



PROGRAM INFORMATION

Contact Information

Child Care Facility:

Name of License Holder:	Phone # () -		
Name of Director (if different than License Holder):	Phone # () -		
Address of facility (License Holder)			
City	State	Zip	Date Business Established:
Fax () -	E-mail address		

General Business Information (exhibits A)

Federal Tax ID number:	State Tax ID number (CRS #):
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Provider ID:

Please attach a copy of current license and a copy of your most recent licensing survey. Label these items **exhibit A1**.

If applicant is a corporate entity, please attach a copy of the following:

- Applicant's formation and governance documents (e.g., articles of incorporation and bylaws). Label these documents **exhibit A2**;
- A certificate of good standing from the Public Regulation Commission (only if applicable). Label it **exhibit A3**; and
- A letter certifying that the project was duly authorized and approved by the applicant's governing body (only if applicable). Label it **exhibit A4**

Legal Structure (check all that apply)

<input type="checkbox"/> Non-Profit provider	<input type="checkbox"/> Limited Liability Corporation	<input type="checkbox"/> family home, licensed facility	
<input type="checkbox"/> Corporation	<input type="checkbox"/> Sole proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> S corporation

Are you in compliance with zoning requirements? yes no

Have you ever operated another child care facility? yes no

If yes, explain/list the location. _____

Do you currently operate more than one center? yes no How many? _____

Please list the location(s): _____

Scope of Project (exhibits B)

Amount you are requesting for your project:

Description of Project (If additional space is needed please attach a separate sheet and label it **exhibit B1**):

What is the estimated cost of the project for which you are planning to use this loan? (please attach a copy of a detailed cost estimate prepared by a licensed contractor and label this **exhibit B2**) \$

Physical Location of Project:

Address

City

State

Zip

How will this loan help you meet a defined need for child care in the community? (i.e. increase capacity, non-traditional care hours, infant/toddler care, serve low-income families or children with disabilities, etc). If additional space is needed please attach a separate sheet and label it **exhibit B3**.

How will this project benefit the health and safety of your clients?

Describe any known environmental hazards, such as lead paint, asbestos or other contaminants that need to be addressed. Please attach any environmental assessments that have been completed and label them **exhibit B4**.

Scope of Project, continued:

Provide a time-line for what you will accomplish using loan funds. On the calendar below please fill in the following items:

1. the year in the space provided below
2. the task and when it is estimated to be completed
3. the target date for starting the project and when it is estimated that the whole project will be complete

January	February	March	April	May	June	July	August	September	October	November	December
(200_)	(200_)	(200_)	(200_)	(200_)	(200_)	(200_)	(200_)	(200_)	(200_)	(200_)	(200_)

Will the project require zoning? Yes No

Program History

Please provide the following information based on children you currently serve.

Age Group	Number of current program enrollment	Number of children with identified disability
Infants (Birth to 12 months)		
Toddlers (13 months to 35 months)		
Pre-school kids (3 years to 5 years old)		
School-age kids (6 years to 12 years old)		
Please list the total number for each category		
TOTAL=		

Is there a difference between your total enrollment and licensed capacity? Yes No

If enrollment is less than licensed capacity, please explain why:

Anticipated Changes (exhibits C)

How many additional children will the program be able to serve?

What are your current hours of operation?

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Will the hours of operation be expanded? List expanded hours and days.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Please Attach a fee schedule to this questionnaire and label it **exhibit C1**.

Please describe the services you currently offer to state subsidized and low income clients:

How will the proposed project enhance services to state subsidized and low income clients?

Describe any anticipated changes in your rates after this loan.

How are you going to market the program's expanded services?

How long do you anticipate it taking the program to reach full enrollment?

