

Myskoke Loan Fund

START-UP BUSINESS REQUIREMENTS

The items listed below will serve as a checklist to ensure you have included all of the items necessary to make your loan proposal complete.

- ◆ Completed application form, signed and dated
- ◆ Business Plan
- ◆ Resume of each principal
- ◆ Personal Financial Statements on each principal
- ◆ Copies of last three years federal income tax returns on each principal ✓
- ◆ Cash flow projections for the first 36 months of business operations
- ◆ Copy of Corporate documents
- ◆ Credit authorization, signed and dated
- ◆ Detailed list of collateral now available and being acquired with loan proceeds
- ◆ Proposed product brochures, marketing materials and list of prospective customers
- ◆ Breakdown of machinery and equipment
- ◆ Detailed estimate of working capital

APPLICANT INFORMATION

Legal Name:			
<i>LAST</i>	<i>FIRST</i>	<i>MIDDLE</i>	<i>MAIDEN</i>
Social Security Number	Date of Birth	Gender	
Co-Applicant: <i>LAST FIRST MIDDLE MAIDEN</i>			
Co-Applicant Social Security Number	Co-Applicant: Date of Birth	Gender	Co-Applicant Driver's License Number
Driver's License Number	Community	Main Contact Telephone Number	
Marital Status: Complete ONLY if applying with spouse jointly or if requesting a loan secured by collateral located in a community property state. <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed			
Number in Household	Ages	Relation	
Current Address (Street, City, State, Zip)	<input type="checkbox"/> OWN <input type="checkbox"/> RENT	How Long?	County
Previous Address (Street, City, State, Zip)	<input type="checkbox"/> OWN <input type="checkbox"/> RENT	How Long?	County
Amount Requested:	Requested Funding Date:	Requested Repayment Period:	
Loan Purpose:			
Loan Program (Artist, Employee, Consumer, Commercial Business Loan over \$25K, Micro Business Loan)			

EMPLOYMENT INFORMATION

Current Employer	Address (Street, City, State, Zip)		How Long?	Telephone
Position or Title	Hourly Wage	Monthly Gross Income (Before Tax) \$	Monthly Net income (Take-Home) \$	
Previous Employer	Address (Street, City, State, Zip)		How Long?	Telephone
Position or Title	Hourly Wage	Monthly Gross Income (Before Tax) \$	Monthly Net income (Take-Home) \$	
Co-Applicant Current Employer	Address (Street, City, State, Zip)		How Long?	Telephone
Position or Title	Hourly Wage	Monthly Gross Income (Before Tax) \$	Monthly Net income (Take-Home) \$	

REFERENCES

Please list three (3) references for Applicant and Co-Applicant, with the first one being the nearest relative that lives outside the home:

Name and Address	Telephone Number	Relationship
1		
2		
3		

ADDITIONAL INFORMATION

IS ANY OF THE INCOME LISTED ABOVE LIKELY TO BE REDUCED BEFORE THE CREDIT IS PAID?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
HAVE YOU PREVIOUSLY RECEIVED A LOAN FROM MLF? IF YES, WHEN?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
HAVE YOU COMPLETED TRAINING RECOMMENDED BY MLF?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES, WHAT IS THE TRAINING COMPLETION DATE?	ARE CERTIFICATES ATTACHED?	<input type="checkbox"/> YES <input type="checkbox"/> NO
DO YOU HAVE HEALTH CARE COVERAGE? IF YES, PLEASE LIST THE PROVIDER:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
DO YOU OR ANY MEMBER OF YOUR FAMILY CURRENTLY WORK FOR Muscogee Creek NATION OR ANY OF ITS ENTITIES?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

HOUSEHOLD INCOME

Monthly Income	\$ After Taxes	Monthly Expenses	\$ After Taxes
APPLICANT'S SALARY		RENT OR MORTGAGE ON RESIDENCE	
SPOUSE'S SALARY (if applicable)		AUTOMOBILES:	
BONUS /COMMISSIONS		INSTALLMENT LOANS	
ALIMONY & CHILD SUPPORT		ELECTRICITY, WATER, OIL, & GAS	
INVESTMENT INCOME		FOOD	
REAL ESTATE INCOME		INSURANCE	
PUBLIC ASSISTANCE		ALIMONY & CHILD SUPPORT	
OTHER:		EDUCATION	
OTHER:		TAXES OTHER THAN FEDERAL	
OTHER:		ENTERTAINMENT	
OTHER:		MEDICAL EXPENSES (INCL INSURANCE PREMIUMS)	
MONTHLY INCOME		MONTHLY EXPENSES	
MONTHLY DISPOSABLE INCOME		= MONTHLY INCOME LESS MONTHLY EXPENSE	

OTHER INFORMATION

* **NOTE:** Alimony, Child Support, or Separate Maintenance Income need **NOT** be revealed if you do not wish to have it considered as a basis for Repaying the Loan.

