

LB840 - \_\_\_\_\_

# CITY OF ATKINSON LB 840 Credit Application

FOR OFFICE USE ONLY

Date Rec'd. \_\_\_\_\_ Complete \_\_\_\_\_  
Date Board Approved \_\_\_\_\_  
Date Council Approved \_\_\_\_\_  
Terms Approved \_\_\_\_\_

### **A. Business Borrower Information**

Name of Business to Receive Assistance: \_\_\_\_\_

Address: \_\_\_\_\_ Federal ID# \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone # \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Business Classification: \_\_\_\_\_ Manufacturing \_\_\_\_\_ Warehousing & Distribution  
\_\_\_\_\_ Service \_\_\_\_\_ Retail  
\_\_\_\_\_ Administrative Management Hdqt. \_\_\_\_\_ Research & Development  
\_\_\_\_\_ Other

Business Organization: \_\_\_\_\_ Proprietorship \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Other

Does the Company have a Parent or Subsidiaries? \_\_\_\_\_ Yes \_\_\_\_\_ No

If "Yes," please identify: Name \_\_\_\_\_

Address \_\_\_\_\_

Business Status: \_\_\_\_\_ Start-Up (0-5 years old) \_\_\_\_\_ Acquisition \_\_\_\_\_ Existing  
\_\_\_\_\_ # Years in Business

Ownership: List all officers, directors, partners, owner, co-owners & all stockholders. Under Minority Code, enter "1" if person identified is female, "2" if minority or "3" if person is disabled. (Use back of page if more room needed)

NAME                                      TITLE                                      OWNERSHIP %                                      MINORITY CODE

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Personnel: (Full-Time Equivalent, based on 2,080 hrs per year)

Existing Number of Full-Time-Equivalent positions: \_\_\_\_\_

Full-Time positions to be created within 10 months of Application Approval: \_\_\_\_\_

# of Seasonal Full-Time jobs created: \_\_\_\_\_  
(i.e. jobs available for at least 3 continuous months & recur annually)

### **B. Project Location**

\_\_\_\_\_ Within the City Limits                      \_\_\_\_\_ Outside City Limits BUT within Zoning Jurisdiction

**C. Project Information**

Per program guidelines, the total amount requested from LB840 should not be more than 50% of the total project cost.

<u>USES OF FUNDS</u>	<u>TOTAL PROJECT COST</u>	<u>LB840 FUNDS REQUESTED</u>	<u>BANK FUNDS</u>	<u>OWNER FUNDS</u>
Land Acquisition	\$ _____	\$ _____	\$ _____	\$ _____
Building Acquisition	\$ _____	\$ _____	\$ _____	\$ _____
Building Renovation	\$ _____	\$ _____	\$ _____	\$ _____
New Machinery/Equipt. Acquisition	\$ _____	\$ _____	\$ _____	\$ _____
Building/Business Signage	\$ _____	\$ _____	\$ _____	\$ _____
Façade Improvement	\$ _____	\$ _____	\$ _____	\$ _____
Business Workforce Training	\$ _____	\$ _____	\$ _____	\$ _____
Working Capital/Inventory	\$ _____	\$ _____	\$ _____	\$ _____
Other (Specify)	\$ _____	\$ _____	\$ _____	\$ _____
Total:	\$ _____	\$ _____	\$ _____	\$ _____

**D. Sources of Funds**

Note: Public sources of financing require the participation of a Bank and/or injection of equity (non-debt) funds.

Participating Lender Information: Name of Lending Institution \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Phone # \_\_\_\_\_

Interest Rate: \_\_\_\_\_ %    \_\_\_\_\_ Fixed    \_\_\_\_\_ Variable    Loan Terms (years) \_\_\_\_\_

Collateral Required: \_\_\_\_\_ Equity Required: \_\_\_\_\_

Other:

**Signatures**

The above information is accurate to the best of my knowledge and belief. This information is provided to help evaluate the feasibility of obtaining public financial assistance. I further authorize release of all personal and business credit information to the City of Atkinson and acknowledge this information upon submission will be considered a Public Record.

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_



Getting Things Done!

*City of Atkinson*

*P.O. Box 519  
Atkinson, NE 68713  
PH (402) 925-5313  
FAX (402) 925-5780  
[info@atkinsonne.com](mailto:info@atkinsonne.com)*

*Mayor  
Paul Corkle*

*City Clerk/Treasurer  
Nancy Kopejtka*

*Economic Development  
Lou Ann Tooker*

*Council Members  
Ken Counts  
Rondal Krysl  
Gary A. Lech  
Jerry Osborne  
Leo Seger  
Stuart Dockter*

Date: \_\_\_\_\_

I authorize the City of Atkinson, PO Box 519, Atkinson, NE 68713, its successors and assigns, to request verification of my bank accounts, other assets, employment earning records and also to order a consumer credit report. I further authorize my bank(s) and employer(s) to accept a copy of this document as their authorization to release such information.

