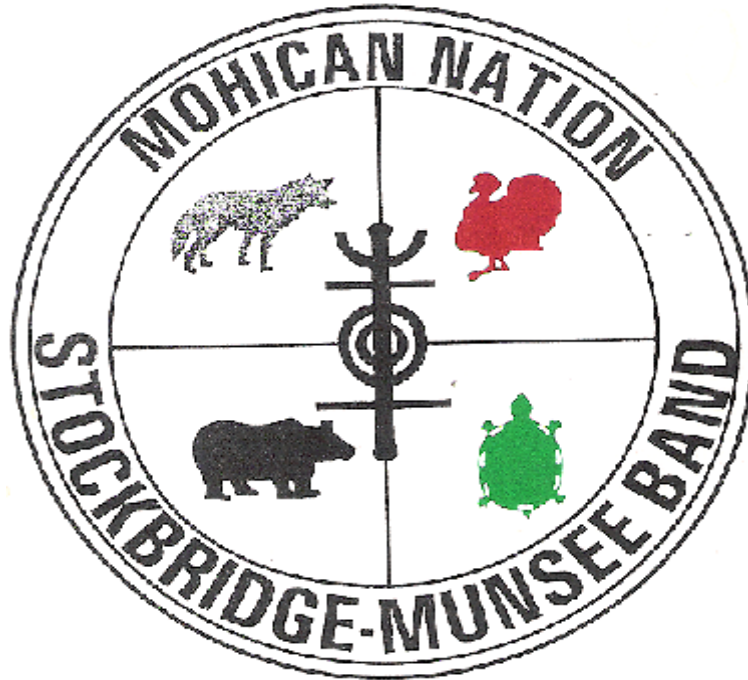


**Stockbridge-Munsee Community
Band of Mohican Indians**

**Mohican Loan Department
Business Loan
Application**



N8705 Moh He Con Nuck Rd
PO Box 70
Bowler, WI 54416
(715)793-4861
Fax: (715)793-4883
E-mail address
tanya.miller@mohican-nsn.gov



Mohican Loan Department

Dear Loan Applicant,

Thank you for your interest in a business loan from Mohican Loan Department. In order to complete our initial evaluation of your loan request we will need the following information:

- Completed Mohican Loan Business Application (attached). "In some cases, each owner and/or an applicant's spouse may need to complete an application."
- Applicants are required to pay a non-refundable fee of \$50.00 upon submitting loan application
- Interim business financial statement, including balance sheet and income statement no older than 60 days
- Business federal tax returns for the last three years including all supporting schedules, statements and K-1's. Attach a Certificate of Financial Statement Accuracy (form included in this packet) to each years return.
- Fiscal year end business financial statement, including balance sheets and income statements for the last three years. Attach Certificate of Financial Statement Accuracy (form included in this packet) to each financial statement.
- A completed Personal Financial Statement and Management Resume on each and every owner, partner, guarantor, corporate officer, and 20% or greater owners of corporate stock. (Attached, make copies as needed)
- Personal federal tax returns for last three years including all supporting schedules and statements for all owners, partners, and 20% or greater owners of corporate stock. Attached a Certificate of Financial Statement Accuracy (form included in this packet) to each years return.
- A business plan

If your loan application is approved, the following information may also be required as applicable:

- If real property is being purchased with loan proceeds, an appraisal by a certified appraiser
- Partnership Agreement
- Articles of corporation and By-laws
- Lease and sublease on land and building
- Construction bid and Builder's Control Agreement
- Bids/Purchase orders for equipment, inventory, furniture and fixtures
- Fire/hazard/liability insurance on all collateral securing loan
- Other information as required by Mohican Loan Department

Please feel free to contact me at (715)793-4861 or email me at tanya.miller@mohican-nsn.gov if you have any questions regarding your application. I look forward to working with you and hope we can help your business reach its goals.

Sincerely,
Tanya Miller, Loan Manager
Mohican Loan Department

PERSONAL INFORMATION

Tribal Member (name): _____

married unmarried legally separated

Social Security Number	Birth Date
Spouse's Name	Spouse's Social Security Number
Spouse's Birth date	Home Telephone
Home Address	Business Telephone

APPLICANT: **I do not wish to furnish this information** GENDER: male female
Race/National Origin: (select one or more) American Indian or Alaska Native (not Alaskan)
 Black or African American Asian Native Hawaiian or Other Pacific Islander White

Are you a partner or officer in any other venture? If so, describe.

