

**Allegheny County Department of
Minority/ Women/ Disadvantaged Business Enterprise
Small Business Development and Technical Assistance Program**

Application Requirements Checklist

1. Three years Corporate Income Tax Returns (or Schedule C)
2. Three years Personal Income Tax Returns
3. Three years Financial Statements (Income Statement & Balance Sheet)
4. Personal Financial Statement
5. Credit Authorization Letter
6. Tax Compliance Form
7. Program Participation Questionnaire
8. Project references of three largest projects within the past three years
9. Evidence of existing bonding
10. Existing Debt Schedule Form
11. Brief Company History/Corporate Literature
12. Resume of Owner and Key Management

**ALLEGHENY COUNTY DEPARTMENT OF
MINORITY, WOMEN AND DISADVANTAGED BUSINESS ENTERPRISE
SMALL BUSINESS DEVELOPMENT AND TECHNICAL ASSISTANCE PROGRAM**

Personal Financial Statement

As of _____, 20____

Complete this form for (1) each proprietor, or (2) each limited partner with 20% or more interest and each general partner, or (3) each stockholder with 20% or more of voting stock, or (4) any person or entity providing guaranty on the loan

Name:	Business Phone:
Residence Address:	Residence Phone:
City, State & Zip Code:	
Business Name of Applicant/Borrower:	

	ASSETS (Omit Cents)		LIABILITIES (Omit Cents)
Cash in Checking	\$ _____	Accounts Payable	\$ _____
Savings Accounts	\$ _____	Notes Payable to Banks and Others	\$ _____
IRA or Other Retirement Account	\$ _____	(Describe in Section 2)	
Accounts & Notes Receivables \$	_____	Installment Account (Auto)	\$ _____
Life Insurance-Cash Surrender Value Only	\$ _____	Mo. Payments \$ _____	
(Complete Section 8)		Installment Account (Other)	\$ _____
Stocks and Bonds	\$ _____	Mo. Payments \$ _____	
(Describe in Section 3)		Loan on Life Insurance	\$ _____
Real Estate	\$ _____	Mortgages on Real Estate	\$ _____
(Describe in Section 4)		(Describe in Section 4)	
Automobile Present Value	\$ _____	Unpaid Taxes	\$ _____
Other Personal Property \$	_____	(Describe in Section 6)	
(Describe in Section 5)		Other Liabilities	\$ _____
Other Assets	\$ _____	(Describe in Section 7)	
(Describe in Section 5)		Total Liabilities	\$ _____
		Net Worth	\$ _____
Total	\$ _____	Total	\$ _____

Section 1. Source of Income	Contingent Liabilities
Salary \$ _____	As Endorser or Co-Maker \$ _____
Net Investment Income \$ _____	Legal Claims & Judgements \$ _____
Real Estate Income \$ _____	Provision for Federal Income Tax \$ _____
Other Income (Describe below) \$ _____	Other Special Debt \$ _____

Description of Other Income in Section 1

Section 2. Notes Payable to Banks and Others (Use attachments if Necessary). Each attachment must be identified as a part of this statement and signed.

Name and Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc)	How Secured or Endorsed Type of Collateral

Section 3. Stocks and Bonds (Use attachments if necessary). Each attachment must be identified as a part of this statement and signed.

Number of Shares	Name of Securities	Cost	Market Value Quotation/ Exchange	Date of Quotation/ Exchange	Total Value

Section 4. Real Estate Owned (List each parcel separately. Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.

	Property A	Property B	Property C
Type of Property			
Address			
Date Purchased			
Original Cost			
Present Market Value			
Name and Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Monthly Payment / Annual			
Status of Mortgage			

Section 5. Other Personal Property and Other Assets (Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment, and if delinquent, describe delinquency.

Section 6. Unpaid taxes. (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien is attached.

Section 7. Other Liabilities. (Describe in detail)

Section 8. Life Insurance held. (Give face amount and cash surrender value of policies – name of insurance company and beneficiaries).

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I authorize Lender to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. I understand FALSE statements may result in forfeiture of benefits.

Signature:	Date:	Social Security Number:
Signature:	Date:	Social Security Number:

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CREDIT AUTHORIZATION LETTER

I, _____, by duly signing below, do authorize Exico, Inc. of Pittsburgh, Pennsylvania to verify credit references. I authorize Exico, Inc. to obtain a copy of my credit report for the purposes of the application contained herein as follows:

Credit history with previous credit reporting agency, including date opened, current balance, amount past due, and times.

Credit history with any other vendor, including date opened, current balance, amount past due, and times late.

Rental history, including length of time rented, amount past due, and times late.

This information is confidential, and will only be used by Exico, Inc. to determine creditworthiness.

