



## **Revolving Loan Fund Program Application Packet**

701 E Expressway 83

La Joya, Texas 78560

956-581-7002

[edc@cityoflajoya.com](mailto:edc@cityoflajoya.com)

## **Initial Documents for Loan Application**

- Business Plan
- List of Board Members (Corporations only)
- 2 yrs of Income Tax Returns – Business or Personal (most current copies)
- Year-end financial statement from existing organization
- IRS 501 (c) 3 letter, if applicable or other
- Purpose of loan
- Balance Sheet (yearly)
- Profit and Loss Statement (last quarter)
- Project Budget



## La Joya Economic Development Corporation Revolving Loan Application

Corporate Name:		Federal I.D.#	DBN#
Business Address	City	State	Zip Code
Business Phone:			
Date of Birth:	SSN:		Citizenship:
Purpose of Loan:			Loan Amount:

### Reference:

1) Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

City State Zip Code

Relationship to Borrower: \_\_\_\_\_

2) Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

City State Zip Code


Relationship to Borrower: \_\_\_\_\_

### Co-signer if necessary

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

12. **Applicant Certification:** Everything I have stated in this application is correct to the best of my knowledge. I understand that the La Joya Economic Development Corporation (LJEDC) will retain this application whether or not is approved. I authorized the LJEDC or its agents to investigate my credit, employment, and income (including but not limited to any other credit report services). I also authorize the LJEDC or this agent to report to the proper credit bureaus account performance.

 13. **Nondiscrimination statement** La Joya Economic Development Corporation prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or a part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact the La Joya Economic Development Corporation office at 956-581-7002.

**Borrowers Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Borrowers Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Co-Signer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

14. The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname.

☐ White, not of  
Hispanic Origin    ☐ Black, not of  
Hispanic Origin    ☐ American Indian  
or Alaskan Native    ☐ Hispanic    ☐ Asian or  
Pacific Islander    ☐ Other

☐ Male                ☐ Female

# PERSONAL FINANCIAL STATEMENT

To: \_\_\_\_\_

**CONFIDENTIAL**

## IMPORTANT DIRECTIONS TO APPLICANT

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

Read directions before completing Financial Statement.

Please check appropriate box.

\_\_\_\_\_

☐ Individual credit- if relying on your own income and assets and not the income and assets of a spouse or another person as a basis for extension, repayment or credit, complete the Financial Statement below only as it applies to you, individually. Do not provide and information any information about a spouse or other person.

Personal Financial Statement as of: \_\_\_\_\_

Sign the Financial Statement.

Applicants Name (S): \_\_\_\_\_

☐ Joint Credit

☐ Individual relying upon income or assets of spouse or other person

Phone Number: \_\_\_\_\_

If applying for joint credit off or individual credit relying on income or assets of a spouse or another person for extension and repayment of credit requested, complete the Financial Statement below. Include information about income, assets and liabilities of the spouse or other person. Both Applicant and spouse or Co-Applicant sign this statement.

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

\_\_\_\_\_

**Please do not leave any questions unanswered. Use “no or “none” where necessary**

Assets	In Even Dollars	Liabilities and Net Worth	In even dollars
Cash on hand and in Banks – See Schedule A	\$	Notes Payable: This Bank – See Schedule A	\$
U.S. Government Securities – See Schedule B		Notes Payable: Other Institutions – See Schedule A	
Listed Securities – See Schedule B		Notes Payable: Relatives	
Unlisted Securities – See Schedule B		Notes Payable: Others	
Other Equity Interests – See Schedule B		Accounts and Bills Due	
Accounts and Notes Receivable		Unpaid Taxes	
Real Estate Owned – See Schedule C		Real Estate Mortgages Payable – See Schedule C or D	
Mortgages and Land Contracts Receivable – See Schedule D		Land Contract Payable – See Schedule E	
Cash Value Life Insurance – See Schedule E		Life Insurance Loans – See Schedule E	
Other Assets: Itemize		Other Liabilities : Itemize	
		<b>TOTAL LIABILITIES</b>	\$
		<b>NET WORTH</b>	\$
<b>TOTAL ASSTES</b>	\$	<b>TOTAL LIABILITIES AND NET WORTH</b>	\$

