

Tribal Business Resource Center

Exhibit A. Application Form

Reminder: low income housing tenants and Veterans are the priority in TBRC loans.

START-UP BUSINESS REQUIREMENTS

The items listed below will serve as a checklist to ensure you have included all of the items necessary to make your loan proposal complete.

- Completed application form, signed and dated
- Business plan
- Resume of each principal
- Personal Financial Statements on each principal
- Copies of the last three years federal income tax returns on each principal
- Cash flow projections for the first 36 months of business operations
- Copy of Corporate documents
- Credit Authorization, signed and dated
- Detailed list of collateral now available and being acquired with loan proceeds
- Proposed product brochures, marketing materials, and list of prospective customers
- Breakdown of machinery and equipment
- Detailed estimate of working capital
- Copy of drivers license
- Copy of Tribal Enrollment or CDIB card

EXISTING BUSINESS REQUIREMENTS

The items listed below will serve as a checklist to ensure you have included all of the items necessary to make your loan proposal complete.

- Completed application form, signed and dated
- Business plan
- Resume of each principal
- Personal Financial Statements on each principal
- Copies of the last three years federal income tax returns on each principal
- Copies of the last three years Business Federal tax returns
- Interim business financials (balance sheet, profit & loss statement)
- Month to month projections for one fiscal year
- Copy of Corporate documents
- Credit Authorization, signed and dated
- Detailed list of collateral now available and being acquired with loan proceeds
- Copy of drivers license
- Copy of Tribal Enrollment or CDIB card

Tribal Business Resource Center

BUSINESS CREDIT APPLICATION

APPLICANT NAME AND BUSINESS ADDRESS		LENDER NAME AND ADDRESS	
		Tribal Business Resource Center Grand Traverse Band of Ottawa & Chippewa Indians 2605 N. West Bayshore Drive Peshawbestown, MI 49682 231.534.7339 _____, Director	
SOCIAL SECURITY OR TAX I.D. NUMBER:	CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> LLC <input type="checkbox"/> S-CORPORATION <input type="checkbox"/> OTHER <input type="checkbox"/>	BUSINESS PHONE NUMBER:	
BRIEF DESCRIPTION OF BUSINESS:		OWNERSHIP OF BUSINESS:	
AMOUNT OF LOAN REQUESTED:	PURPOSE OF LOAN:		
<b style="text-align: center;">INTENDED USE OF LOAN FUNDS WORKING CAPITAL \$ _____ INVENTORY \$ _____ EQUIPMENT \$ _____ PROPERTY IMPROVEMENTS \$ _____ OTHER \$ _____		<b style="text-align: center;">SPECIFIC LISTING OF ITEMS TO BE PURCHASED (IF NECESSARY, ATTACH ADDITIONAL SHEETS) _____ _____ _____ _____	
REQUESTED REPAYMENT TERMS:		SOURCE(S) OF FUNDS TO REPAY LOAN:	
DESCRIPTION AND OWNERSHIP OF COLLATERAL OFFERED:			

OFFICERS OR PRINCIPALS			
NAME	TITLE	HOME ADDRESS	HOME PHONE NUMBER
OUR PRINCIPAL FINANCIAL INSTITUTION IS:	SERVICES PRESENTLY USED: <input type="checkbox"/> CHECKING ACCOUNT <input type="checkbox"/> SAFE DEPOSIT <input type="checkbox"/> LOAN <input type="checkbox"/> SAVINGS ACCOUNT <input type="checkbox"/> CERT. OF DEPOSIT <input type="checkbox"/> OTHER	OTHER FINANCIAL INSTITUTIONS USED:	

OUTSTANDING DEBTS OF APPLICANT (List All)				
TO WHOM DUE: INDICATE ADDRESS	DATE OF NOTE	ORIGINAL DEBT	INTEREST RATE	BALANCE DUE

A complete, current, and **signed** Financial Statement of Applicant must be attached (Additional data and income information may also be required).

SIGNATURE		
Everything in the Application and the financial Statement of the Applicant attached hereto is correct to the best of undersigned Applicant's knowledge. It is understood that you will retain this Application whether or not it is approved. You are authorized to check credit and business experience and to answer any questions about your credit experience with Applicant. All parties understand and agree that the Grand Traverse Band Tribal Court has jurisdiction to resolve any dispute under this agreement and the parties do hereby submit to the personal jurisdiction of, and waive any objection to venue in, the Grand Traverse Band Tribal Court for the resolution of any dispute arising out of this agreement.		
_____	_____	_____
APPLICANT SIGNATURE	TITLE	DATE

Tribal Business Resource Center

PERSONAL FINANCIAL STATEMENT

Please provide us with information about your current financial situation. If more space is needed attach additional sheets.

