



Forgivable Child Care Loan Fund APPLICATION DUE DECEMBER 14, 2018

APPLICANT INFORMATION

Applicant/business name:

Current address:

City:

State:

ZIP code:

Type of business: Rule 2 Sole Proprietorship Rule 2 Nonprofit Rule 3 Non-profit/For-profit Other

Applicant/contact person:

Date of birth:

Home address:

Telephone:

City:

State:

ZIP code:

Email:

SSN:

Federal ID #

DUNS #

NAICS Code

Officers of corporation or other entity: If applicable

President:

Vice President:

Treasurer:

Secretary:

EMPLOYMENT INFORMATION

Are you Parent Aware Rated, if so what star rating:

How long have you been licensed?

Monthly income:

Previous employment:

Personal reference:

CO-APPLICANT INFORMATION, IF FOR A JOINT ACCOUNT

Name:

Date of birth:

SSN:

Current employment:

How long?

Monthly income:

DESCRIPTION OF BUSINESS

Brief description of the child care including location, hours of operation, how many children the child care is licensed for and how many are currently enrolled or are anticipated to be enrolled:

Licensed: Infant: ___ Toddler: ___ Pre-School: ___ School Age: ___ Total:

Current: Infant: ___ Toddler: ___ Pre-School: ___ School Age: ___ Total: Number of Children related to provider:

Project description (attach additional page if necessary) Include educational background if applicable:

Are you Parent Aware rated:

Are you planning to pursue a Parent Aware rating:

PERSONAL FINANCIAL STATEMENTS

ASSETS			LIABILITIES		
1.	Cash		15.	Notes due to banks	
2.	Savings account		16.	Notes due to relatives	
3.	Checking account		17.	Notes due to others	
4.	Subtotal (lines 1-3)		18.	Unpaid bills	
5.	U.S. bonds		19.	Rent due	
6.	Other securities		20.	Subtotal (lines 15-19)	\$
7.	Other assets		21.	Real estate mortgages and contract for deed	
8.	Subtotal (lines 5-7)	\$	22.	Liens	
9.	Household real estate owned		23.	Installment debts, credit cards, etc.	
10.	Other real estate owned		24.	Car or vehicle debts	
11.	Personal property		25.	Subtotal (lines 21-24)	\$
12.	Other assets		26.	TOTAL LIABILITIES (lines 20+25)	\$
13.	Subtotal (lines 9-12)	\$	27.	NET WORTH (Line 14 minus 26)	\$
14.	TOTAL ASSETS (lines 4+8+13)	\$			

Have you declared bankruptcy within the last seven (7) years? No Yes (attach explanation)

Do you have any pending lawsuits, civil or criminal? No Yes (attach explanation)

I certify that all statements made in this application are an accurate representation of my financial condition on this date and are made for the purpose of obtaining the loan indicated. Verification and re-verification of any information contained in this application may be made at any time by West Central Initiative, its agents, successors and assigns, either directly or through a credit reporting agency or another source named in this application at any time while checking the creditworthiness of this loan, or if approved, at any time while said loan has an outstanding balance due.

West Central Initiative, its agents, successors and assigns will rely on the information contained in this application and I/we have a continuing obligation to amend and/or supplement the information provided in this application if any of the material facts which I/we have represented herein should change prior to advancement of funds by West Central Initiative or at any time thereafter, if requested.

It is further agreed that in the event that we make credit application elsewhere either prior to, during the term of, or following the making of the loan sought by this application, West Central Initiative is also authorized to receive additional credit information and to answer any questions by third parties on their credit experience with the undersigned.

Authorized Signature:

Date:

Authorized Signature:

Date:

information for government monitoring purposes		
The following information is requested by the Federal Government for certain types of loans in order to monitor the lender's compliance with equal credit opportunity, and Title VI of the Civil Rights Act of 1964. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish it, under federal regulations this lender is required to note race and sex on the basis of visual observation or surname. If you do not furnish this information, please check the box below.		
BORROWER		CO-BORROWER
<input type="checkbox"/> I do not wish to furnish this information.		<input type="checkbox"/> I do not wish to furnish this information.
Race categories		Race categories
<input type="checkbox"/> American Indian or Alaskan Native		<input type="checkbox"/> American Indian or Alaskan Native
<input type="checkbox"/> Black or African American		<input type="checkbox"/> Black or African American
<input type="checkbox"/> Asian		<input type="checkbox"/> Asian
<input type="checkbox"/> White		<input type="checkbox"/> White
<input type="checkbox"/> Native Hawaiian or Pacific Islander		<input type="checkbox"/> Native Hawaiian or Pacific Islander
Ethnic categories		Ethnic categories
<input type="checkbox"/> Hispanic or Latino		<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> Non Hispanic or Latino		<input type="checkbox"/> Non Hispanic or Latino
Gender		Gender
<input type="checkbox"/> Female Owned		<input type="checkbox"/> Female Owned
<input type="checkbox"/> Male Owned		<input type="checkbox"/> Male Owned
<input type="checkbox"/> Public Body		<input type="checkbox"/> Public Body
Veteran		Veteran
<input type="checkbox"/> Yes		<input type="checkbox"/> Yes
<input type="checkbox"/> No		<input type="checkbox"/> No
Disabled		Disabled
<input type="checkbox"/> Yes		<input type="checkbox"/> Yes
<input type="checkbox"/> No		<input type="checkbox"/> No
Borrower's signature:		Co-Borrower's signature:
Date:		Date:
(To be completed by interviewer)	Interviewer's name (print or type):	Name and address of interviewer's employer:
	Interviewer's signature:	
	Interviewer's phone:	
This application was taken by: <input type="checkbox"/> In-person <input type="checkbox"/> By telephone <input type="checkbox"/> By mail		
West Central Initiative use only		
Business applicant name:		
<p align="center">West Central Initiative is an equal opportunity provider and employer.</p> <p align="center"><i>If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.</i></p>		

Application's can be mailed to:
West Central Initiative
Attn: Greg Wagner
PO Box 318
Fergus Falls, MN 56538-0318