

Thank you for considering Natural Capital Investment Fund (NCIFund) for your financing needs. Before completing this application, please contact the NCIFund Lender serving your region to evaluate program eligibility: <https://www.ncifund.org/contact-us>. An initial response to a complete loan package can be made within 10 business days. All loan application materials submitted in connection with the application will become the property of NCIFund and will be destroyed or retained based on NCIFund's document retention policies.

**Business Information**

<b><i>A complete loan application package must include the following:</i></b>					
<input type="checkbox"/> 3 years Business tax returns	<input type="checkbox"/> Aging of Accounts Payable	<input type="checkbox"/> Legal Entity documents (Articles of Incorporation, By-Laws, or Membership Agreement for LLCs, etc.)			
<input type="checkbox"/> Year-to-date Income Statement	<input type="checkbox"/> Projections for next 2 years	<input type="checkbox"/> 3 years of personal tax returns			
<input type="checkbox"/> Year-to-date Balance Sheet	<input type="checkbox"/> Analysis of Market Conditions	<input type="checkbox"/> Resumes for all managers			
<input type="checkbox"/> Aging of Accounts Receivable	<input type="checkbox"/> Business plan, if a start-up				
<b>Business Name:</b>					
<b>Primary Contact:</b> (for loan questions, survey, etc.)		<b>Name:</b>		<b>Phone:</b>	<b>Email:</b>
<b>Street address</b>			<b>City &amp; County</b>		<b>State</b> <b>Zip</b>
<b>Website URL</b>		<b>Facebook URL</b>		<b>Other social media</b>	
<b>Legal Entity</b> <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> LLC <input type="checkbox"/> Non-Profit <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other		<b>Seasonal</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Operation Type</b> <input type="checkbox"/> Retail <input type="checkbox"/> Mixed-use <input type="checkbox"/> Home <input type="checkbox"/> Commercial <input type="checkbox"/> Farm <input type="checkbox"/> Other	
<b>Owner's Experience in the Industry</b>				<b>IRS Employer Identification Number (EIN)</b>	<b>Date Established &amp; State</b>
<b>Referring Organization:</b>			<b>Phone:</b>		
<b>Contact Name:</b>			<b>Email:</b>		

**Business History, Description, and Purpose of Loan**

Briefly describe the history, products and services offered, and the reasons you're seeking financing.  
(1000 characters - provide attachment if more space is needed)

## Ownership Information

Owners of 20% or more of the business are required to complete the information below. For non-profit organizations, please provide the information for the Executive Director, Treasurer, and/or Board Chairperson. Please note that any person with 20% or more ownership is required to personally guaranty the loan. If no one person owns 20% or more of the company then a majority will need to guaranty.

<b>First Name</b>	<b>M.I.</b>	<b>Last name</b>	<b>Personal Phone</b>	<b>Personal Email</b>	
<b>Street address</b>			<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Social Security No.</b>		<b>Date of birth</b>		<b>Driver's license No. &amp; State Issued</b>	
<b>Additional name(s) credit could be under</b>				<b>Citizenship/Immigration Status</b> <input type="checkbox"/> US Citizen <input type="checkbox"/> Other _____	
<b>Name of spouse or partner</b>				<input type="checkbox"/> Legal Permanent Resident Green Card No. _____	
<b>Business Title or Function:</b>			<b>Percentage of Ownership</b>		

<b>First Name</b>	<b>M.I.</b>	<b>Last name</b>	<b>Personal Phone</b>	<b>Personal Email</b>	
<b>Street address</b>			<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Social security no.</b>		<b>Date of birth</b>		<b>Driver's license No. &amp; State Issued</b>	
<b>Additional name(s) credit could be under</b>				<b>Citizenship/Immigration Status</b> <input type="checkbox"/> US Citizen <input type="checkbox"/> Other _____	
<b>Name of spouse or partner</b>				<input type="checkbox"/> Legal Permanent Resident Green Card No. _____	
<b>Business Title or Function:</b>			<b>Percentage of Ownership</b>		

