

**Michigan Certified Development Corporation
SMALL BUSINESS ADMINISTRATION (SBA)
APPLICATION FOR SECTION 504 LOAN**

Date of Application

Applicant Information

Name of Company			Employer Identification Number			NAICS Code						
Name of Contact Person			Type of Business			Locations						
Address			<input type="checkbox"/> Corporation - Years Chartered ____			<input type="checkbox"/> Urban						
			<input type="checkbox"/> Partnership - No. of Partners ____			<input type="checkbox"/> Rural						
City	State	ZIP Code		<input type="checkbox"/> Proprietorship			<input type="checkbox"/> Metro					
Telephone Number		County			<input type="checkbox"/> L.L.C. - No. of Members ____			Relocation				
Fax Number		Alter Ego ?		Check Appropriate Description			<input type="checkbox"/> Yes					
		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Existing Business --			<input type="checkbox"/> No					
Impact on Jobs 1) Pre-project Employment _____ 2) Number of jobs to be created in the next 2 years _____ 3) Number of jobs to be retained because of project _____ 4) Number of jobs to be created and retained (2 + 3) _____ Average Wage/Hour \$ _____				Date Established _____								
				<input type="checkbox"/> New Business			Any Affiliated Companies			<input type="checkbox"/> No		
				<input type="checkbox"/> Yes - Name _____			Describe Type of Business Conducted					

Applicant Counsel			Brief Description of the Project						
Name of Applicant Counsel									
Address									
City	State	ZIP Code							
Telephone Number		Fax Number							

Lender Information			Name of Interim Lender (if different than Bank listed at left)							
Name of Bank			Name of Contact Person							
Loan Officer			Address							
Address			City	State	ZIP Code		City	State	Zip Code	
Telephone Number		Fax Number			Telephone Number		Fax Number			
Other Sources of Financial Assistance (identify other sources including other Federal programs)										

Source of Funds		Proposed Use of Funds	
1) SBA 504	\$ _____	A) Land (and purchase of existing building, if applicable)	\$ _____
2) Bank	\$ _____	B) Building (new construction, remodeling, L/H improvement, etc.)	\$ _____
3) Equity*	\$ _____	C) Machinery and equipment (purchase and installation, etc.0	\$ _____
4) Other	\$ _____	D) Professional Fees (appraiser, architect, legal, etc.)	\$ _____
5) TOTAL	\$ _____	E) Other Expenses (contingency, interim financing, etc.)	\$ _____
*Identify Equity Source		F) TOTAL PROJECT COST	\$ _____
Personal Cash	\$ _____	(not including 504 related fees)	
Business Cash	\$ _____		
Land Equity	\$ _____		
Other _____	\$ _____		
Total Equity	\$ _____		

Attachment

Lender Loan Presentation Write-up Including Financial Spreads

Certification

I hereby certify that the information contained in this application and in the exhibits or attachments submitted are true and correct to the best knowledge of the applicant and the undersigned, and are submitted to the Michigan Certified Development Corporation (MCDC) in consideration for financial assistance through the SBA 504 program.

Name of Applicant	Print Name of Signer	Title
Signature	Date	

To be considered for a Section 504 Loan, please return this application and the necessary attachments to :

Mailing Address/Physical Address

Michigan Certified Development Corporation
822 Centennial Way, Suite 180
Lansing, MI 48917

If you have any questions regarding the completion of this form, please call 517-886-6612
This form may be faxed to 517-886-6619.