ALIMONY, CHILD SUPPORT or SEPARATE MAINTENANCE INCOME is received or paid under the following:		
<input type="checkbox"/> COURT ORDER	<input type="checkbox"/> WRITTEN AGREEMENT	<input type="checkbox"/> ORAL UNDERSTANDING
IS ANY OF THE INCOME LISTED ABOVE LIKELY TO BE REDUCED BEFORE THE CREDIT IS REPAID?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
ARE YOU A CO-MAKER / CO-SIGNER, ENDORSER, OR GUARANTOR ON ANY LOAN OR CONTRACT	<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES, FOR WHOM?	TO WHOM?	AMOUNT \$
ARE YOU OBLIGATED TO MAKE ALIMONY, CHILD SUPPORT, OR MAINTENANCE PAYMENTS NOT DISCLOSED ABOVE	<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES, TO WHOM? NAME	ADDRESS	AMOUNT \$
DO YOU OWE ANY LOCAL OR FEDERAL TAXES? IF YES, PLEASE LIST AMOUNT: \$	<input type="checkbox"/> YES	<input type="checkbox"/> NO
DOES ANYONE HAVE A DAMAGE CLAIM AGAINST YOU? IF YES, PLEASE LIST AMOUNT: \$	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Please provide titled collateral with no liens attached to this application. This must be property you own and is in your name.

APPLICANT INFORMATION

Please initial by each item in the space provided that you agree with the statement. If you need additional space please attach to this application.

1. _____ I understand that should my loan be approved, prior to closing, MLF will charge a CLOSING FEE in the amount of 3% of the funded amount.
2. _____ I give my permission for MLF to check my credit and employment history and to contact landlords, creditors and other individuals and institutions detailed within this Loan Application.
3. _____ I have never filed for bankruptcy protection. (If you have, please give date and status: _____)
4. _____ There are no outstanding judgments against me. (If there are, give the amount you could be obligated to pay: _____)
5. _____ I am not currently a party to a lawsuit. (If you are, please explain: _____)
6. Ethnicity: Please Choose A or B below:
 - A. I do not wish to furnish this information. "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. 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 be furnish it, under Federal regulations, this lender is required to note race/ethnicity on the basis of visual observation or surname. If you do not wish to furnish the above information, please check the box below." "This is an Equal Opportunity Program, Discrimination is prohibited by Federal Law. Complaints or discrimination may be filed with the USDA, Director, Office of Civil Rights, Washington, DC 20250."
 - B. Please CHECK one: CAUCASIAN HISPANIC AFRICAN AMERICAN NATIVE AMERICAN (TRIBE _____)
7. _____ I certify that **EVERYTHING I have stated in this Application and any attachments is correct.**

By signing below, I AGREE to the above. Co-Applicant's signatures are required if co-applicant shares ownership of the assets or is a party to obligations disclosed in the Application for a loan from MLF.

Applicant's SIGNATURE

Date

CO-Applicant's Signature (if applicable)

MANAGEMENT RESUME

Please fill in all spaces. If an item is not applicable, please indicate as such. You may include additional relevant information on a separate exhibit. SIGN/DATE where indicated.

PERSONAL INFORMATION:

NAME _____ SS# _____

DATE OF BIRTH _____ PLACE OF BIRTH _____

RESIDENCE TELEPHONE _____ BUSINESS TELEPHONE _____

RESIDENCE ADDRESS _____

FROM _____ TO PRESENT DATE _____

PREVIOUS ADDRESS _____

FROM _____ TO _____

SPOUSE'S NAME _____ SS# _____

ARE YOU EMPLOYED BY THE U.S. GOVERNMENT? Yes No AGENCY/POSITION _____

ARE YOU A U.S. CITIZEN? Yes No IF NO, GIVE ALIEN REGISTRATION NUMBER _____

EDUCATION:

High School/College/Technical-Name/Location	Dates Attended	Major	Degree/Certificate
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

MILITARY SERVICE BACKGROUND:

Branch of Service _____ Dates of Service _____

WORK EXPERIENCE: List chronologically beginning with present employment.

