

Application Checklist

Your application for funding should contain the following documentation:

- [] **1. Authorization to check credit references**-completed and signed by applicant.
- [] **2. Personal Financial Statement**-Completed and signed by applicant.
- [] **3. Contractor bid**-Contractor will provide a cost estimate.

- [] **4. AgBMP form**-Sign by "Borrowers signature"
- [] **5. Complete and accurate legal description**- you may submit or Region Five can obtain from the county at an additional cost to you.
- [] **6. Proof of repayment ability**, A copy of current income taxes or pay stubs with Year-To-Date payroll information.
- [] **7. \$50 application fee** (check or money order made out to: R5DC) should be submitted along with the application packet.

Submit:

Septic system requests to your county contact.

Well requests directly to Region Five

Region Five Development Commission
200 1st Street NE; Suite 2
Staples, MN 56479

COUNTYWIDE ISTS LOAN APPLICATION

Complete this application, sign it and return it with your completed application packet to the contact agency.

Applicants Name: Last, First, MI		
Street Address		County
City	State	Zip Code
Legal Description of Property Township	Section	¼ ¼
Home Phone	Work Phone	# Years at Residence
Employer Name	Address	Phone
Credit Reference Name	Address	Phone
Amount of Total Project Cost	Amount of Loan Requested	
<p>I authorize NCEDA and Region 5 to contact my credit references and view my credit report. I authorize NCEDA and Region 5 to contact my employer to verify employment or salary information. I authorize NCEDA or Region 5 to contact the county for a lien search of the property listed above.</p> <p>I certify and affirm by my signature that the information contained in, and otherwise supplied as part of this application, is complete and current to the best of my knowledge. I further understand that intentional misrepresentation of facts may be the basis for a denial of credit.</p>		
Signature	Social Security Number	Date
Signature	Social Security Number	Date



PERSONAL FINANCIAL STATEMENT

U.S. SMALL BUSINESS ADMINISTRATION

As of _____, _____

Complete this form for: (1) each proprietor, or (2) each limited partner who owns 20% or more interest and each general partner, or (3) each stockholder owning 20% or more of voting stock, or (4) any person or entity providing a guaranty on the loan.

Name	Business Phone
Residence Address	Residence Phone
City, State, & Zip Code	
Business Name of Applicant/Borrower	

ASSETS		LIABILITIES	
	(Omit Cents)		(Omit Cents)
Cash on hand & in Banks	\$ _____	Accounts Payable	\$ _____
Savings Accounts	\$ _____	Notes Payable to Banks and Others	\$ _____
IRA or Other Retirement Account	\$ _____	(Describe in Section 2)	
Accounts & Notes Receivable	\$ _____	Installment Account (Auto)	\$ _____
Life Insurance-Cash Surrender Value Only	\$ _____	Mo. Payments \$ _____	
(Complete Section 8)		Installment Account (Other)	\$ _____
Stocks and Bonds	\$ _____	Mo. Payments \$ _____	
(Describe in Section 3)		Loan on Life Insurance	\$ _____
Real Estate	\$ _____	Mortgages on Real Estate	\$ _____
(Describe in Section 4)		(Describe in Section 4)	
Automobile-Present Value	\$ _____	Unpaid Taxes	\$ _____
Other Personal Property	\$ _____	(Describe in Section 6)	
(Describe in Section 5)		Other Liabilities	\$ _____
Other Assets	\$ _____	(Describe in Section 7)	
(Describe in Section 5)		Total Liabilities	\$ _____
		Net Worth	\$ _____
Total	\$ _____	Total	\$ _____

Section 1. Source of Income	Contingent Liabilities
Salary	As Endorser or Co-Maker
Net Investment Income	Legal Claims & Judgments
Real Estate Income	Provision for Federal Income Tax
Other Income (Describe below)*	Other Special Debt

Description of Other Income in Section 1.

*Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.

Section 2. Notes Payable to Banks and Others. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

Name and Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed Type of Collateral



Section 3. Stocks and Bonds. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed).

Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

Section 4. Real Estate Owned. (List each parcel separately. Use attachment if necessary. Each attachment must be identified as a part of this statement and signed.)

	Property A	Property B	Property C
Type of Property			
Address			
Date Purchased			
Original Cost			
Present Market Value			
Name & Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment per Month/Year			
Status of Mortgage			

Section 5. Other Personal Property and Other Assets. (Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment and if delinquent, describe delinquency)

Section 6. Unpaid Taxes. (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)

Section 7. Other Liabilities. (Describe in detail.)

Section 8. Life Insurance Held. (Give face amount and cash surrender value of policies - name of insurance company and beneficiaries)

I authorize SBA/Lender to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. I understand FALSE statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001).

Signature: _____ Date: _____ Social Security Number: _____

Signature: _____ Date: _____ Social Security Number: _____

PLEASE NOTE: The estimated average burden hours for the completion of this form is 1.5 hours per response. If you have questions or comments concerning this estimate or any other aspect of this information, please contact Chief, Administrative Branch, U.S. Small Business Administration, Washington, D.C. 20416, and Clearance Officer, Paper Reduction Project (3245-0188), Office of Management and Budget, Washington, D.C. 20503. PLEASE DO NOT SEND FORMS TO OMB.



MINNESOTA DEPARTMENT
OF AGRICULTURE
www.mda.state.mn.us/AgBMPLoans

Minnesota Department of Agriculture
625 Robert St. N., St. Paul, MN 55155-6120

Agricultural Best Management Practices Loan Program 651-201-6618 Fax: 651-201-6109 AgBMP.Loans@state.mn.us

AgBMP Loan Application

County: North Central Minnesota JPB

Borrower Information: _____ Company: _____

"911" Street Address: _____

City: _____ State: _____ Zip: _____ Telephone: () - _____

Project Information: On a Farm: Non-Farm:

Locate project within 10 acres for Twp/R/Sec. on Section Map below
Each square is 10 acres. Check only one.

Brief description of what will be purchased or constructed:

Twp #: _____

Range: _____

Sec : _____

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

Borrower Signature: _____ Date: _____

PROJECT BUDGET INFORMATION

FARM OPERATION INFORMATION

Category	MAX APPROVED Ag BMP Loan
Ag Waste Management	\$
Structural Erosion Control	
Conservation Tillage Equipment	
Sewage Systems	
All Other Practices	

Animal Units: (Facilities with NPDES permits or > 1000 au are ineligible)	Beginning:	Ending:
Primary Animals or Crop Raised:		
Conservation Tillage Acres AFTER project:		acres
Total Acres Farmed:		acres
Total Project Cost from all Sources:	\$	
Will this be reported in eLink:	Yes <input type="checkbox"/>	No <input type="checkbox"/> Unknown <input type="checkbox"/>

Project Approved by: _____ Date: _____

Completion Certification: This project is complete, operable, and in compliance with accepted standards, specifications or criteria.

Project completion certified by: _____ Date: _____

LENDER INFORMATION & LOAN TERMS

Local Revolving Funds	TOTAL PROJECT COST
\$	\$
This money will NOT be sent to you.	

Project approval expires on: _____

Other restrictions: _____

Number of payments per year: _____ Loan Amortization: _____ Optional Balloon: None Date: ____/____/____

Bank Name and Address: _____

Request # 1- Lender Signature: _____ Amount Requested: \$ _____ Date: ____/____/____
This money WILL be sent to you.

Optional Request # 2 - Lender Signature: _____ Amount: \$ _____ Date: _____

Attach copies of the invoices or affidavits provided by the individual borrowers, which support the request for disbursements
FAX, SCAN or MAIL TO: Ag BMP LOAN PROGRAM, Minnesota Department of Agriculture,
625 Robert St N, St Paul, MN 55155-2538 Fax: (651) 201-6109 AgBMP.Loans@state.mn.us