Further, It is mutually understood that this information will be utilized solely to assist Exico, Inc. in conducting eligibility analysis for the Small Business Development and Technical Assistance Program of the Allegheny County Department of Minority, Women and Disadvantaged Business Enterprise.

Exico, Inc. will not utilize this authorization for any other purpose other than that stated above without the express written consent of the applicant.

A photo copy or fax copy of this authorization may be used in place of the original.

Name

Social Security Number

Company Name (if applicable)

Telephone

Home Address, Line 1

Fax

Home Address, Line 2

Signature

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Tax Compliance Form

The following information is assist us in ascertaining that your company is not delinquent on any state and/or federal taxes. Please complete and sign this form in order to authorize Exico, Inc. to submit a tax compliance verification request.

Company Name: _____

Federal ID: _____ E-mail: _____

Name of Owner/Principal: _____

Social Security Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Tel: _____ Fax: _____

Date: _____ Signature: _____

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Past Projects References Form

Please provide us with information on the three largest projects that your company has completed within the past three years. The following information is useful so that we may be better able to evaluate your company's previous track record and performance.

Project #1

Year Completed: _____ Start and End Dates: _____ Size (\$): _____

Project Name/Description: _____

Were you a Prime or Sub Contractor: _____ Size of Your Contract (\$): _____

If Sub, Name of Prime Contractor: _____

Contact: _____ Tel: _____ Fax: _____

Were you bonded (Amount)? Yes: _____ No: _____ Not Required: _____

Project #2

Year Completed: _____ Start and End Dates: _____ Size (\$): _____

Project Name/Description: _____

Were you a Prime or Sub Contractor: _____ Size of Your Contract (\$): _____

If Sub, Name of Prime Contractor: _____

Contact: _____ Tel: _____ Fax: _____

Were you bonded (Amount)? Yes: _____ No: _____ Not Required: _____

Project #3

Year Completed: _____ Start and End Dates: _____ Size (\$): _____

Project Name/Description: _____

Were you a Prime or Sub Contractor: _____ Size of Your Contract (\$): _____

If Sub, Name of Prime Contractor: _____

Contact: _____ Tel: _____ Fax: _____

Were you bonded (Amount)? Yes: _____ No: _____ Not Required: _____

Date: _____ Signature: _____

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Existing Bonding Information Form

Please provide us with the following information regarding your company's existing surety bonding status. The following information is useful so that we may be better able to assist you with securing bonding or expanding your existing bonding capacity.

Does your company presently have bonding?: Y _____ N _____

If Yes:

- Amount: _____
- Provider: _____
- Since: _____
- Contact Name: _____
- Tel: _____ Fax: _____

Would you like our assistance in securing bonding?: Y _____ N _____

Date: _____ Signature: _____

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Existing Debt Schedule Form

Please provide us with the following information regarding your company's existing debt schedule and notes payable information. The following information is useful so that we may be better able to assist you with determining the most appropriate type of financing assistance for your company.

Provider	Loan Type	Original Balance	Balance Due	Interest Rate	Maturity Date	Monthly Payment	Loan Status
	Term: <input type="checkbox"/> Line of Credit: <input type="checkbox"/>						Current: <input type="checkbox"/> Default: <input type="checkbox"/>
	Term: <input type="checkbox"/> Line of Credit: <input type="checkbox"/>						Current: <input type="checkbox"/> Default: <input type="checkbox"/>
	Term: <input type="checkbox"/> Line of Credit: <input type="checkbox"/>						Current: <input type="checkbox"/> Default: <input type="checkbox"/>
	Term: <input type="checkbox"/> Line of Credit: <input type="checkbox"/>						Current: <input type="checkbox"/> Default: <input type="checkbox"/>
	Term: <input type="checkbox"/> Line of Credit: <input type="checkbox"/>						Current: <input type="checkbox"/> Default: <input type="checkbox"/>
	TOTAL	\$	\$			\$	

Date: _____ Signature: _____

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PRIVACY STATEMENT

All existing and prospective applicants and participants in this program are hereby informed that neither Exico, Inc. nor the Allegheny County Department of Minority, Women and Disadvantaged Business Enterprise or any of their respective affiliates or employees shall disclose any record or information or communication from any existing or prospective program participants to any third party except pursuant to a written request by, or with the prior written consent of, the individual or company to whom the record pertains.

It is further understood that all information and communication obtained from all existing and prospective program participants will be utilized solely to facilitate the provision of the professional management consulting, business development and technical assistance services related to this specific program.

It is Exico, Inc.'s intent to comply fully with all applicable local, state and federal regulations and guidelines pertaining to this subject matter. It is further understood that if any part or parts of the above Privacy Statement is or are adjudicated to be unenforceable under existing applicable laws, the remaining parts of this Privacy Statement shall continue to remain in force.