Company Name/Location _____

From _____ To _____ Title _____

Duties _____

Company Name/Location _____

From _____ To _____ Title _____

Duties _____

Company Name/Location _____

From _____ To _____ Title _____

Duties _____

Signature

Date



PERSONAL FINANCIAL STATEMENT

U.S. SMALL BUSINESS ADMINISTRATION

As of _____

Complete this form for: (1) each proprietor; (2) general partner; (3) managing member of a limited liability company (LLC); (4) each owner of 20% or more of the equity of the Applicant (including the assets of the owner's spouse and any minor children); and (5) any person providing a guaranty on the loan. **Return completed form to:** 7(a) loans - to the lender processing the SBA application; 504 loans - to the Certified Development Company processing the SBA application; Disaster loans - to the Disaster Processing and Disbursement Center at 14925 Kingsport Road, Fort Worth, TX 76155-2243; and 8(a)/BD applicants who are *individuals claiming social and economic disadvantaged status and their spouses* - electronically at <http://www.sba.gov> or send hard copy with paper application to either of the two following offices:

Mall to the following address, if your firm is located in one of the states below:	Mall to the following address, if your firm is located in one of the states below:
US Small Business Administration DPCE Central Office Duty Station Parkview Towers 1150 First Avenue 10th Floor, Suite 100I King of Prussia, PA 19406	Small Business Administration Division of Program Certification and Eligibility 455 Market Street, 6th Floor San Francisco, CA 94105
MA, ME, NH, CT, VT, RI, NY, PR (Puerto Rico), VI (US Virgin Islands), NJ, PA, MD, VA, WV, DC, DE, GA, AL, NC, SC, MS, FL, KY, TN	IL, OH, MI, IN, MN, WI, TX, NM, AR, LA, OK, MO, IA

Name _____ Business Phone _____

Residence Address _____ Residence Phone _____

City, State, & Zip Code _____

Business Name of Applicant/Borrower _____

ASSETS		(Omit Cents)	LIABILITIES		(Omit Cents)
Cash on hand & in Banks	\$	_____	Accounts Payable	\$	_____
Savings Accounts	\$	_____	Notes Payable to Banks and Others	\$	_____
IRA or Other Retirement Account	\$	_____	(Describe in Section 2)		
(Describe in Section 5)			Installment Account (Auto)	\$	_____
Accounts & Notes Receivable	\$	_____	Mo. Payments \$ _____		
(Describe in Section 5)			Installment Account (Other)	\$	_____
Life Insurance-Cash Surrender Value Only	\$	_____	Mo. Payments \$ _____		
(Complete Section 8)			Loan on Life Insurance	\$	_____
Stocks and Bonds	\$	_____	Mortgages on Real Estate	\$	_____
(Describe in Section 3)			(Describe in Section 4)		
Real Estate	\$	_____	Unpaid Taxes	\$	_____
(Describe in Section 4)			(Describe in Section 6)		
Automobiles - Total Present Value	\$	_____	Other Liabilities	\$	_____
(Describe in Section 5, and include Year/Make/Model)			(Describe in Section 7)		
Other Personal Property	\$	_____	Total Liabilities	\$	_____
(Describe in Section 5)			Net Worth	\$	_____
Other Assets	\$	_____			
(Describe in Section 5)			Total	\$	_____
Total	\$	_____			

Section 1. Source of Income	Contingent Liabilities
Salary	As Endorser or Co-Maker
Net Investment Income	Legal Claims & Judgments
Real Estate Income	Provision for Federal Income Tax
Other Income (Describe below)*	Other Special Debt

Description of Other Income in Section 1.

*Alimony or child support payments need not be disclosed in "Other income" unless it is desired to have such payments counted toward total income.

Section 2. Notes Payable to Banks and Others. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

Name and Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed Type of Collateral

Section 3. Stocks and Bonds. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

Section 4. Real Estate Owned. (List each parcel separately. Use attachment if necessary. Each attachment must be identified as a part of this statement and signed.)