Have you ever declared Bankruptcy? If so, describe.

Are you obligated to pay alimony, child support, or separate maintenance payments? If so, describe.

Have you ever been convicted, placed on pretrial diversion, or placed on any form of probation? If so, describe.

Have you ever been charged with and/or arrested for any criminal offense other than a minor motor vehicle violation? If so, describe.

EDUCATION AND EXPERIENCE

College or Technical Training-Name & City	Dates Attended	Major	Degree/Certificate Earned

Military Service	Branch	Dates of Service

Work Experience- list chronologically beginning with present

Company Name & City	Dates	Title

Business Loan Application

BUSINESS (Name and Address): _____ _____				
Contact Person (Name and Title): _____				
Telephone and Fax: _____				
Email Address: _____				
Federal Identification Number: _____				
Business Information:				
Organization Form: _____ (e.g., Corporation, LLC, LLP, Partnership, Sole-Proprietorship, or Other)				
Date Established: _____				
Nature of Business: _____				
Type of Product/Service: _____				
Number of Employees: _____				
Estimated Annual Gross Revenues: _____				
Management: _____				
Years at Present Location: _____				
Key Customers: _____				
Major Competitors: _____				
Business Ownership:		(List owners, stockholders, partners, etc. and provide evidence)		
Name	Title	# of Years	%	SS#
Name	Title	# of Years	%	SS#
Name	Title	# of Years	%	SS#

Loan Request

Amount Requested: _____
Loan Purpose: _____ _____
Loan Goals and Objectives: _____ _____
Address where Loan Funds Used: _____
Use of Proceeds (Round to nearest \$100): Purchase of Real Estate: _____ New Construction or Improvements: _____ Purchase of Equipment: _____ Purchase of Inventory: _____ Purchase of Existing Business: _____ Working Capital: _____ Refinancing: _____ Other: _____
Other Funds Used for Same Purpose: _____ _____ _____
Number of Jobs Saved: _____ Full-time _____ Part-time
Number of Jobs Created: _____ Full-time _____ Part-time
Name of Bank(s): _____ _____
Credit References: (name and contact info) 1. _____ 2. _____ 3. _____

Proposed Security

Collateral Description: _____ _____ _____			
Collateral Valuation [attach separate sheets describing collateral in detail, such as inventory lists, equipment lists (with serial numbers), property addresses and tax information, and bank and account information]:			
Type	Appraised Value	Debt	Available Equity
Accounts Receivable			
Inventory			
Equipment			
Vehicles			
Furniture and Fixtures			
Marketable Securities			
Commercial and Residential Property			
Vacant Land			
Cash on Deposit			
Personal Assets			
Other _____			
Guarantors (Names and Addresses): _____ _____ _____			

Miscellaneous Information

Other Loans: (Lender, Type and Amount)	1. _____ 2. _____ 3. _____	
Are tax liabilities current? <input type="checkbox"/> Yes <input type="checkbox"/> No Settled through _____		
Is the business an endorser, guarantor, or co-maker for any obligation not listed in the financial statements? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is the contingent liability? _____		
Has the business or principal owner ever declared bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide details on a separate sheet.		
Is the business a defendant in any lawsuit? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide details on a separate sheet.		
Are any of the business assets encumbered by liens or attachments of any type? <input type="checkbox"/> Yes <input type="checkbox"/> No		
What	By whom	Amount \$
What	By whom	Amount \$
What	By whom	Amount \$
Does the business have a pension fund? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Does the business have a profit-sharing plan? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Does the plan have unfunded pension liabilities? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount \$

Certification and Authorization

The undersigned certifies that, to the best of his or her knowledge and belief, all information contained in this loan application and in any accompanying statements and documents is true, complete, and correct. The undersigned agrees to notify the Stockbridge-Munsee Community, acting through the Mohican Loan Department, immediately of any material changes in this information. The undersigned agrees to the provisions of any tribal law, policies, and agreements governing this loan and understands that this application is subject to approval.

The undersigned authorizes the Mohican Loan Department, its employees, or agents to verify the statements herein, obtain any additional information needed to assess the loan application, and to contact any bank and trade creditors and credit reporting agencies it deems necessary without further notice.

