

NDS



NEIGHBORHOOD DEVELOPMENT SERVICES, INC.

Department of Economic Development
120 East Main Street, Ravenna, Ohio 44266
Ph 330-297-6400 Fax 330-297-5303
Email jshank@ndsohio.org

*** Fees and Charges: Origination fee of 1.5%, plus preparation fee of \$150.00**

Date _____

Business Name _____ Tax ID# _____

Address _____ City _____ State _____ Zip _____

Telephone _____ Cell _____ Webpage _____

Dunns# _____ Current FTE _____ New FTE _____

Guarantors

1. Name _____ SSN _____

Address _____ City _____ State _____ Zip _____

Telephone _____ Cell _____ Email _____

Ownership _____ %

2. Name _____ SSN _____

Address _____ City _____ State _____ Zip _____

Telephone _____ Cell _____ Email _____

Ownership _____ %

Please attach a narrative description of the company and proposed project including revenue (current and projected) and employment projections. (Include services, business history and 3 year projections)

 Expansion Retention Start-Up New Construction? (Y/N)?

Primary Bank _____ Contact _____

SOURCES

USES

NDS Financing	\$ _____	Construction	\$ _____
Bank Financing	\$ _____	R.E. Acquisition	\$ _____
State/Local Funds	\$ _____	Renovation	\$ _____
Other Funds	\$ _____	Equipment	\$ _____
Equity - Borrower	\$ _____	Working Capital	\$ _____
Grantee Matching Funds	\$ _____	Inventory	\$ _____
Total	\$ ⁰ _____	Other	\$ _____
		Total	\$ ⁰ _____

Security and Collateral (Include Lien Position)

Collateral	Value
_____	_____
_____	_____
_____	_____
_____	_____

Required Documentation (Application)

- 3 Years of Tax Returns (personal and business)
- 3 Years of Company Balance Sheet and Income Statement
- 3 Years of Projections
- Personal Financial Statement
- Officer Resumes
- Dunns Number

Required at Closing

- Evidence of Insurance with Neighborhood Development Services, Inc. as loss payee
- Evidence of Workman's Comp Insurance

Required Annually

- NDS Site Visit
- Tax Returns
- Evidence of Insurance
- Workman's Comp Insurance
- Employment Reports

As an authorized agent of the Applicant Company, I hereby submit this Initial Project Information Record. I also understand that this is not a formal application for assistance. When a formal application is filed, I understand that additional information may be requested. I also understand that this document in no way constitutes a commitment to fund by the State of Ohio or the United States Department of Agriculture or any of its loan programs. This authorizes NDS, Inc. to make any necessary credit investigations.

Signature of Applicant

Title

Date

Signature of Co-Applicant

Title

Date

The following information is requested by the Federal Government for certain types of loans, in order to monitor the lender's compliance with equal opportunity. You are not required to furnish this information, but are encouraged to do so. The law requires 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, the lender is required to note race/ethnicity on the basis of visual observation or surname.

This information will not be used in evaluating your application.

Please check one of the following:

Gender

Male _____ Female _____

Ethnicity:

Hispanic or Latino _____ Not Hispanic or Latino _____

Race:

Alaskan Native _____ American Native _____ Asian _____

Black or African American _____ Pacific Islander _____

Native Hawaiian _____ White _____ Other _____

I choose not to provide this information _____

Completed By: (if applicant chooses not to furnish information)

NDS Representative

Printed Name



"This institution is an equal opportunity provider and employer."

