

*\*Please contact CRIZ Authority staff at Lancaster City Alliance at info@teamlanc.org or 717-394-0783 to discuss your project prior to completing this application.*

## **CRIZ Small Business Financial Assistance Program Application**

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### **I. APPLICATION INFORMATION**

Name of Applicant: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Type of CRIZ financing:  Loan  Grant

Grant/Loan Amount Requested: \$ \_\_\_\_\_

Guarantors of Credit: \_\_\_\_\_

### **II. COMPANY INFORMATION**

Name of Business: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Federal Tax I.D.: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Date Business Established: \_\_\_\_\_ How Long Owned: \_\_\_\_\_

### **III. OWNERSHIP & MANAGEMENT STRUCTURE**

Business Organizational Structure:

Sole Proprietorship \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_  
LLC \_\_\_\_\_ Limited Partnership \_\_\_\_\_

*List all owners, partners, and/or stockholders with at least 20% ownership in the business:*

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Percent Ownership: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Percent Ownership: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### **IV. BANKING RELATIONSHIP DATA**

Name of Bank: \_\_\_\_\_

Address: \_\_\_\_\_

Account Type(s): \_\_\_\_\_

Contact Info: \_\_\_\_\_

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**V. PROJECT BUDGET & FINANCIAL INFORMATION**

| <u>Scope of Project</u>  | <u>Estimated Project Cost</u> |
|--|-------------------------------|
| <input type="checkbox"/> Real Property Acquisition                   | \$ _____                      |
| <input type="checkbox"/> Building Renovations/Leasehold Improvements | \$ _____                      |
| <input type="checkbox"/> Infrastructure Improvements                 | \$ _____                      |
| <input type="checkbox"/> Purchase of Machinery/Equipment             | \$ _____                      |
| <input type="checkbox"/> Working Capital                             | \$ _____                      |
| <input type="checkbox"/> Inventory                                   | \$ _____                      |
| <input type="checkbox"/> Other-Please Specify                        | \$ _____                      |
| <b>TOTAL PROJECT COST</b>  | <b>\$ _____</b>               |

Have any cost estimates for this project been obtained? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Cost estimates must be attached to the application.

**VI. SOURCE(S) OF PROJECT FUNDS**

|                    |          |                    |       |
|--------------------|----------|--------------------|-------|
| Owner Equity:      | \$ _____ | % of Total Project | _____ |
| Bank Loan:         | \$ _____ | % of Total Project | _____ |
| CRIZ Financing:    | \$ _____ | % of Total Project | _____ |
| Private Financing: | \$ _____ | % of Total Project | _____ |
| Other _____        | \$ _____ | % of Total Project | _____ |

**VII. COLLATERAL INFORMATION – BUSINESS & PERSONAL**

| <u>Type</u>                                   | <u>Existing Lien?</u><br>(Secured/Unsecured) | <u>Estimated Fair Market Value</u> |
|---|--|------------------------------------|
| <input type="checkbox"/> Real Estate/Business | \$ _____                                     | \$ _____                           |
| <input type="checkbox"/> Equipment/Fixtures   | \$ _____                                     | \$ _____                           |
| <input type="checkbox"/> Real Estate/Personal | \$ _____                                     | \$ _____                           |
| <input type="checkbox"/> Personal Property    | \$ _____                                     | \$ _____                           |
| <input type="checkbox"/> Other (Specify)      | \$ _____                                     | \$ _____                           |



**X. CREDIT RELEASE AUTHORIZATION**

I/we hereby request and authorize you to release to the City of Lancaster for verification purposes, personal and corporate credit reports, and information concerning the company/corporation/partnership and/or the officers and individuals listed below. That information may include but is not limited to:

- Employment history dates, title, income, hours worked, etc.
- Banking (checking & savings) accounts of record.
- Mortgage loan rating (opening date, high credit, payment amount, loan balance, and payment)
- Any information deemed necessary in connection with a consumer credit report for my loan application.

***This information is for the confidential use of the City of Lancaster in compiling a loan credit report related to the CRIZ Loan Program, and is not required if only applying for a grant.***

A photographic or carbon copy of this authorization (being a photographic or carbon copy of the signature(s) of the undersigned), may be deemed to be the equivalent of the original and may be used as a duplicate original.

The City of Lancaster will impose an additional charge for each personal credit report and for each business credit report ordered.

(Please print or type)

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Name of Business: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Date: \_\_\_\_\_

Name of Officer/Owner: \_\_\_\_\_  
Address for last two years: \_\_\_\_\_  
Social Security #: \_\_\_\_\_  
Signature: \_\_\_\_\_

Name of Officer/Owner: \_\_\_\_\_  
Address for last two years: \_\_\_\_\_  
Social Security #: \_\_\_\_\_  
Signature: \_\_\_\_\_

**XI. EMPLOYMENT AND JOB CREATION INFORMATION**

Number of Current Employees:

Full Time:

Part Time:

Seasonal:

Number of Employees Projected in Three Years:

Full Time:

Part Time:

Seasonal:

Please indicate position type(s):

Management:

Administrative:

Support:

Skilled:

Unskilled:

Other:

Total Number of Jobs Created with Grant/Loan Proceeds: \_\_\_\_\_

Total Number of Jobs \_\_\_\_\_

**XII. APPLICANT CERTIFICATION STATEMENT AND SIGN-OFF**

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

POSITION: \_\_\_\_\_

If you should have any questions regarding the application process, please contact:

Jeremy Young  
Director of Community & Economic Development  
Lancaster City Alliance  
(717) 696-6200  
jyoung@teamlanc.org