	Property A	Property B	Property C
Type of Real Estate (e.g. Primary Residence, Other Residence, Rental Property, Land, etc.)			
Address			
Date Purchased			
Original Cost			
Present Market Value			
Name & Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment per Month/Year			
Status of Mortgage			

Section 5. Other Personal Property and Other Assets. (Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment and if delinquent, describe delinquency)

Section 6. Unpaid Taxes. (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)

Section 7. Other Liabilities. (Describe in detail.)

Section 8. Life Insurance Held. (Give face amount and cash surrender value of policies - name of insurance company and beneficiaries)

I authorize SBA/Lender to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness.
CERTIFICATION: (to be completed by each person submitting the information requested on this form)

By signing this form, I certify under penalty of criminal prosecution that all information on this form and any additional supporting information submitted with this form is true and complete to the best of my knowledge. I understand that SBA or its participating Lenders, or Certified Development Companies will rely on this information when making decisions regarding an application for a loan from SBA or an SBA Participating Lender, or for participation in the SBA 8(a) Business Development (BD) program.

Signature _____

Date _____

Print Name _____

Social Security No. _____

NOTICE TO LOAN APPLICANTS: CRIMINAL PENALTIES AND ADMINISTRATIVE REMEDIES FOR FALSE STATEMENTS:

Knowingly making a false statement on this form is a violation of Federal law and could result in criminal prosecution, significant civil penalties, and a denial of your loan. A false statement is punishable under 18 U.S.C. §§ 1001 and 3571 by imprisonment of not more than five years and/or a fine of up to \$250,000; under 15 U.S.C. § 645 by imprisonment of not more than two years and/or a fine of not more than \$5,000; and, if submitted to a Federally Insured institution, a false statement is punishable under 18 U.S.C. § 1014 by imprisonment of not more than 30 years and/or a fine of not more than \$1,000,000.

NOTICE TO APPLICANTS OR PARTICIPANTS IN THE 8(a) BD PROGRAM: CRIMINAL PENALTIES AND ADMINISTRATIVE REMEDIES FOR FALSE STATEMENTS:

Any person who misrepresents a business concern's status as an 8(a) Program participant or SDB concern, or makes any other false statement in order to influence the 8(a) certification or other review process in any way (e.g., annual review, eligibility review), shall be: (1) Subject to fines and imprisonment of up to 5 years, or both, as stated in Title 18 U.S.C. § 1001; (2) subject to fines of up to \$500,000 or imprisonment of up to 10 years, or both, as stated in Title 15 U.S.C. § 645; (3) Subject to civil and administrative remedies, including suspension and debarment; and (4) Ineligible for participation in programs conducted under the authority of the Small Business Act.

PLEASE NOTE: The estimated average burden hours for the completion of this form is 1.5 hours per response. If you have questions or comments concerning this estimate or any other aspect of this information, please contact Chief, Administrative Branch, U.S. Small Business Administration, Washington, D.C. 20416; and Clearance Officer, Paper Reduction Project (3245-0188), Office of Management and Budget, Washington, D.C. 20503; PLEASE DO NOT SEND FORMS TO OMB.

YOUR BUSINESS

Please provide us with information on your business. You also may attach a business plan and cash flow projections if available. If you need more space than allowed, please attach additional sheets.

OPERATING YOUR BUSINESS

1. Please give the name, address, telephone number of your business.
2. Describe the type of product or service your business will offer.
3. Is your business: ~ Start up ~ Currently operating since
4. What type of industry: (please check all that apply). ~ Service ~ Retail ~ Wholesale
5. What is the legal structure:
 - ~ Sole Proprietorship
 - ~ Partnership (please include a copy of partners' names and addresses) ~
 - Corporation (please include a copy of article of incorporation)
6. Please list any state and/or federal licenses your business is required to have in order to operate. Do you currently have this license?
7. Is a city or town privilege license required? ____ Yes ____ No. If yes, do you have this license? ____ Yes ____ No.
8. Will this business operate ____ full-time ____ part-time ____ seasonally?
9. Not including yourself, this business will currently employ: # ___ full-time employees; # ___ part-time employees
10. What is the average number of hours per week you are working?
11. Why did you choose to be in this business?
12. Please describe your experiences in this type of business.
13. Have you previously owned a business? If yes, why are you no longer in that business?
14. Will this business be your primary source of income? ____ Yes ____ No
15. What are your business goals for the first year of operation?