Tribal Member Applicant:

Signature: _____

Date: _____

Print Name: _____

Co-Applicant Business (Must be signed by authorized officials):

Signature: _____

Date: _____

Print Name: _____

Title: _____

Signature: _____

Date: _____

Print Name: _____

Title: _____

BUSINESS FINANCIAL STATEMENT

Instruction for completing this form:

Start by completing Schedules 1-4 as applicable; then, carry forward the individual schedule totals to the appropriate space(s) on the Balance Sheet. Review the Balance Sheet and complete information for items that do not have related schedules. Please make sure you include the financial condition date in the beginning paragraph as well as sign and date the form below the Balance Sheet

For the purpose of obtaining credit from Mohican Loan Department and any future credit granted the undersigned by the Mohican Loan Department, or to support the extension of credit already given, the undersigned makes the following statement to Mohican Loan Department of the undersigned's **financial condition on the _____ day of _____, 20____**, and represents that the statement is true and complete and authorize Mohican Loan Department, or its agents, to verify the information obtained in this statement and obtain additional information concerning the undersigned's financial condition and furnish the same to others. I agree to notify Mohican Loan Department, in writing, of any changes that materially affects the accuracy of this statement.

BALANCE SHEET			
Assets	In Dollars	Liabilities & Net Worth	In Dollars
Cash (Schedule 1)		Lines of Credit	
Notes Receivable		Notes Payable, current/short term	
Accounts Receivable		Accounts payable	
Inventory		Bank Overdrafts	
U.S. Government Securities		Accrued Wages	
Cash Surrender Value, Life Insurance		Accrued Taxes	
Other Current Assets (Itemize)		Accrued Interest	
		Current Portion Long Term Debt	
		Other Current Liabilities(Itemize)	
Total Current Assets		Total Current Liabilities	
Machinery & Equipment (Schedule 2)		Mortgages Payable (Schedule 3)	
Land (Schedule 3)		Term Debt (Schedule 4)	
Buildings (Schedule 3)		Other Long Term Liabilities	
Intangible Assets			
Due from Officers/Stockholders		Loans from Officers/Stockholders	
Other Assets (Itemize)		Total Liabilities	
		Stock	
		Retained Earnings	
		Total Net Worth	
TOTAL ASSETS		TOTAL LIABILITIES & NET WORTH	

By: _____

Date _____

Officer Signature & Title

1. Schedule of cash, Checking Accounts, Savings Accounts and Certificates of Deposit (carry total to Assets Line 1: Cash)			
Type	Financial Institution Name	Balance	Pledged?

2. Schedule of Machinery & Equipment—Attach additional sheets if necessary. (carry total to Assets Line 13: Machinery & Equipment)			
Quantity	Description-Make & Model	Year	Fair Market Value

3. Schedule of Real Estate Owned & Mortgages Payable (carry total Fair Market Value to Assets Lines 14 & 15 as appropriate and total Mortgage Balances to Liabilities Line 13: Mortgages Payable)						
Property Address	Fair MKT. Value	Creditor Name	Mortgage Balance	Monthly Payment	Interest Rate	Annual Taxes

4. Schedule of Term Debt than Mortgages Payable (carry total Loan Balances to Liabilities Line 14: Term Debt)						
Creditor	Collateral Description	Owned By	Collateral Fair Market Value	Loan Balance	Monthly Payment	Interest Rate

PERSONAL FINANCIAL STATEMENT

Instruction for completing this form:

Start by completing Schedules 1-7 as applicable; then, carry forward the individual schedule totals to the appropriate space(s) on the Statement of Financial Condition. Review the summary and complete information for items that do not have related schedules. Please make sure you include the financial condition date in the beginning paragraph as well as sign and date form below the Statement of Financial Condition.

Name _____

For the purpose of obtaining credit from Mohican Loan Department, or to support the extension of credit already given, I make the following statement to Mohican Loan Department of **my financial condition on** _____, **20** _____. I represent that the statement is true and complete and authorize Mohican Loan Department, or its agents, to verify the information obtained in this statement and obtain additional information concerning my financial condition and furnish the same to others. I agree to notify Mohican Loan Department, in writing, of any changes that materially affects the accuracy of this statement.