<b>First Name</b>	<b>M.I.</b>	<b>Last name</b>	<b>Personal Phone</b>	<b>Personal Email</b>	
<b>Street address</b>			<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Social security no.</b>		<b>Date of birth</b>		<b>Driver's license No. &amp; State Issued</b>	
<b>Additional name(s) credit could be under</b>				<b>Citizenship/Immigration Status</b> <input type="checkbox"/> US Citizen <input type="checkbox"/> Other _____	
<b>Name of spouse or partner</b>				<input type="checkbox"/> Legal Permanent Resident Green Card No. _____	
<b>Business Title or Function</b>			<b>Percentage of Ownership</b>		

## Employment and Benefits

<b>Current number of employees</b> ____ Full time ____ Part time ____ PT hours per week ____ Seasonal employees ____	<b>TOTAL Projected employees in Year 1</b> Full time ____ Part time ____ PT hours per week ____ Seasonal Employees ____	<b>TOTAL Projected employees in Year 2</b> Full time ____ Part time ____ PT hours per week ____ Seasonal Employees ____
<b>Benefits (check all that apply)</b> <input type="checkbox"/> paid vacation or holidays <input type="checkbox"/> paid sick leave <input type="checkbox"/> health insurance <input type="checkbox"/> dental Insurance <input type="checkbox"/> life insurance <input type="checkbox"/> childcare <input type="checkbox"/> vision insurance disability Insurance <input type="checkbox"/> retirement plan <input type="checkbox"/> paid training <input type="checkbox"/> Other _____		

## Project Information

### Sources of Funds (Total sources of funds should equal total uses of funds)

Amount Requested	\$	Owner's Investment	\$
Other Funding Sources (describe):	\$	<b>Total Project Sources</b>	\$

### Uses of Funds (Total uses of funds should equal total sources of funds)

Real Estate Purchase	\$	Building Renovation	\$
Business Purchase	\$	Purchase Machinery & Equipment	\$
Leasehold Improvements	\$	Working Capital or Other _____	\$
Refinance debt	\$	<b>Total Project Uses</b>	\$

**Collateral Available\*\***

Asset 1: Type: <input type="checkbox"/> real estate <input type="checkbox"/> inventory <input type="checkbox"/> AR <input type="checkbox"/> equipment <input type="checkbox"/> other _____	Value	Outstanding Debt
Asset 2: Type: <input type="checkbox"/> real estate <input type="checkbox"/> inventory <input type="checkbox"/> AR <input type="checkbox"/> equipment <input type="checkbox"/> other _____	Value	Outstanding Debt
Asset 3: Type: <input type="checkbox"/> real estate <input type="checkbox"/> inventory <input type="checkbox"/> AR <input type="checkbox"/> equipment <input type="checkbox"/> other _____	Value	Outstanding Debt
Asset 4: Type: <input type="checkbox"/> real estate <input type="checkbox"/> inventory <input type="checkbox"/> AR <input type="checkbox"/> equipment <input type="checkbox"/> other _____	Value	Outstanding Debt

\*\* List each asset item separately, even those of the same type.

**Principal Suppliers**

1. <input type="checkbox"/> provides 10% or more of business inputs	Phone	Email
2. <input type="checkbox"/> provides 10% or more of business inputs	Phone	Email
3. <input type="checkbox"/> provides 10% or more of business inputs	Phone	Email

**Principal Customers**

1. <input type="checkbox"/> purchases 10% or more of business output	Phone	Email
2. <input type="checkbox"/> purchases 10% or more of business output	Phone	Email
3. <input type="checkbox"/> purchases 10% or more of business output	Phone	Email

# Personal Financial Statement

(This form is required for each owner of 20% or more)

Please note that any person with 20% or more ownership is required to personally guaranty the loan. If no one person owns 20% or more of the company then a majority will need to guaranty.

**(Complete Sections 1-5 and Schedules A-F)**

Section 1 – Individual Information		Section 2 – Joint Party Information	
Name		Name	
Date of Birth	S.S.N.	Date of Birth	S.S.N.
Address City, State & Zip		Address City, State & Zip	
Position or Occupation		Position or Occupation	
Employer Name		Employer Name	
Business Address City, State & Zip		Business Address City, State & Zip	
Length of Employment		Length of Employment	
Home Phone	Work Phone	Home Phone	Work Phone
Email Address		Email Address	