Sources of Income	In Even Dollars	General Information
Salary	\$	Employer
Bonus and Commissions		Position or Profession No.Years
Dividends		Employer’s Address
Real Estate Income		Phone Number
Other Income : Itemize		Partner, officer or owner in any other venture? <input type="checkbox"/> No <input type="checkbox"/> Yes If so, explained:
<b>Total</b>	\$	
Alimony, child support or separate maintenance payments need not be disclosed unless relied upon as a basis for extension of credit. If disclosed, payments received under <input type="checkbox"/> court order <input type="checkbox"/> written agreement <input type="checkbox"/> oral understanding		Are any assets pledged? <input type="checkbox"/> No <input type="checkbox"/> Yes Detail in Schedule A
		Income taxes settled through (Date)
<b>Contingent Liabilities</b>	<b>In even Dollars</b>	<b>General Information (continued)</b>

# PERSONAL FINANCIAL STATEMENT

As endorser, co-maker or guarantor	\$	Are you a defendant in any suits or legal action? <input type="checkbox"/> No <input type="checkbox"/> Yes If so, explain:
On leases		
Legal claims		Have you ever taken bankruptcy? <input type="checkbox"/> No <input type="checkbox"/> Yes If so, explain:
Provision for federal income taxes		
Other special debt, e.g. , recourse or repurchase liability		Do you have a will? <input type="checkbox"/> No <input type="checkbox"/> Yes With Whom?
		Do you have trust? <input type="checkbox"/> No <input type="checkbox"/> Yes With Whom?
<b>Total</b>	\$	Number of dependents _____ Ages _____

**Schedule A: Banks, Brokers, Savings & Loan Association, Finance Companies or Credit Unions.** List here the names of all the institutions at which you maintain a deposit account and/or where you have obtained loans.

Name of Institution	Name of Account	Balance on Deposit	High Credit	Amount Owing	Monthly Payment	Secured by What Assets
<b>TOTAL</b>		\$	<b>TOTAL</b>	\$	\$	

**Schedule B : Governments, Stocks (Listed & Unlisted), Bonds (Gov't & Comm.), and Partnership Interests (General & LTD.)**

Number of	Indicate			Pledged	
Share, Face Value (Bonds), or % of Ownership	1. Agency or name of company issuing security or name of partnership. 2. Type of investment or equity classification 3. Number of shares, bonds or % of ownership held 4. Basis of valuation*	In name of	*Market Value	Yes ( <input type="checkbox"/> )	No ( <input type="checkbox"/> )
<b>TOTAL</b>					

**If unlisted security or partnership interest provide current financial statement to support basis for valuation .**

**Schedule C: Real Estate Owned ( and related debt, if applicable)**

Description of Property or Address	Title in Name of	Date Acq	Cost + Improvements	Present Mkt. Value	Mortgage or Land Contract Payable		
					Balance Owing	Mo. Payment	Holder
<b>TOTAL</b>							

# PERSONAL FINANCIAL STATEMENT

## Schedule D: Real Estate: Mortgages & Land Contracts Receivable ( and related debit, if applicable)

Description of Property or Address	Title in Name of	Date Acq.	Balance Receivable	Monthly Payment	Mortgage or Land Contract Payable		
					Balance Owing	Mo. Payment	Holder
TOTAL							

## Schedule E: Life Insurance Carried

Name of Company	Face Amount	Case Surrender Value	Loans	Beneficiary
TOTAL				

I/we have carefully read and submitted the foregoing information provided on all three pages of this statement to the Bank named above. The information is presented as a true and accurate statement of my/our financial condition on the date indicated. This statement is provided for the purpose of obtaining and maintaining credit with said Bank. I/we agree that if any material change(s) occur(s) in my/our financial condition that I/we will immediately notify said Bank of said change(s) and unless said Bank is so notified it may continue to rely upon this financial statement and the representations made herein as a true and accurate statement of my/our financial condition.

I/we authorize the Bank to make whatever credit inquiries it deems necessary in connection with this financial statement. I/we authorize and instruct any person or consumer reporting agency to furnish to the Bank any information that it may have or obtain in response to such credit inquiries.

I/we also hereby certify that no payment requirements listed herein are delinquent or in default except as follows; if "NONE" so state.

I/we fully understand that it is federal crime punishable by fine or imprisonment of both to knowingly make any false statements concerning any of the above facts, pursuant to 18 U.S.C Section 1014.

Applicant's  
Signature \_\_\_\_\_ Date Signed: \_\_\_\_\_

Social Security No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse's or  
Co-Applicant's  
Signature \_\_\_\_\_ Date Signed: \_\_\_\_\_

Social Security No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_