



**DETROIT ECONOMIC GROWTH CORPORATION
DOWNTOWN DEVELOPMENT AUTHORITY
ECONOMIC DEVELOPMENT CORPORATION**

LOAN APPLICATION

I. Information on Business to be Assisted

Name of Business Concern / Applicant: _____

Address of Business: _____

Address of Project (if different): _____

| <u>Name of Officers</u> | <u>Title</u> | <u>% of Ownership</u> |
|-------------------------|--------------|-----------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Telephone Number: (____) _____ Tax Identification Number: _____

Insurance Company: _____ Insurance Agent: _____

Insurance Expiration Date: _____

II. Business Status

Sole Proprietor: _____ Partnership: _____

Corporation: _____ Other (explain): _____

Where Incorporated: _____

Type of Business: _____

Date Established: _____

Certified Minority Owned? Yes () No ()

Certified Woman Owned? Yes () No ()

Legal Counsel

Name: _____

Address: _____

Telephone: (____) _____ Contact Person: _____

Accounting Firm

Name: _____

Address: _____

Telephone: (____) _____ Contact Person: _____

III. Information on Project Impact

a. Job Impact: Number of Existing Employees: _____

Number of Jobs to be Created by the Project: _____

b. Relocation: Yes: _____ No: _____

If yes, relocation from: _____

To: _____

IV. Participating Financial Institution

Name of Institution: _____

Address: _____

Name of Contact Person: _____

Telephone Number: (____) _____

V. Brief Project Description (Attach separate sheet(s) if necessary)

VI. Use of Project Funds

| | (Amount) |
|-------------------------------------|-----------------|
| a) Land Acquisition | _____ |
| b) Land Improvement | _____ |
| c) Purchase Existing Building | _____ |
| d) Remodel Existing Building | _____ |
| e) New Construction | _____ |
| f) Purchase Machinery and Equipment | _____ |
| g) Repair Machinery and Equipment | _____ |
| h) Purchase Furniture and Fixtures | _____ |
| l) Leasehold Improvements | _____ |
| j) Capitalized Interest | _____ |
| k) Contingencies (specify) | _____ |
| TOTAL | _____ |

VII. Project Site

a. Ownership

(1) If Project involves purchase of "New" property:

a) Who is the current title holder of the property:

Name: _____

Address: _____

Telephone: (____) _____

(2) If Project involves a Lease:

a) Who is the title holder of the currently held property:

Name: _____

Address: _____

Telephone: (____) _____

VII. Project Site (continued)

3) Is the ownership interest based on land contract?

Yes: _____ No: _____

Maturity Date: _____

Monthly Payment: _____

Tax Yield Projections for Project Site:

1) Current State Equalized Value (SEV): _____

2) Projected SEV at completion: _____

| 3) | <u>Current Taxes</u> | <u>Projected Taxes Upon Completion</u> |
|----|----------------------|--|
| a) | City/Township _____ | _____ |
| b) | County _____ | _____ |
| c) | School _____ | _____ |

Applicant Signature

Title

Date