BUSINESS INFORMATION

Contact Information

Business Name:

Business Location:

City	State	Zip	Business Phone # () -	Business Fax # () -
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Business Description: Family Home Center Franchise

Date Business Established: County (business location):

Bank of Business Account (#1)

Bank Address	Bank City/State/Zip
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Bank Contact	Bank Phone () -
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Bank Acct#/Type

Bank of Business Account (#2)

Bank Address

Bank Contact	Bank City/State/Zip
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Bank Acct#/Type	Bank Phone () -
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Bank of Business Account (#3)

Bank Address

Bank Contact	Bank City/State/Zip
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Bank Acct#/Type	Bank Phone () -
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Information about Owner(s) and Guarantor(s), if any (exhibit D)

Name: Title:	Date of Birth*	% Ownership	Social Security # (Mandatory)
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e-mail address:

Address:

Street Zip	City	State	Phone Number:
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Name: Title:	Date of Birth*	% Ownership	Social Security # (Mandatory)
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e-mail address:

Address:

Street Zip	City	State	Phone Number:
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***Date of Birth is requested to verify information and for statistical purposes only**

Please attach an additional page with the above information on any other owners or guarantors. Also include a signed current personal balance sheet and personal financial statement (NMFA form provided) on each owner or guarantor. Include the assets and liabilities of the spouse and any close relatives living in the household. Label this **exhibit D**.

Financial Information (exhibit E)

Projects mean health and safety improvements to a facility, including space expansion, in order to maintain an adequate and appropriate environment for provider's clients. All projects must meet licensing standards and / or increase capacity.

What is the estimated cost of the project for which loan proceeds will be used?	\$ _____
How much of your funds have you invested in this business/project?	\$ _____
How much of your funds have you invested in this business/project?	\$ _____

Proposed Uses of Requested Loan Funds: Enter The total dollar amounts rounded to the nearest hundred.

Kitchen upgrades (to meet environment standards).....\$ _____ renovations for natural lighting.....\$ _____ renovations of roofs and canales.....\$ _____ electrical upgrades.....\$ _____ installation of renovation of egress windows...\$ _____ replacement of inoperable drinking fountains, broken doors or windows.....\$ _____ accommodations to serve children with special needs.....\$ _____	Air conditioning and heating upgrades or installation.....\$ _____ (to meet licensing standards) renovations of floor surfaces.....\$ _____ plumbing upgrades (including additional toilets and sinks).....\$ _____ bike paths for playgrounds.....\$ _____ playground equipment.....\$ _____ security systems, smoke alarms and fire alarms.....\$ _____ interior reconstruction to expand capacity.....\$ _____
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*Attach a separate sheet providing a more detailed description of each line item, including what it is, its cost and the estimated useful life of the project and the selected components. Label this sheet **exhibit E1**.

Total Loan Amount (add all columns) \$ _____ Term of Loan-(Requested Maturity.) _____ years

List source of funds that will be used to operate and maintain the project over its useful life:

Please identify the source of funds for repayment of the loan:

Please identify the source of funds for repayment to complete the project if the loan requested is not sufficient to cover the full cost. If applicable, list all additional funding sources (attach any commitment letter from bank or other sources and label it **exhibit E2**).

Business Assets (please list)	Value	Personal Assets (please list)	Value

Organizational Status

Outstanding obligations and other Government Debt: Complete the chart for the following:

1. Loan applications pending for the applicant or any of its affiliates;
2. Debt received by the applicant including loans that have been paid in full or charged off;
3. Debt (including student loans and disaster loans) borrowed by any principal of the applicant;
4. Debt borrowed by any other business currently or previously owned by any principal of the applicant.

* If there has been a loss as a result of a charge off, compromise or discharge due to bankruptcy for any of the listed debt it must be identified below. LOSS is the outstanding principal balance of the loan that the business or debtor had to write off after all collection activities (including compromises) were finalized.

	Agency Loan #	Original Amount of Loan	Date of Application	Loan Status	Outstanding Balance \$	Amount of Loss \$
Name of Agency:						
Borrower's Name:						
Name of Agency:						
Borrower's Name:						
Name of Agency:						
Borrower's Name:						

BUSINESS indebtedness: Furnish the following information on all outstanding installment debts, contracts, notes and mortgages payable. Indicate by an asterisk (*) items to be paid by loan proceeds. Present balance should agree with the latest balance sheet submitted.