STATEMENT OF FINANCIAL CONDITION			
Assets	In Dollars	Liabilities	In Dollars
Cash (Schedule 1)		Notes Payable-Secured (Sch.6)	
Government and Listed Securities (Sch.2)		Notes Payable-Unsecured (Sch.6)	
Unlisted Securities (Schedule 2)		Other Payables	
Notes & Loans Receivable (Schedule 3)		Life Insurance Loans (Schedule 5)	
Real Estate Owned (Schedule 4)		Accounts Payable	
Automobiles		Unpaid Income Taxes	
Other Personal Property (Schedule 7)		Mortgages Payable (Schedule 4)	
Cash Value Life Insurance (Schedule 5)		Real Estate Taxes Due	
Equity in Partnership(s)		Credit Card Balances	
Equity in Proprietorship(s)		Other Debts (Itemize)	
Vested Pension Benefits or Profit Sharing			
IRA or Other Retirement Account Balances			
Other Assets (Itemize)			
		TOTAL LIABILITIES	
		NET WORTH (difference of Total Assets less Total Liabilities)	
TOTAL ASSETS		TOTAL LIABILITIES & NET WORTH	

Signature Date Signature Date

1.Schedule of Cash, Checking Accounts, Savings Accounts & Certificates of Deposit (carry total to Assets Line 1:Cash)				
Type	Name of Financial Institution	Balance	Owner	Pledged?

2. Schedule of U.S. Government, Listed and Unlisted Securities (carry total;(s) to Asset Lines 2: Government and Listed Securities and/or 3: Unlisted Securities)				
No. Shares	Description	Owner	Market Value	Pledged?

Annual Income

Please list sources of annual and attach verification either tax returns or pay stubs).

Employer Name	Annual Income	\$
Spouse's Employer Name	Annual Income	\$
Other Sources of Income	Annual Income	\$
Other Sources of Income	Annual Income	\$



Mohican Loan Department

Certificate of Financial Statement Accuracy

(Copy as necessary and attach to each separate tax return or financial statement.)

To: Mohican Loan Department

The attached document is the financial statement or tax return of the undersigned as of _____, 20_____, and is the most recent such document prepared by or for the undersigned. It is furnished in connection with an application for, or renewal/extension of, credit to be extended by the Mohican Loan Department to the undersigned or third party and to induce that Mohican Loan Department to permit the undersigned to be obligated to the Mohican Loan Department notes, credit, extension of credit, endorsements, guarantees, security agreements, overdrafts and/or otherwise. The undersigned agrees to notify the Mohican Loan Department immediately of the extent and character of any material change in the undersigned's financial condition.

The financial statement and/or tax return shall constitute a continuing representation by the undersigned and shall be construed by the Mohican Loan Department to be a continuing representation as to the financial condition of the undersigned, and a new and original statement of all assets and liabilities of the undersigned upon each and every transaction in and by which the undersigned hereafter becomes obligated to the Mohican Loan Department until the undersigned advises the Mohican Loan Department in writing to the contrary.

The undersigned certifies and declares under penalty of perjury that the attached statement and supporting schedules, both printed and written, gives a complete and correct statement of the financial condition of the undersigned as of the date indicated above and on the date of the statement or schedules, and that no material change in the financial condition depicted on the statement or schedules has occurred since its date, except those set forth in writing to the Mohican Loan Department.

The Mohican Loan Department may (a) verify with third parties any information contained in the attached documents, (b) obtain information from others and (c) ask and answer questions and requests seeking credit experience and financial information about the undersigned.

Executed on _____, 20_____ at _____, _____.

(City) (State)

By _____

Title _____

Company Name _____

AUTHORIZATION FOR THE RELEASE OF ENROLLMENT INFORMATION

PURPOSE: I hereby authorize the release and disclosure of written and verbal information relating to my financial history, current employment, previous employment, tribal enrollment status and any other information needed to process my loan request to Mohican Loan Department, N8750 Moh He Con Nuck Road/PO Box 70, Bowler, WI 54416

I further authorize the use of a facsimile or photocopy of this form for the release or disclosure of information for the purpose described above.

I understand that this Authorization, except for action already taken, may be voided by me at any time. If I do not void this Authorization, I understand that I will automatically end when a decision is made as to my loan application.

APPLICANT: _____
Signature Date

Print Name Social Security Number

Address City State Zip

Date of Birth

.....APPLICANT STOP HERE.....

This section to be completed by: Stockbridge-Munsee Community Land/Enrollment Office

ENROLLMENT CERTIFICATION: I hereby certify that the applicant named above is an enrolled member of the Stockbridge-Munsee Community, and that all information is accurate and complete to the best of my knowledge and belief.

Applicant Enrollment Number

Signature

Title

Date