Applicant's Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #(s): \_\_\_\_\_

Social Security #: \_\_\_\_\_

Email: \_\_\_\_\_

Co-Applicant's Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Phone # (s): \_\_\_\_\_

Social Security #: \_\_\_\_\_

Email: \_\_\_\_\_

This information is confidential and will only be used to process your LB840 application.



# Personal Financial Statement

Date of Valuation: \_\_\_\_\_

- Round all amounts to the nearest \$100
- Attach separate sheet if you need more space to complete detailed schedule

Assets	Amount	Liabilities	Amount
Cash in this Bank		Notes Payable Banks (Schedule 7)	
Cash in Other Banks		Notes Payable Others (Schedule 7)	
		Installment Contracts Payable (Schedule 7)	
		Due Dept. Stores, Credit Cards & Others	
Due from Friends, Relatives, & Others (Schedule 1)		Income Taxes Payable	
Mortgage & Contracts for Deed Owned (Schedule 2)		Other Taxes Payable	
Securities Owned (Schedule 3)			
Cash Surrender Value of Life Insurance (Schedule 4)		Loans on Life Insurance (Schedule 4)	
Homestead (Schedule 5)			
Other Real Estate Owned (Schedule 5)		Mortgage on Homestead (Schedule 6)	
Automobiles		Mortgage/Liens on Other Real Estate Owned (Schedule 6)	
Personal Property		Other Liabilities (Detail Below)	
Other Assets (Detail Below)			
<b>Total Assets</b>		<b>Total Liabilities</b>	\$0
		<b>Net Worth (Total Assets Less Total Liabilities)</b>	\$0
		<b>TOTAL</b>	\$0

Annual Income	Applicant	Co-Applicant	Contingent Liabilities	Amount
Salary			As Endorser	
Commissions			As Guarantor	
Dividends			Lawsuits	
Interest			For Taxes	
Rentals			Other (Detail Below)	
Alimony, Child Support or Maintenance (you need not show this unless you wish us to consider it)				
Other			Check here if none <input type="checkbox"/>	
<b>Total Income</b>			<b>Total Contingent Liabilities</b>	

**Schedule 1** Due from Friends, Relatives, & Others

Name of Debtor	Owed To	Collateral	Payment/Frequency	Maturity Date	Unpaid Balance
<b>Total</b>					

**Schedule 2** Mortgage and Contracts for Deed Owned

Name of Debtor	Type of Property	1st or 2nd Lien	Owed To	Payment/Frequency	Unpaid Balance
<b>Total</b>					



# Personal Financial Statement

## Schedule 6 Mortgages or Liens on Real Estate

To Whom Payable	Payment/Frequency	Interest Rate	Maturity Date	Unpaid Balance

## Schedule 7 Notes Payable Banks and Others and Installment Contracts Payable

Banks To Whom Payable	Address	Collateral/ Unsecured	Payment/ Frequency	Unpaid Balance

Contracts To Whom Payable	Address	Collateral/ Unsecured	Payment/ Frequency	Unpaid Balance

# Personal Financial Statement

	Applicant	Co-Applicant
Have you ever gone through bankruptcy or had a judgment against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there assets pledged or debts secured except as shown?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you made a living will?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of dependents (if "none" check none)	_____ <input type="checkbox"/> None	_____ <input type="checkbox"/> None
Marital Status (answer only if this financial statement is provided in connection with a request for secured credit or applicant is seeking a joint account with spouse.)	<input type="checkbox"/> Married	<input type="checkbox"/> Married
	<input type="checkbox"/> Separated	<input type="checkbox"/> Separated
	<input type="checkbox"/> Unmarried	<input type="checkbox"/> Unmarried

(Unmarried includes single, divorced, widowed)

The foregoing statement, submitted for the purpose of obtaining credit, is true and correct in every detail and fairly shows my/our financial condition at the time indicated. I/we will give you prompt written notice in any subsequent substantial change in such financial condition occurring before discharge of my/our obligations to you. I/we understand that you will retain this personal financial statement whether or not you approve the credit in connection with which it is submitted. You are authorized to check my/our credit and employment history or any other information contained herein.

THE UNDERSIGNED CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM HAS BEEN CAREFULLY REVIEWED AND THAT IT IS TRUE AND CORRECT IN ALL RESPECTS.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature (if you are requesting the financial accommodation jointly)