To whom Payable	Original Amount	Original Date	Present Balance	Rate of Interest	Maturity Date	Monthly Payment	Security	Current or Past Due
Acct. #	\$		\$			\$		
Acct. #	\$		\$			\$		
Acct. #	\$		\$			\$		
Acct. #	\$		\$			\$		
Acct. #	\$		\$			\$		

Management: (Proprietor, partners, officers, directors all holders of outstanding stock- 100% of ownership must be shown.) Fill in the information below. Provide a brief description similar to a resume of the education, technical and business background for all the people listed under Management. Label this as **exhibit F4**.

General Information (exhibits F)

Have you ever taken or are you taking bankruptcy?

- No Yes (If yes, attach a written explanation and label it **exhibit F1**)

Are you or your business involved in any lawsuits or legal actions?

- No Yes (If yes, attach a written explanation and label it **exhibit F2**)

Have you ever been convicted of a crime? (This will not necessarily exclude you from participating in our program)

- No Yes (If yes, attach a written explanation and label it **exhibit F3**)

Are you current on all business, personal taxes and other government obligations? (including income taxes, sales taxes, child support, student loans, payroll taxes, etc.)

- No Yes (If No, attach a written explanation and label it **exhibit F4**)

Please provide the addresses of your two closest living relatives.

Name and Relationship:

Address
City/State/Zip

Phone number
() -

Name and Relationship:

Address
City/State/Zip

Phone number
() -

Signatures/Acknowledgment

By signing below, you agree to the following:

1. All information provided is true and complete; there are no undisclosed financial or legal liabilities (either personal or business); there is no undisclosed litigation, either personal or business, current or pending, involving any of the parties to this transaction.
2. NMFA is authorized to verify all information presented in the application and relating to this loan request including credit history, criminal background, liens, judgements, etc.
3. NMFA is authorized to access each owner's and/or guarantor's credit report.
4. You are authorized to apply for this loan on behalf of the business.
5. All supporting documentation relating to the application remains the property of NMFA and will not be returned to the applicant.
6. All information provided in this application is subject to the inspection of public records act and may be viewed by members of the public providing written request to review the information.

Signature	Date	Signature	Date
Print Name	Title	Print Name	Title



Personal Financial Statement

*** Please note these must be dated the same and current within 90 days of filing the application. All information must be dated and signed.**

Child Care Organization:	Date:
Address	
City	
Federal Tax ID number:	Phone # () -
e-mail address	

This is a(n) Individual Financial Statement Joint Financial Statement

Purpose: This form helps us understand your personal financial situation. Because you will be asked to personally guarantee the loan from the New Mexico Child Care Facility Loan Fund.

- Who should complete the form?**
1. The proprietor of a sole proprietorship
 2. Each partner in a partnership
 3. Each officer and stockholder with 20% or more ownership in a corporation
 4. Any other person or entity providing a guaranty on a loan

- Instructions:**
1. Do not include any business assets or debts on this form. Business information should be included in the business financial's provided separately as a part of the business plan or summary.
 2. Be sure to include complete detailed information on all open accounts, as this statement will be cross-referenced with your credit report. Incomplete information typically holds up the loan application review process.

ASSETS	LIABILITIES		Outstanding Balance
Checking accounts		\$	
Savings accounts	Credit Cards (total all debt-describe in section 2)	\$	\$
Vehicles #1-market value	Student Loans (describe in Section 2)	\$	\$
#2-market value	Auto Loan or Lease #1 (describe in section 2)	\$	\$
#3-market value	Auto Loan or Lese #2 (describe in section 2)	\$	\$
Individual Retirement Accounts (IRA's)	1st Mortgage (describe in section 3)	\$	\$
Life Insurance (cash surrender value, not face value)	Second/Third Mortgage (s) (describe in section 2)	\$	\$
Real Estate- Market Value (describe in Section 3)	Personal Loans (describe in section 2)	\$	\$
Stocks and Bonds (describe in Section 4)	Unpaid taxes (describe in section 7)	\$	\$
Other Personal Property (describe in Section 5)	Other Liabilities (describe in section 8)	\$	\$
Other Assets including annuities	Total Liabilities	\$	\$
Accounts, Notes Receivable (describe in section 6)		\$	
Total Assets		\$	

