

NOTE: Please fill out the attached Jobs Reporting Sheet and return it with this application.

IV. TOTAL PROJECT COST

Real Estate Acquisition	\$ _____
Leasehold Improvements	\$ _____
Acquisition of Machinery and Equipment	\$ _____
Working Capital	\$ _____
Inventory	\$ _____
Total Project Cost	\$ _____

V. PROPOSED FINANCING

Bank Loan	\$ _____	% of total _____
B\SBRLF Loan	\$ _____	% of total _____
Equity	\$ _____	% of total _____
Total	\$ _____	

VI TERM

Bank – As negotiated

DELP – Commensurate with the useful life of the asset being financed.

VII INTEREST RATE

Bank – As negotiated

DELP – Fixed rate not to exceed 75% of prime rate at time of loan approval.

VIII EMPLOYMENT OPPORTUNITIES

In accepting financial assistance for the DELP, the SBC recognizes that one of the primary goals of this program is the creation of new job opportunities for City residents, particularly those of low and moderate income. Accordingly, the SBC hereby agrees to adopt the work toward the goals and at least 51% of the jobs created will be filled by low or moderate income persons, and the maximum feasible number of new jobs created as a result of this project shall be filled by residents of the City of Dover.

IX AGREEMENTS, CERTIFICATIONS, TERMS AND CONDITIONS

Certification: I/We certify: (a) I/We have not paid anyone connected with the DELP or the City Government for assistance in obtaining the requested loan. (b) All information in this Application and the Exhibits is true and complete to the best of my/our knowledge and is submitted to DELP so DELP can decide whether to approve this application. I/We agree to pay for or reimburse DELP for the cost of any surveys, title or mortgage examination, appraisals, etc., performed by non-City personnel provided I/We have given my/our consent. (c) I/We give

the assurance that we will comply with Section 112 and 113 of Volume 13 of the Code of Federal Regulations, prohibiting discrimination on the grounds of race, color, sex, religion, marital status, handicap, age or national origin by recipients of Federal financing assistance and require appropriate reports and access to books and records. These requirements are applicable to anyone who buys or takes control of the business. I/We realize that if I/We do not comply with these non-discrimination requirements, DELP can call, terminate, or accelerate prepayment on my/our loan. I/We understand that I/We must comply with all applicable local, State and Federal statutes, regulations and requirements. I/We further recognize the importance of cooperating with the City of Dover in efforts to enhance the business community by improving the physical appearance of the neighborhoods and commercial area. I/We will endeavor to work closely with the State of New Hampshire Employment Security Office to identify and consider eligible candidates for employment.

Privacy Act of 1974 Information: Certain information such as personal balance sheets are used to evaluate your application. Such information may be given to Federal, State or local agencies for law enforcement purposes. Omission of an item means your application might not receive full consideration. Whoever makes any statement knowing it to be false, or whoever willfully overvalues any security, for the purpose of obtaining for him/herself or for an applicant any loan, or extension thereof by renewal, deferment of action, or otherwise, or the acceptance, release, or substitution of security therefore, or for the purpose of influencing in any way the action of DELP, or for the purpose of obtaining money, property, or anything of value will face legal action under appropriate local, State and Federal statutes. Whoever knowingly and willfully falsifies, conceals, or covers up a material fact by any trick, scheme or device, or made any false fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry may be prosecuted to the extent permitted by law.

X EXHIBITS – The following information must accompany this completed and signed application form before your loan request can be processed.

1. Brief history and description of business (one page or less). Businesses less than two years old must provide a business plan.
2. Detailed description of project and use of loan proceeds.
3. Personal financial statement (attached) for each owner + past 3 years tax returns.
4. Business financial statements (past three years and current within 90 days).
5. Three (3) year income and cash flow projections with explanations – 1st yr. By month, years 2 and 3 by quarter.
6. Breakdown of proposed cost with written estimates from contractors or suppliers. Purchase agreement, when applicable.
7. Proof of matching funds.
8. A completed “Jobs Reporting Sheet”. (attached)

COLLATERAL LISTING – Check appropriate items(s)

- 1. Machinery and equipment being acquired with loan proceeds – Amount \$ _____**
First - Second - Third lien position (circle one)

Please identify the holder and amount of prior liens:

LIEN HOLDER	AMOUNT
1 st	\$
2 nd	\$
3 rd	\$

- 2. Business Real Estate Acquisition – Amount \$ _____**
First - Second - Third lien position (circle one)

Please identify the holder and amount of prior liens:

LIEN HOLDER	AMOUNT
1 st	\$
2 nd	\$
3 rd	\$

- 3. Other Real Estate Owned**
First - Second - Third lien position (circle one)

Please identify the holder and amount of prior liens:

LIEN HOLDER	AMOUNT
1 st	\$
2 nd	\$

- 4. Personal Guarantee of:** 1) _____
Name
 2) _____
Name

Please identify the amount of other loans personally guaranteed by the above named persons.

- 1) _____
Amount
 2) _____
Amount

CHAPTER 82-C
APPENDIX B

To Whom It May Concern:

I, _____ hereby, authorize the Dover Police Department to release any or all criminal records that they may have on file in my name. Furthermore, I release the Dover Police Department and its employees thereof from any liability arising from the release of this information.

Signature: _____

Date of Birth _____

DELP Statement of Equity Participation

I, _____ do hereby pledge an equity participation in this
CDBG assisted program in the amount of _____ to be made in the
form of:

Signed: _____

Print Name: _____

Title: _____

**DOVER, ROCHESTER, PORTSMOUTH, MSA
Community Development Block Grant Program
Income Limits**

Family Size	80% of Median Income (Mod)	50% Median Income (Low)	30% Median Income (Very Low)
1	\$45,500	\$31,350	\$18,800
2	\$52,000	\$35,800	\$21,500
3	\$58,500	\$40,300	\$24,200
4	\$65,000	\$44,750	\$26,850
5	\$70,200	\$48,350	\$29,000
6	\$75,400	\$51,950	\$31,150
7	\$80,600	\$55,500	\$33,300
8	\$85,800	\$59,100	\$35,450

Effective March, 2012

Definition of Income:

Household income shall include that received by all family members over 18 years of age residing in the apartment / dwelling unit. This means all gross wages, salaries, commissions, pensions, rental income, interest in savings, unemployment insurance, alimony or support income, TANIF, general assistance aid, Veterans Disability, or any other income obtained during the reporting period.

Individuals residing in the apartment or home as borders, renters, etc. and who pay the head of household, or spouse, or live in partner compensation for the privilege of residing in the same dwelling unit – and who earns income – shall not be counted as total household income.

If you are unemployed before taking your current job, then only income you are receiving during the time of unemployment shall be calculated to determine your portion of the total household income.

Please indicate on the attached sheet whether your total household income is less than or more than the income level specified above, based upon the number of people in your family and return it to your employer.

The requested information will be kept strictly confidential.

My total household income is Less Than ____ (OR) More Than ____ the income
(**check one, more or less**)
level specified on the previous page, according to the number of people in my family.

Gender of head of household: ____ Male ____ Female

Nationality and age of head of household: ____ Over 62 years of age.

____ White ____ Black ____ Hispanic ____ Asian

____ Alaska Native ____ Pacific Islander ____ American Indian

Dover Resident? ____ yes ____ no

Income Verification

I certify that the income information is correct and I understand that the information I have provided on my family income is subject to verification by authorized representatives of the City of Dover and the United States Department of Housing and Urban Development.

Please print name

Signature

Date