This personal financial statement accurately reflects my financial situation as of _____ (date).

ASSETS				LIABILITIES	
			AMOUNT		
				LOANS	BALANCE
Cash on hand:			\$ _____	Lending Institutions: _____ \$ _____	
Cash in Checking Acct(s): List financial institutions: _____ _____			\$ _____	Friends: _____ \$ _____	
Cash in Savings Acct(s): List financial institutions: _____ _____			\$ _____	Others: _____ \$ _____	
Securities, Stocks and Bonds:			\$ _____	CREDIT CARDS	
				Company Name: _____ \$ _____	
				Company Name: _____ \$ _____	
				Company Name: _____ \$ _____	
Automobile(s): Year Make Model			VALUE	Vehicle Loans, Liens, & Leases	
_____			\$ _____	Company Name: _____ \$ _____	
_____			\$ _____	Vehicle Make: _____	
_____			\$ _____	Company Name: _____ \$ _____	
Personal Property:			\$ _____	Vehicle Make: _____	
Real Estate:			\$ _____	Company Name: _____ \$ _____	
Address: _____ _____				Vehicle Make: _____	
Other Assets:			\$ _____	Mortgages on Real Estate: _____ \$ _____	
TOTAL:			\$ _____	TOTAL: _____ \$ _____	

Have you ever declared bankruptcy or had any judgments recorded against you?

YES NO If yes, please explain circumstances.

Do you owe any unpaid taxes? YES NO If yes, please list type of taxes and amount.

Tribal Business Resource Center

PERSONAL BUDGET STATEMENT

INCOME		EXPENSES	
	Amount		Amount
Take Home Pay		Loan Payments	
From the Business:	\$ _____	Lending Institutions:	\$ _____
From other jobs:	\$ _____	Friends:	\$ _____
Spouse if joint applicant:	\$ _____	Others:	\$ _____
Governmental Payments		Credit Cards	\$ _____
TANF:	\$ _____	Vehicle	
Social Security:	\$ _____	Fuel:	\$ _____
Food Stamps:	\$ _____	Insurance:	\$ _____
Unemployment:	\$ _____	Repairs:	\$ _____
Housing Assistance:	\$ _____	Loan/Lease:	\$ _____
Other Income		Residence	
Interest Income:	\$ _____	Rent/Mortgage:	\$ _____
Bonuses/Commissions:	\$ _____	Mortgage on Prop. You Rent	\$ _____
Rental Income:	\$ _____	2nd Mortgage/Home Equity	\$ _____
Child Support*:	\$ _____	Loan:	\$ _____
Alimony*:	\$ _____	Household Expenses	
Other:	\$ _____	Insurance Payments:	\$ _____
NOTE: *Alimony or child support payments need not be disclosed unless it is desired to have such payment count toward your total income		Property Taxes:	\$ _____
		Utilities	
		Electricity:	\$ _____
		Phone:	\$ _____
		Gas (Heat):	\$ _____
		Cable:	\$ _____
		Water/Sewer:	\$ _____
		Family Support Expenses	
		Food:	\$ _____
		Clothing:	\$ _____
Medical Expenses:	\$ _____		
Child Care:	\$ _____		
Child Support:	\$ _____		
Alimony:	\$ _____		
Other Expenses:	\$ _____		
TOTAL INCOME:	\$ _____	TOTAL EXPENSES	\$ _____

Tribal Business Resource Center

YOUR BUSINESS

Please provide us with information on your business. You may attach a business plan and cash flow projections if available. If you need more space than allowed, please attach additional sheets.

OPERATING YOUR BUSINESS

1. Please give the name, address, phone number of your business.
2. Describe the type of product or service your business will offer.
3. Is your business Start Up Currently operating since _____
4. What type of industry: (please check all that apply).