NET WORTH

Total Assets minus Total Liabilities = \$

SECTION 1: Income and Liabilities

	<u>Sources of Income</u>		<u>Contingent Liabilities</u>	
	Self	Spouse		
Annual Salary/Wages	\$	\$		
Business Income	\$	\$	As guarantor or co-maker	\$
Real Estate Income	\$	\$	Legal claims and judgements	\$
Net Investment Income	\$	\$	Income or sales taxes	\$
Other Income*	\$	\$	Other special debt	\$
Total			Total	\$

Description of items listed in the section :

*Alimony, child support, or separate maintenance income need not be disclosed if you do not wish to have it considered as a basis for repaying the obligation.

SECTION 2: Credit Cards, Student Loans, Auto Loans and Leases, Second/Third Mortgages, and Other Loans

(Use supplemental sheets as necessary. Each Statement must be identified as a supplement to this statement and signed.)

Name and Address of Note Holder	Original Balance	Current Balance	Payment Amount	Terms (Monthly, etc.)	How Secured or Endorsed and Type of Collateral

Section 3: Real Estate Owned (Use supplemental sheets as necessary. Each sheet must be identified as a supplement to this statement and sign. List each parcel separately.)

Address & Type of Property	Title is in Name of	Date Purchased	Original Cost	Market (assessed) Value	1st Mortgage Balance	Amount of Payment	Status of Mortgage

SECTION 4: Stocks and Bonds (use attachments if necessary. Each attachment must be identified as a supplement to this statement and signed.)

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

SECTION 5: Other Personal Property (List and describe items)

SECTION 6: Other Assets, Notes and Accounts Receivable (Describe and include retirement accounts here)

SECTION 7: Unpaid Taxes (Describe in detail, use attachment sheet if necessary)

Type	To whom Payable	Due Date	amount	What, if any the tax lien attaches to.

SECTION 8: Other Liabilities (Describe in detail)

SECTION 9: Life Insurance Held

Face amount of Policies	Name of Company	Beneficiaries

Are you involved in any litigation? Yes No If yes, please explain:

Are you a guarantor on any loan? Yes No If yes, please list:

Have you ever taken bankruptcy? Yes No If yes, please explain:

The undersigned certifies that the above facts are true and accurate statements of Financial Condition as of (date) _____ and further agrees to advise NMFA immediately if there is any material change in my financial condition. I agree that this application shall remain your property whether or not the loan is granted. I further authorize you to make any verification of the above information you deem necessary in order to obtain this loan.

If any of the above listed assets are held jointly with a spouse, he or she must sign below authorizing us to obtain credit information.

Signature _____ Social Security # _____ Date _____

Signature _____ Social Security # _____ Date _____



Balance Sheet CCFRLF

*** Please note these must be dated the same and current within 90 days of filing the application. All information must be dated and signed.**

Child Care Organization: _____

Address _____

City _____

Name of Principal owner of Facility: _____ Name of Director (if different from Principle Owner): _____

Federal Tax ID number: _____ Phone # () - _____ e-mail address _____

Assets

Current Assets:			
Cash			\$0
Accounts Receivable	\$0		
Less: Reserve for Bad Debts	\$0	\$0	
Merchandise Inventory			\$0
Pre-paid Expenses			\$0
Total Current Assets			\$0
Fixed Assets:			
Vehicles	\$0		
Less: Accumulated Depreciation	\$0	\$0	
Furniture and Fixtures:	\$0		
Less: Accumulated Depreciation	\$0	\$0	
Equipment	\$0		
Less: Accumulated Depreciation	\$0	\$0	
Buildings	\$0		
Less: Accumulated Depreciation	\$0	\$0	
Land			\$0
Total Fixed Assets			\$0
Other Assets:			
Notes Receivable			\$0
Total Other Assets			\$0
Total Assets			\$0