YOUR BUSINESS (continued)

16. Are you currently employed outside of this business? ___ Yes ___ No
17. If yes, please provide employer's name, address, and telephone number.
18. What are your work hours?
19. What is your job title?
20. How long have you been employed with the above employer? ___ Years ___ months.

If less than 2 years please list previous employer and position:

21. Do you plan to keep this job while operating your business? ___ Yes ___ No

BUSINESS SALES INFORMATION

This information should be actual sales data for existing businesses and projected sales data for proposed businesses. Applicants may be asked to verify this information.

1. What is your average sale amount per customer?
2. How many customers do you serve each day?
3. Approximately how many days are you open each month?
4. What are your total monthly sales?
5. What are your total monthly expenses?
6. What and how much are your three greatest expenditures each month?
7. What are your lowest sales months?
8. When is your peak season? ___ Fall ___ Winter ___ Spring ___ Summer
9. Will this business pay you a salary? If yes, how much will it pay you each month?

Bill Mount Financials

Income Statement	Month												Total		
	1	2	3	4	5	6	7	8	9	10	11	12			
Revenue:															
Avg. Customers/Day	20	22	25	25	27	28	30	30	32	35	35	40		29.1	
Avg. Sales/Customer	\$25.00													\$25	
Gross Revenue	15,000	16,500	18,750	18,750	20,250	21,000	22,500	22,500	24,000	26,250	26,250	30,000		261,750	
Cost of Goods Sold %	45.0%														
Cost of Goods sold	<u>(6,750)</u>	<u>(7,425)</u>	<u>(8,438)</u>	<u>(8,438)</u>	<u>(9,113)</u>	<u>(9,450)</u>	<u>(10,125)</u>	<u>(10,125)</u>	<u>(10,800)</u>	<u>(11,813)</u>	<u>(11,813)</u>	<u>(13,500)</u>		<u>(117,788)</u>	
Net Revenue	8,250	9,075	10,313	10,313	11,138	11,550	12,375	12,375	13,200	14,438	14,438	16,500		143,963	
Other Income															
Total Income	8,250	9,075	10,313	10,313	11,138	11,550	12,375	12,375	13,200	14,438	14,438	16,500		143,963	
Costs & Expenses:															
Bank Charges	10	10	10	10	10	10	10	10	10	10	10	10		120	
Officers Salary	600	600	600	600	750	750	750	750	750	750	800	800		8,500	
Part-time Salaries	0	0	0	0	0	0	0	0	0	0	0	0		0	
FICA/Etc. @ 10%	3,280	3,280	3,280	3,280	3,280	3,280	3,280	3,280	3,280	3,280	3,280	3,280		39,360	
Rent	1,000	500	500	500	500	500	500	500	500	500	500	500		6,500	
Advertising	203	223	253	253	273	284	304	304	324	354	354	405		3,534	
Credit Card Charges	500	500	500	500	500	500	500	500	500	500	500	500		6,000	
Utilities	100	100	100	100	100	100	100	100	100	100	100	100		1,200	
Phones	75	75	175	75	75	175	75	75	175	75	75	175		1,300	
Accounting	75	75	75	75	75	75	75	75	75	75	75	75		900	
Buying Service-Con.	50	50	50	50	50	50	50	50	50	50	50	50		600	
Security	50	50	50	50	50	50	50	50	50	50	50	50		600	
Insurance-Property	50	50	50	50	10	10	10	10	10	10	10	10		240	
-Liability	100	100	100	100	100	100	100	100	100	100	100	100		1,200	
Depreciation/Amort.	821	821	821	821	821	821	821	821	821	821	821	821		9,850	
Legal	500	0	0	0	0	0	0	0	0	0	0	0		500	
Office/ Misc. Supplies	75	75	75	75	75	75	75	75	75	75	75	75		900	
Travel - Shows	0	500	0	500	0	500	0	500	0	500	0	500		3,000	
Loan Interest	467	462	458	454	449	445	440	436	385	427	422	418		5,263	
Miscellaneous	0	0	0	0	0	0	0	0	0	0	0	0		0	
Total Expenses	<u>7,905</u>	<u>7,421</u>	<u>7,047</u>	<u>7,403</u>	<u>7,068</u>	<u>7,674</u>	<u>7,090</u>	<u>7,585</u>	<u>7,155</u>	<u>7,627</u>	<u>7,173</u>	<u>7,819</u>		<u>88,966</u>	
Pre-tax Income	345	1,654	3,266	2,910	4,069	3,876	5,285	4,790	6,045	6,810	7,265	8,681		54,996	

Depreciation based sign , Leasehold and computer of \$6,100 over 36 months.

