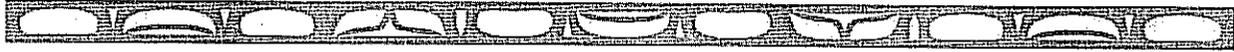




Chilkoot Indian Association



Please provide the following information. If you need more space, attach additional sheets to this application.

SECTION 1: BUSINESS INFORMATION (Use additional paper if necessary)

1. Business Owner(s):
 Name(s) _____ SS# _____
 Name(s) _____ SS# _____
 Address _____
 City/State/Zip _____
 Website address _____ E-mail _____
2. Business Telephone: () _____ Fax _____ Home _____
3. Business Trade Name: _____
4. A) Business Location (if different): _____
 B) Own or Lease _____ If Leasing, monthly rent: \$ _____
5. City, State and Zip Code _____
6. Describe Type of Business (Product or service): _____

7. Business: (Check one) _____ **New** (under 24 months) _____ **Existing**
8. Have you met all the legal requirements necessary to establish your business?
 _____ YES _____ NO
9. Federal Tax ID # _____ Haines Business License # _____
10. Type of Business Organization: (Check one)
 ___ Partnership ___ Sole Proprietorship ___ Not yet established
 ___ S Corporation ___ C Corporation Other (please indicate) _____
11. Date Business was established: _____

12. Current Number of Employees: Full-time _____ Part-time _____
 Employment increase expected over next 2 years _____
13. Any personal/business judgments, past due taxes, unsettled lawsuits or major disputes?
 ___ YES ___ NO

If YES, Please

Explain: _____

14. Has the business, or any owner of the business been involved in bankruptcy proceedings? ___ YES ___ NO
 If YES, give date and explain: _____

15. Demographic Information: The following information is being obtained for statistical purposes only. Please check all those that apply: (OPTIONAL)

Business Owned by: ___ Female (100%) ___ Female (51% or more)

 ___ Male (100%) ___ Male (51 % or more)

Race/Ethnicity ___ Black ___ Hispanic ___ White ___ Asian/Pacific

 ___ Eskimo ___ AK Native/American Indian

Other: (Please indicate) _____

16. As of the date of this application the number of people in your household is ___ and the combined household income is: \$ _____

SECTION II: Individuals applying for loans to establish a new business will be required to prepare a Business Plan which adequately describes the operation of their proposed business.

1. Have you completed a Business Plan? ___ YES ___ NO
 If so, please attach a copy of the Business Plan to this Application.
2. When and by whom was the Business Plan prepared?

3. If a consultant/advisor prepared the plan, please provide their name, address and telephone number.

SECTION III: FINANCING INFORMATION: Please be specific.

1. Purpose of Loan Request: _____

2. How will the loan help the business? _____

3. Have you contacted a bank for financing? YES NO
If YES, What Bank? _____

Bank Contact Person _____ Telephone # _____

4. Have you ever received financing for your Business? YES NO
If yes please specify amount and describe the use of funds.

5. Total Amount of this Loan Request \$ _____ Please specify and describe the use of Loan Funds below.

Item	Description	Amount
Payables	_____	\$ _____
Inventory	_____	\$ _____
Equipment	_____	\$ _____
Furniture/Fixtures	_____	\$ _____
Leasehold Improvements	_____	\$ _____
Operating Expenses	_____	\$ _____
		Total \$ _____

6. Proposed minimum payment (minimum payment cannot be less \$150) _____

7. Source of Repayment: (Check one)

Operating Profit

Personal Income

Other (Specify)

8. Other sources of income: _____

SECTION IV: PLEASE SUBMIT THE FOLLOWING INFORMATION: Please provide all information if available as requested in Section IV. (if not available, explain below.)

The following information is needed if applicable to your project, along with this Application Form, so that we can consider your loan request and decide on its feasibility for processing:

Completed Application Form

Personal Tax Returns for Two Years for All Business Owners

Company Tax Returns for Two Years

Company Financial Statements for Two Years (Balance sheet & Income Statement)

Copy of most recent credit report (We can help you obtain this if needed)

Type of Company Financial Management/Bookkeeping System

Business Plan

Month-to-Month Cash Flow Projection for One Year

List of three credit references (Delta Western, AP&T, AT&T, etc.)

Copy of permits and business licenses necessary to your business

Company Product/Service Brochures/Samples/Other Information

Please provide as much of this information as possible and add any additional information that will assist our staff and loan review committee in evaluating your request.

SECTION V: QUESTIONS If you have any specific questions which you would like answered about the Micro-Loan Program before we begin reviewing/evaluating your application, please note them below.

SECTION VI: Please read the following and sign the application form below. All owners, or partners must sign this application form.

The information in this Micro-Loan Application is provided for the purpose of applying for funds under the Micro-Loan Program thru the Chilkoot Indian Association. The information is accurate to the best of my/our knowledge. I/We understand that personal and or business information may be requested pursuant to this Loan Application and I/we hereby give my/our consent for such information to be provided to Chilkoot Indian Association.

Name (Print) _____

Name (Print) _____

Signature _____

Signature _____

Date _____

Date _____

VERIFICATION OF FINANCIAL FEASIBILITY

The undersigned authorizes the Chilkoot Indian Association to verify all information furnished in connection with the application for a loan under the Chilkoot Indian Association Micro-Loan program. The information that may be verified includes, but is not limited to, the following: employment, pensions, mortgages, deposits, and any other income, personal or business loan applications, hazard insurance, and further, to obtain a credit report.

Applicant's Signature

Applicant's Signature

Date _____

Date _____

Credit References

Company Name: _____

Address: _____

City, State Zip: _____

Phone: _____

Company Name: _____

Address: _____

City, State Zip: _____

Phone: _____

Company Name: _____

Address: _____

City, State Zip: _____

Phone: _____