Balance Sheet CCFRLF

Liabilities and Capital

Current Liabilities:			
Accounts Payable			\$0
Sales Taxes Payable			\$0
Payroll Taxes Payable			\$0
Accrued Wages Payable			\$0
Unearned Revenues			\$0
Short-term Notes Payable			\$0
Short-term Bank Loan Payable			\$0
Total Current Liabilities			\$0
Long-Term Liabilities:			
Long-Term Notes Payable			\$0
Mortgage Payable			\$0
Total Long-Term Liabilities			\$0
Total Liabilities			\$0
Capital:			
Owner's Equity			\$0
Net Profit			\$0
Total Capital			\$0
Total Liabilities and Capital			\$0

Child Care Organization: _____ Date: _____

CASH FLOW PROJECTION SHEET-- Child Care Facility Revolving Loan Fund *Please note these must be dated the same and current within 90 days of filing the application. All information must be dated and signed.

- Instructions:**
 1.) Enter Cash on hand (checking account) in CASH AT BEGINNING OF MONTH
 2.) Enter Loan From CCFRLF
 3.) Estimate the income and expenses you expect to have each month for a full year after the loan. Remember to include seasonal fluctuations.
 4.) Total your rows down and across and enter under the Sub-total and Total columns. Carry your cash position to the next month's Cash position at Start of Month.
 5.) Contact the New Mexico Finance Authority if you need help completing this form.

Year Projected	Pre-Start-Up Position	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12	ONE YEAR
CASH INFLOWS														
CASH AT BEGINNING OF MONTH		0	0	0	0	0	0	0	0	0	0	0	0	
Cash Sales														0
Loan from Child Care Facility Revolving Loan Fund														0
Other cash inflows														0
TOTAL Cash Inflows		0	0	0	0	0	0	0	0	0	0	0	0	0
CASH OUTLAYS														
Inventory/ Merchandise														0
Rent														0
Supplies														0
Payroll Expense														0
Repairs and Maintenance														0
Marketing & Advertising														0
Accounting & Legal														0
Car & Delivery														0
Telephone														0
Utilities														0
Insurance														0
Security														0
Licenses & Taxes														0
Bank Service Charges														0
CCFRLF payments														0
Miscellaneous														0
TOTAL CASH OUTLAYS		0	0	0	0	0	0	0	0	0	0	0	0	0
NET CASH INFLOW (OUTLAY)														
less Owner's Draw/ Salary														0
Less Capital Purchases														0
Less Other Start-up Costs														0
TOTAL SPENT		0	0	0	0	0	0	0	0	0	0	0	0	0
Cash EOM=Revenue - Total Spen														
CASH REMAINING END OF MONTH														
amount carries to next month's cash position at start of month		0	0	0	0	0	0	0	0	0	0	0	0	net cash 0



Personal Household Monthly Living Expenses

Name: _____ **Date:** _____

Number in household: _____ (include self, spouse, children, seniors, etc. in count)

This form helps us understand your personal monthly living expenses. It tells us how much you need to draw from salaries and/or the business in order to meet your personal monthly obligations.

Instructions:

- In the case of a married couple, combine all living expenses. If you share living expenses with a non-spouse, please include the full amount of rent, utilities, phone and cable tv.
- Do not include any business expenses on the form This includes any vehicle, credit card, or debt payments that may be business related or any home-based business expenses that you may be deduction on your business financials.
- If there are Certain expenses that don't come up monthly, but rather quarterly, yearly, etc., divide the annual amount of the expense by 12 months to arrive at an average monthly expense.