Cash Flow Statement

Bill Mount Financials

Month	1	2	3	4	5	6	7	8	9	10	11	12	Total
Sources:													
Pre-tax Income	345	1,654	3,266	2,910	4,069	3,876	5,285	4,790	6,045	6,810	7,265	8,681	54,996
Accounts Receivable													
Depreciation/Amort.	821	821	821	821	821	821	821	821	821	821	821	821	9,850
Equity	20,000												20,000
Loan Proceeds	80,000												80,000
Inventory - In	(50,000)			(22,613)			(27,000)			(31,050)			(130,663)
- Out	6,750	7,425	8,438	8,438	9,113	9,450	10,125	10,125	10,800	11,813	11,813	13,500	117,788
Total Sources	57,916	9,900	12,524	(10,444)	14,002	14,147	(10,769)	15,735	17,666	(11,606)	19,898	23,002	151,971
Uses													
Signage	2,500												2,500
Equipment	5,000												5,000
Computer, Fax, Etc	2,050												2,050
Build-Out	20,000												20,000
													0
Rental Deposit	3,280												3,280
Utility Deposits	500												500
Loan Principal Pymt.	741	745	749	754	758	763	767	772	776	781	785	790	9,180
Owner Withdrawals	2,000	2,000	5,437	2,000	2,000	5,437	2,000	2,000	5,437	2,000	2,000	5,437	37,749
Total Uses	36,071	2,745	6,187	2,754	2,758	6,200	2,767	2,772	6,213	2,781	2,785	6,227	80,259
Net Cash Flow	21,845	7,155	6,337	(13,198)	11,244	7,947	(13,536)	12,964	11,453	(14,387)	17,113	16,775	71,712
Cash In Bank	21,845	29,000	35,337	22,139	33,383	41,330	27,794	40,758	52,211	37,824	54,937	71,712	
Owner Draws:													
Draws	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	24,000
Taxes			3,437			3,437			3,437			3,437	13,749
Total Draws	2,000	2,000	5,437	2,000	2,000	5,437	2,000	2,000	5,437	2,000	2,000	5,437	37,749

Tax draws based on 25% tax rate on pretax income and paid quarterly.

Debt Amortization Schedule

Loan Amount 80,000
 Annual Interest Rate 7.00%
 Number of Years 7
 Number of Payments per Year 12

Payment Number	Payment	Interest	Principal Payment	Remaining Balance
1	1,207	467	741	79,259
2	1,207	462	745	78,514
3	1,207	458	749	77,765
4	1,207	454	754	77,011
5	1,207	449	758	76,253
6	1,207	445	763	75,490
7	1,207	440	767	74,723
8	1,207	436	772	73,952
9	1,207	431	776	73,176
10	1,207	427	781	72,395
11	1,207	422	785	71,610
12	1,207	418	790	70,820
13	1,207	413	794	70,026
14	1,207	408	799	69,227
15	1,207	404	804	68,423
16	1,207	399	808	67,615
17	1,207	394	813	66,802
18	1,207	390	818	65,984
19	1,207	385	823	65,162
20	1,207	380	827	64,335
21	1,207	375	832	63,502
22	1,207	370	837	62,665
23	1,207	366	842	61,824
24	1,207	361	847	60,977

25	1,207	356	852	60,125
26	1,207	351	857	59,268
27	1,207	346	862	58,407
28	1,207	341	867	57,540
29	1,207	336	872	56,668
30	1,207	331	877	55,791
31	1,207	325	882	54,909
32	1,207	320	887	54,022
33	1,207	315	892	53,130
34	1,207	310	897	52,233
35	1,207	305	903	51,330
36	1,207	299	908	50,422