Section 3 – Statement of Financial Condition as of (DATE) _____			
Assets (Do not include assets of doubtful value)	In dollars (omit cents)	Liabilities	In dollars (omit cents)
Cash on hand and in the bank		Notes payable to banks-see <b>Schedule E</b>	
U.S. Gov't & marketable securities – see <b>Schedule A</b>		Notes payable to another institutions-see <b>Schedule E</b>	
Non-marketable securities – see <b>Schedule B</b>		Due to brokers	
Securities held by a broker in margin accounts		Amounts payable to others-secured	
Restricted, control, or margin account stocks		Amounts payable to others-unsecured	
Real estate owned-see <b>Schedule C</b>		Accounts and bills due	
Accounts, loans, and notes receivable		Unpaid income tax	
Automobiles		Other unpaid taxes and interest	
Other personal property		Real estate mortgages payable-see <b>Schedules C &amp; E</b>	
Life insurance (cash value only) – see <b>Schedule D</b>		Other debts (car payments, credit cards, etc.) – itemize	
Other assets – itemize – see <b>Schedule F</b>			
		Total Liabilities	
		Net Worth	
<b>Total Assets *</b>		<b>Total Liabilities and Net Worth *</b>	

- Total Assets must equal Total Liabilities & Net Worth

Section 4 – Annual Income for the Year		Annual Expenditures		Contingent Liabilities	Estimated Amounts
Salary, bonuses, commissions	_____	Mortgage/rental payments	_____	<b>Do you have any...</b> Contingent liabilities (as endorser, co-maker or guarantor on leases on contracts?) _____ Other special debt or circumstances? _____ Delinquent taxes, liens? _____ If "yes" to above, please provide details on separate sheet of paper	
Dividends and Interest	_____	Real estate taxes and assessments	_____		
Real estate income	_____	Taxes – federal, state and local	_____		
Other income (alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation)	_____	Insurance payments	_____		
	_____	Other contract payments (car payments, charge cards, etc.)	_____		
	_____	Alimony, child support, maintenance	_____		
	_____	Other expenses	_____		
	_____		_____		
	_____		_____		
<b>Total Income</b>		<b>Total Expenditures</b>		<b>Total Contingent Liabilities</b>	

**Section 5 - Credit and Environmental Questions (please circle one – if yes, please provide details on a separate sheet)**

Have you, your business, any co-owner of the business, or any co-borrower been cited for environmental violations in the past 3 years?	Other than a minor vehicle violation, have you, any co-owner or co-borrower ever: 1) been 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)?
Yes    No	Yes    No
Have you, any co-owner or co-borrower been arrested in the past 6-months for any criminal offense?	Does the Small Business Applicant operate under a Franchise, License, Distributor, Membership, Dealer, Jobber or another type of Agreement?
Yes    No	Yes    No

Have you, any co-owner or co-borrower ever filed or declared bankruptcy, been involved in receiverships or insolvency proceedings?	Has your company ever been delinquent on payments of payroll, income, or sales taxes (federal, state, or local) and/or are you currently on a payment plan?
Yes    No	Yes    No
Are you, your business, any co-owner or co-borrower presently subject to indictment, have knowledge of any civil or criminal arraignment, or involved in or a knowing subject to any lawsuits, pending litigation or threat of litigation (including Divorce)?	Have you, or any co-owner or the business ever received an SBA, USDA, FHA, Student, or any other Federal loan?
Yes    No	Yes    No

**Schedule A - U.S. Government & Marketable Securities**

Number of Shares or Face Value of Bonds	Description	In Name of	Are These Registered Pledged or Held by others?	Market Value

**Schedule B – Non-Marketable Securities**

Number of Shares	Description	In Name of	Are These Registered Pledged or Held by others?	Value	Source of Value

**Schedule C – Residences and Other Real Estate (Partially or Wholly Owned)**

Address and Types of Property	Title in Name of	% of Ownership	Date Acquired	Cost	Market Value	Monthly Payment	Mortgage Amount	Mortgage Maturity

**Schedule D – Life Insurance Carried, Including Group Insurance**

Name of Insurance Company	Owner of Policy	Beneficiary and Relationship	Face Amount	Policy Loans	Cash Surrender Value

**Schedule E – Notes Payables to Banks and Other Institutions (including Contingent Liabilities)**

Name and Address of Creditor	Original Loan/Line Amount	Date of Loan	Maturity Date	Unsecured or Secured (List Collateral)	Amount Owed

**Schedule F – Business Ventures**

List Name and Address and Any Business Venture in Which You Are a Principal or Partner	Total Assets Listed in Section 3	Your % of Ownership	Your Position/Title in the Business	Total Assets of Business	Line of Business	Years in Business