	Monthly Payment		Monthly Payment
House Payment or Rent	\$ _____	Credit Card (total of all)	\$ _____
Utilities (total of all)	\$ _____	Student Loans	\$ _____
Phone	\$ _____	Other Loans (list)	\$ _____
Cable TV	\$ _____	2nd/3rd Mortgage payments	\$ _____
Food	\$ _____	Health Insurance Premium	\$ _____
Child Care	\$ _____	Medical (medicine, co-pays, etc)	\$ _____
Taxes (car,home,self-employment)	\$ _____	House Maintenance & Repair	\$ _____
Auto Loan/Lease Payment 1	\$ _____	Personal & Household	\$ _____
Auto Loan/Lease Payment 2	\$ _____	Personal Travel	\$ _____
Gas	\$ _____	Entertainment	\$ _____
Maintenance	\$ _____	Clothing	\$ _____
Car Insurance	\$ _____	Miscellaneous Expenses	\$ _____
Contributions (church, charity, etc)	\$ _____	Other (child support, alimony, etc.)	\$ _____
Continue in next column	\$ _____		\$ _____
	\$ _____	Total Monthly Expenses	\$ _____



Personal/Household Monthly Living Expenses

New Mexico Community Development Loan Fund
 423 Iron Ave SW · PO Box 705 · Albuquerque · NM · 87103
 Phone (505) 243-3196 www.loanfund.org
 Toll free (866) 873-6746 Fax (505) 243-8803

Applicant Name: _____ **Date:** _____

Number in Household: _____ (include self, spouse, children, relatives, etc)

Purpose: This form helps to define your personal monthly living expenses. It demonstrates how much you need to draw from salaries and/or the business in order to meet your personal monthly obligations.

Instructions: 1) In the case of a married couple, combine all living expenses. If you share living expenses with a non-spouse, please include the full amount of mortgage(s)/rent, utilities, phone(s), and cable TV. 2) Do not include any business expenses on this form. This includes any vehicle, credit card, or debt payments that may be business related or any other expenses that you may be deducting on your business financials. 3) If there are certain expenses that don't come up monthly, but rather quarterly, yearly, etc, divide the annual amount of the expense by 12 months to arrive at an average monthly expense. 4) If you have questions about how to fill out this form, please contact us.

<u>HOUSEHOLD VARIABLE EXPENSES</u>	<u>Monthly Cost</u>
Gas / Electric	\$ _____
All Other Utilities	\$ _____
Phone(s) (cell/home)	\$ _____
Cable TV	\$ _____
Groceries	\$ _____
Car- Gas	\$ _____
Car- Maintenance	\$ _____
Other	\$ _____
TOTAL (A) =	\$ _____

<u>PERSONAL EXPENSES</u>	<u>Monthly Cost</u>
Medical / dental	\$ _____
Clothing	\$ _____
Entertainment	\$ _____
Eating out	\$ _____
Education	\$ _____
Subscriptions	\$ _____
Dues / memberships	\$ _____
Gifts / contributions	\$ _____
Travel	\$ _____
Other	\$ _____
TOTAL (B) =	\$ _____

<u>HOUSEHOLD FIXED EXPENSES</u>	<u>Monthly Cost</u>
Mortgage(s) / Rent	\$ _____
Home- Insurance <i>If not in mortgage</i>	\$ _____
Home- Property Taxes <i>If not in mortgage</i>	\$ _____
Car payment(s)	\$ _____
Car insurance	\$ _____
Credit cards (sum of all)	\$ _____
Student loan payment(s)	\$ _____
Other loan payment(s)	\$ _____
Childcare	\$ _____
Health insurance	\$ _____
Life insurance	\$ _____
Child support	\$ _____
Alimony	\$ _____
Federal/State taxes	\$ _____
Personal property taxes	\$ _____
Other taxes	\$ _____
Other	\$ _____
TOTAL (C) =	\$ _____

TOTAL ALL MONTHLY COSTS
(A) + (B) + (C) = \$ _____

CHILD CARE FACILITY REVOLVING LOAN FUND CHECKLIST

Please be sure to provide all of the information requested or you may delay the processing of your application.

