any of the above questions, please attach information with additional detail.

Credit References

If your organization has not worked with New Jersey Community Capital in the past, please provide names and phone numbers of other companies/ groups or agencies with which your organization has worked and who can provide a credit reference

	<u>Organization</u>	<u>Address</u>	<u>Contact Person</u>	<u>Phone</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

CERTIFICATION AND AUTHORIZATION

Please note that the application is not complete without all of the attachments (see page 4). For timely processing, it is important that you submit as much of the requested information as possible. If you do not have all of the attachments at this time, please explain why and when you expect to submit them in the comments section of the attachment checklist.

I hereby certify on behalf of _____, the applicant, that the information contained on this form and any attachments submitted in conjunction with this form are complete, true, and accurate to the best of my knowledge. No relevant information has been deleted, modified in any way, or withheld, and the applicant understands that it has a continuing obligation to amend and/or supplement the information provided in this application if any of the material facts represented herein change prior to closing.

The undersigned authorizes New Jersey Community Capital, its successors, assigns, agents, and/or participants to obtain information related to this loan request, including but not limited to, relevant financial information, credit reference and/or credit reports, and historical information about the applicant, its principals or affiliates. The undersigned also authorizes New Jersey Community Capital, its successors, assigns, agents, and/or participants to release any information obtained about the applicant and/or project in the application review or underwriting process to program partners.

All proposals are subject to credit or investment approval. New Jersey Community Capital reserves all rights to publicly announce the approval, commitment or closing of any financing.

I certify that no owner with at least 20% ownership is mayor, a City of Trenton Department Director, City Council member or staff of the Department of Economic Development, or a member of their immediate families.

_____ (Signature)	_____ (Printed Name)	_____ (Date)
_____ (Title)	_____ (Organization)	

A LOAN APPLICATION THAT IS NOT SIGNED WILL NOT BE CONSIDERED FOR APPROVAL

ATTACHMENTS

Please include the following items with your application. If you do not have all of the attachments at this time, please explain why and when you expect to submit them in the comments section.

Required Attachments	Attached?		Comments
	Yes	No	
Executive summary of business and business history			
Summary of proposed project			
Project development budget listing all sources of funds and project expenses			
Detailed operating projections			
Three most recent business tax returns			
Recent interim financial statements for the business, including balance sheet and statement of income and expenses			
Three most recent personal tax returns for anyone who owns 20% or more of the business			
Copy of three recent monthly business checking account statements			
Copy of picture ID for all owners who own 20% or more of the business (Driver's license, passport, government photo ID)			
Evidence that the organization is licensed to do business (for instance City of Trenton business license State of New Jersey business registration)			
If business facilities are rented, please provide a copy of your lease agreement			
Personal Financial Statement Form SBA 413: Please complete this form for any owner (and spouse, if applicable) who owns 20% or more of the business			
Please provide three most recent paystubs of owners			
If business is a start-up, a business plan and three years financial projections			

DISCLOSURE OF RIGHT TO REQUEST SPECIFIC REASONS FOR CREDIT DENIAL AT TIME OF APPLICATION

If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact New Jersey Community Capital (108 Church Street, New Brunswick, NJ 08901; 732.640.2061) within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement.

Notice: The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The Federal agency that administers compliance with this law concerning this creditor is the Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580.