# BUSINESS DEBT SCHEDULE

COMPANY NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

(As of Date on Interim Financial Statements)

**This schedule should contain loans for contracts and notes payable, not accounts payable or accrued liabilities.**

Creditor Name/Address	Creditor Date	Original Date	Original Amount	Present Balance	Interest Rate	Monthly Payment	Maturity Date	Collateral Security	Current or Delinquent
Total Balance*:									

\*Total must agree with the balance shown on Balance Sheet



**Demographics** (optional) (Check all that apply)

<b>Demographic Information Guarantor #1</b>	<b>Demographic Information Guarantor #2</b>
<b>NAME:</b>	<b>NAME:</b>
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> American Indian or Alaska Native
<input type="checkbox"/> Asian	<input type="checkbox"/> Asian
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Black or African American
<input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> Native Hawaiian or Pacific Islander
<input type="checkbox"/> White or Caucasian	<input type="checkbox"/> White or Caucasian
<input type="checkbox"/> Multi-racial	<input type="checkbox"/> Multi-racial
<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> I do not wish to furnish this information	<input type="checkbox"/> I do not wish to furnish this information
<b>Ethnicity</b>	<b>Ethnicity</b>
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Not Hispanic or Latino
<input type="checkbox"/> I do not wish to furnish this information	<input type="checkbox"/> I do not wish to furnish this information
<b>Sex</b>	<b>Sex</b>
<input type="checkbox"/> Male	<input type="checkbox"/> Male
<input type="checkbox"/> Female	<input type="checkbox"/> Female
<input type="checkbox"/> I do not wish to furnish this information	<input type="checkbox"/> I do not wish to furnish this information
<b>Marital Status</b>	<b>Marital Status</b>
<input type="checkbox"/> Single	<input type="checkbox"/> Single
<input type="checkbox"/> Married	<input type="checkbox"/> Married
<input type="checkbox"/> I do not wish to furnish this information	<input type="checkbox"/> I do not wish to furnish this information
<b>Veteran status</b>	<b>Veteran status</b>
<input type="checkbox"/> Veteran (provide DD-214)	<input type="checkbox"/> Veteran (provide DD-214)
<input type="checkbox"/> Service-Disabled Veteran (provide VA 26-8937)	<input type="checkbox"/> Service-Disabled Veteran (provide VA 26-8937)
<input type="checkbox"/> Non-Veteran	<input type="checkbox"/> Non-Veteran
<input type="checkbox"/> Spouse of Veteran	<input type="checkbox"/> Spouse of Veteran

I/We attest that all the information on this application is true and accurate and that I/We am required to modify/update and otherwise advise NCIFund of any changes to the answers in my application that should occur prior to closing. **I/We authorize NCIFund to investigate and verify the above information. I/We also authorize NCIFund to perform a credit check, which may include obtaining consumer and/or commercial credit reports and to exchange information about credit experience with other creditors from time to time, as authorized by law.** The release of all information to NCIFund, in any manner, is hereby authorized whether such information is of record or not. I/We also hereby release all persons, agencies, firms, company, etc. from any damages resulting from such information. I/We understand that NCIFund will retain this application whether the loan is approved or denied. I/We understand materials submitted to NCIFund in connection with my loan application shall become the property of NCIFund, unless otherwise requested, and shall be retained or destroyed in accordance with NCIFund's document retention policy. **I/We understand that NCIFund will charge an origination fee for completed loans.**

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, or 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.

In accordance with Federal law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, disability, and reprisal or retaliation for prior civil rights activity. (Not all prohibited bases apply to all programs.) Complaints of discrimination may be filed with the USDA, Director, Office of Civil Rights, 1400 Independence Ave., S.W., Washington, DC 20250-9410

Knowingly making a false statement on this form is a violation of Federal law and could result in criminal prosecution, significant penalties, and a denial of your loan or surety bond application.

By signing this form, I/We certify under penalty of criminal prosecution that all information on this form and any additional supporting information submitted with this form is accurate and completed to the best of my knowledge.

Signature of borrower: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of co-borrower: \_\_\_\_\_ Date: \_\_\_\_\_

**Natural Capital Investment Fund**  
PO. Box 839  
Charles Town, WV 25414  
[www.ncifund.org](http://www.ncifund.org)