Bill Mount Financials

	<u>Year 1</u>	<u>Year 2</u>	<u>Year 3</u>
Income Statement			
Revenue:			
Avg. No. Customers	29.1	30.0	30.0
Avg. Sales/Customer	\$25,000	\$27,500	\$30,000
Gross Revenue	261,750	297,000	324,000
Cost of Goods Sold %	40%	40%	40%
Cost of Goods sold	<u>(104,700)</u>	<u>(118,800)</u>	<u>(129,600)</u>
Net Revenue	143,963	178,200	194,400
Other Income	<u>0</u>	<u>0</u>	<u>0</u>
Total Income	143,963	178,200	194,400
Costs & Expenses:			
* Bank Charges	180	186	193
* Part-time Salaries	8,500	8,798	9,149
FICA/Etc. @ 10%	0	0	0
Rent	39,360	39,360	39,360
* Advertising	6,500	6,728	6,997
Credit Card Charges	3,534	4,010	4,374
* Utilities	6,000	6,210	6,458
* Phones	1,200	1,242	1,292
* Accounting	1,300	1,346	1,399
Buying Service-Con.	900	900	900
Security	600	600	600
* Insurance-Property	240	248	258
-Liability	1,200	1,242	1,292
Depreciation/Amort.	9,850	9,850	9,850
Legal	500	518	538
* Office/ Misc. Supplies	900	932	969
* Travel - Shows	3,000	3,105	3,229
Loan Interest	5,263	4,646	3,934
Relocation Expense	<u>0</u>	<u>0</u>	<u>0</u>
Total Expenses	<u>88,966</u>	<u>89,918</u>	<u>90,792</u>
Pre-tax Income	54,996	88,282	103,608

Bill Mount Financials

Cash Flow Statement

Month

Sources:

Pre-tax Income	54,996	88,282	103,608
Accounts Receivable	0	0	0
Depreciation/Amort.	9,850	9,850	9,850
Equity In Kind	20,000	0	0
Loan Proceeds	80,000	0	0
Inventory - In	(130,663)	(118,800)	(129,600)
- Out	<u>117,788</u>	<u>118,800</u>	<u>129,600</u>

Total Sources

151,971

98,132

113,458

Uses

Equity In Kind	2,500		
Payoff Existing Debt	5,000		
Computer	2,050		
Sign	20,000		
Leasehold & Other	3,280		
Rental Deposit	500	0	0
Utility Deposits	9,180	9,843	10,555
Loan Principal Pymt.	37,749	52,070	57,902
Owner Withdrawals	<u>80,259</u>	<u>61,914</u>	<u>68,457</u>

Net Cash Flow

71,712

36,218

45,001

Cash In Bank

71,712

107,930

152,931

Owner Draws:

Draws	24,000	30,000	32,000
Taxes	<u>13,749</u>	<u>22,070</u>	<u>25,902</u>
Total Draws	37,749	52,070	57,902

Tax draws remain at 25% of pre-tax income each year.

APPLICANT CERTIFICATION & CREDIT AUTHORIZATION

The undersigned hereby authorizes Mvskoke Loan Fund/Creek Nation or any of their affiliates to make all inquiries with credit bureaus and others it deems necessary to verify the accuracy of the information provided herein, and to determine the credit worthiness. Further, the undersigned hereby certifies that the enclosed application information including all attachments, exhibits, schedules, and supporting documents are valid, accurate and complete as of the stated date. These statements are made for the purpose of obtaining a loan. The undersigned hereby further certifies that the proceeds of any loan made as a result of this application will be used for business purposes only.

APPLICANT

CO-APPLICANT

Name (Print) _____

Name (Print) _____

Date of Birth _____

Date of Birth _____

Social Security Number _____

Social Security Number _____

Current Address _____

Current Address _____

Signature _____

Signature _____

Date _____

Date _____

Business Packet Checklist:

**These items must be included prior to underwriting and review.

- Completed credit application form
- Credit authorization form (signed and dated)
- Complete business plan with pro forma financials (at least three years)
- Detailed proof of collateral (copies of titles with vehicle make/model/mileage)
 - Vehicles cannot have prior liens!
 - If we are using property we need either a current appraisal or county assessors valuation
 - We cannot use household goods!!
- Personal financial statement and proof of income for borrowers entire household
- Use of funds statement...this is a statement showing exactly how loan dollars will be spent and who the vendors are, (remember we need to cut checks to vendors at every opportunity).
- Proof of equity investment (if it is money in the bank we need to see a bank statement showing the available funds, if it is a loan or gift we need to see the terms of that)
- Project impact (how many jobs will this project create or maintain and how many of these are Muscogee Creek or other native?)