<input type="checkbox"/> Mining	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Real Estate & Rental & Leasing	<input type="checkbox"/> Utilities
<input type="checkbox"/> Information	<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Accommodation & Food Services	<input type="checkbox"/> Administrative & Support
<input type="checkbox"/> Construction	<input type="checkbox"/> Public Administration	<input type="checkbox"/> Arts, Entertainment & Recreation	<input type="checkbox"/> Retail Trade
<input type="checkbox"/> Educational Services		<input type="checkbox"/> Transportation & Warehousing	<input type="checkbox"/> Finance & Insurance
<input type="checkbox"/> Professional, Scientific & Technical Services		<input type="checkbox"/> Management of Companies & Enterprises	
<input type="checkbox"/> Agriculture, Forestry, Fishing & Hunting		<input type="checkbox"/> Health Care & Social Assistance	
<input type="checkbox"/> Waste Management & Remediation Services		<input type="checkbox"/> Other Services (except Public Administration)	
5. What is the legal structure:
 CORPORATION PARTNERSHIP PROPRIETORSHIP LLC S-CORPORATION OTHER
6. Please list any state and/or federal licenses your business is required to have in order to operate. Do you currently have this license?
7. Is a city or town privilege license required? ___Yes ___No. If yes, do you have it? ___Yes ___No
8. Will this business operate _____Full Time _____Part-Time _____Seasonally?
9. Not including yourself, this business will employ #_____Full time employees, #_____Part Time.
10. What are the average number of hours per week you are/plan to be working?
11. Why did you choose to be in this business?
12. Please describe your experiences in this type of business.
13. Have you ever previously owned a business? If yes, why are you no longer in that business?
14. Will this business be your primary source of income? ___Yes ___No
15. What are you business goals for the first year of operation?
16. Are you currently employed outside of this business? ___Yes ___No If NO, please skip to the next section. If yes, please provide employer's name, address, and phone number.

Tribal Business Resource Center

YOUR BUSINESS (CONT'D)

17. What are your work hours?
18. What is your job title?
19. How long have you been employed with this employer? _____ years _____ months
If less than 2 years, please list previous employer and position.
20. Do you plan to keep this job while operating your business? ___Yes ___No

BUSINESS SALES INFORMATION

This information should be actual sales data for existing businesses and projected sales data for proposed businesses. Applicants may be asked to verify this information.

1. What is your average sale per customer?
2. How many customers do you serve each day?
3. How many days are you open each month?
4. What are your total monthly sales?
5. What are you total monthly expenses?
6. What and how much are your three greatest expenditures each month?
7. What are your lowest sales months?
8. When is your peak season?
9. Will this business pay you a salary? If yes, how much will it pay you each month?

Tribal Business Resource Center

MONTHLY CASH FLOW STATEMENT

Applicant Name: _____

Show only future numbers, not past.
 Show only cash, not the value of other items.
 Round off to the nearest dollar, e.g. \$232, not \$231.69.

Date: _____

See footnotes below	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12	TOTAL
1 Beginning Cash													
CASH IN													
2 Equity													
3 Sales													
4 Other Revenue													
5 Loans													
6 TOTAL Cash In (add lines 2-5)													
CASH OUT													
7 Inventory Materials													
8 Equipment/Sales													
9 Business Rent													
10 Employees' Salaries													
11 Other													
12 Loan Payments													
13 Owner's Salary													
14 TOTAL Cash Out (add lines 7-13)													
15 Ending Cash													

1 Beginning Cash for Month 1 is the cash you have right now to put into the business.
 2 Equity is the money you, the Owner or others put into the business, which does not have to be repaid (at least not in the short term).
 3 Include the amount of the microenterprise loan for which you are applying.
 4 Do not include the monthly payment amount for the microenterprise loan, since you might not know how much it is.
 5 To calculate the Ending Cash, add Beginning Cash (Line 1) and Total Cash In (Line 6), then subtract Total Cash Out (Line 14).
 Note: The Ending Cash of one month becomes the Beginning Cash for the next month.

Tribal Business Resource Center

APPLICANT CERTIFICATION & CREDIT AUTHORIZATION

The undersigned hereby authorizes the Grand Traverse Band of Ottawa & Chippewa Indians or any of its affiliates to make all inquiries with credit bureaus and others it deems necessary to verify the accuracy of the information provided herein, and to determine the credit worthiness. Further, the undersigned hereby certifies that the enclosed application information including all attachments, exhibits, schedules, and supporting documents are valid, accurate, and complete as of the stated date. These statements are made for the purpose of obtaining a loan. False statements may result in forfeiture of the benefits. The undersigned hereby further certifies that the proceeds of any loan made as a result of this application will be used for business purposes only.

APPLICANT	CO-APPLICANT
Print Name: _____	Print Name: _____
Date of birth: _____	Date of birth: _____
SS # _____	SS # _____
Current Address _____	Current Address _____
_____	_____
Signature _____	Signature _____
Date _____	Date _____