All applicants should provide the following basic information:

- Signed and completed Child Care Loan Application, form provided.

EXHIBIT A:

- Attach a copy of current child care license and a copy of your most recent licensing survey. Label these documents **exhibit A1**.
- If you are a corporation you must provide a copy of the following:
 - Articles of Incorporation, bylaws and a list of the Board of Directors (label these documents **exhibit A2**);
 - A certificate of good standing from the Public Regulation Commission (label **exhibit A3**); and
 - A letter certifying that the project was duly authorized and approved by the applicant's governing body (label **exhibit A4**).

EXHIBIT B:

- If you need additional space to describe your project attach a separate sheet. Label it **exhibit B1**.
- Provide us with an estimated cost of the project that you are planning to use this loan for. Attach a copy of a detailed cost estimate prepared by a licensed contractor. Label it **exhibit B2**.
- If you need additional space to define the need for child care in the community and how you will help meet this need attach a separate sheet. Label it **exhibit B3**.
- Attach any environmental assessments that have been completed and label them **exhibit B4**.

EXHIBIT C:

- Attach a current fee schedule (label **exhibit C1**).

EXHIBIT D:

- Attach an additional page with the information you provided in the "info about owners and guarantors section", on any other owners or guarantors. Include a signed current personal balance sheet and personal financial statement, form provided, on each owner and/or guarantor. Include the assets and liabilities of the spouse and any close relatives living in the household. Label it **exhibit D1**.
- Attach applicant's financial reports for the most recent three years and/or federal and state tax returns. Please include all supporting schedules. Label these **exhibit D2**.

EXHIBIT E:

- ❑ Attach a separate sheet providing a more detailed description of each line item, including what it is, its cost, and the estimated useful life of the project and its selected components. **Label it exhibit E1.**
- ❑ Attach a commitment letter from bank or other sources, including copies of financing commitments already in place as well as anticipated commitment dates (including the terms for outstanding funding applications.) Label **exhibit E2.**
- ❑ Provide a brief description similar to a resume of the education, technical and business background for all the people listed under Management. Label it **exhibit E3.**

EXHIBIT F:

- ❑ If applicable, a written explanation of any bankruptcy you may have taken. Label it **exhibit F1.**
- ❑ If applicable, a written explanation of any lawsuits or legal action you are involved in. Label it **exhibit F2.**
- ❑ If applicable, a written explanation of any criminal convictions. Label it **exhibit F3.**
- ❑ If applicable, a written explanation of all business, personal taxes and other government obligations that you are not current on. Label it **exhibit F4.**

FINANCIAL INFORMATION*:

- ❑ At least one year's Cash Flow projections by month, for available. For loan requests of at least \$20,000, please include a five-year cash-flow projection. For loan requests less than \$20,000, please include a three-year cash-flow projection.
- ❑ Personal/Household Monthly Living Expenses, form enclosed.
- ❑ Current operating budget and proposed operating budget, if loan is for program expansion.
- ❑ Balance sheet and profit and loss statements for the previous year and for the year to date.
- ❑ Aging of Accounts Receivable and Payable, summary.
- ❑ Reconciliation of Net Worth.
- ❑ Profit and Loss Statement (If not available explain why and substitute with Federal income tax forms.)
- ❑ For Loans over \$20,000 a business plan is required, form available.
- ❑ Projection of earnings for at least one year where financial statements for the last three years are unavailable or when NMFA requests them

* A formatted sheet for each of the following is available through the New Mexico Finance Authority. Contact Traci Davis, Senior Program Administrator, at 505-992-9637 if you should need assistance.

All exhibits contained here must have the same date, current within 90 days of filing the application, and statement if applicable. Contact NMFA for a referral if assistance with preparation is wanted. All information must be signed and dated; the date should be the same as the date on the most recent business financial statement.

All exhibits must be completed where applicable. All questions answered are made a part of the application. **ALL EXHIBITS MUST BE SIGNED AND DATED BY PERSON SIGNING THIS FORM.**