



Below is a sample of the Common Loan Application, which is to be completed on the Maine Funding Network's website. To be better prepared to complete the application, review the [application checklist](#) and gather documentation.

Please complete this application and provide the information requested on the [application checklist](#). You may save and return to the application using your login credentials for the Maine Funding Network. Confirmation of receipt will be made by your matched lending partner and, upon review, may request additional documentation.

All owners with 20% or greater ownership interest and guarantors must complete a separate signed [Personal Financial Statement](#) and submit in the "Upload Documents" section of this application. If your co-applicant and/or guarantor does not feel comfortable sharing their personal finance information with you for upload in this application portal, please coordinate with your matched lender to ensure all parties submit the required documentation.

All materials submitted to your matched lending partner(s) in connection with your loan application shall become the property of your matched lending partner(s) and shall be retained or destroyed in accordance with your matched lending partner(s) document retention policy.

For questions about your application, please contact your matched lending partner.

By checking this box, I confirm that I have read and understood all the provided instructions and am ready to proceed with my application.



Information About Your Business

Legal Name of Business: _____ DBA: _____

Business Description: _____ Phone: _____

Business Address: _____ City: _____ State: _____ Zip: _____

County: _____ Website: _____ E-mail: _____

Structure: Sole Proprietorship Partnership LLC S Corp C Corp Cooperative

Nonprofit L3C Other: _____

Date Established: _____

IRS Employer ID #(EIN/SSN): _____

UEI #: _____

Name(s) of any subsidiaries/affiliates: _____

Business Description: _____

Information About You

Name: _____ Phone: _____ Email: _____

Address: _____ County: _____

City: _____ State: _____ Zip: _____

Do you have a co-applicant and/or a guarantor? Yes No

If Yes, Co-Applicant and/or Guarantor: _____ Phone: _____ Email: _____

Address: _____ County: _____

City: _____ State: _____ Zip: _____

Did you use a business advisor: Yes No

If Yes, Name of Advisor: _____ Organization: _____



Business Location (Existing or To Be Acquired)

Address: _____

Property is or will be: Owned Leased

Sq. Ft.: _____ Monthly Payment: \$ _____

Replaced by new facility? Yes No

Address: _____

Property is or will be: Owned Leased

Sq. Ft.: _____ Monthly Payment: \$ _____

Replaced by new facility? Yes No

Farmland Acreage Owned: _____ Leased: _____

If you have more than two locations, please be prepared to enter them in the online application.

Proposed Financing

Total amount to be financed by this application: \$ _____

| Proposed Financing | Matched Lender (This request) | Bank/Other** | Owner(s)'s Contribution | Totals |
|----------------------------|----------------------------------|--------------|----------------------------|--------|
| Land | | | | |
| Buildings | | | | |
| Equipment | | | | |
| Working Capital | | | | |
| Other (Please Specify)* | | | | |
| Total | | | | |

*If use of funds fits under "other," please specify: _____



**List sources of bank/other financing: _____

Has this request for funding been denied by a bank or other financial institution? Yes No

If yes, what was the reason for denial: _____

Business Ownership/Leadership

Name and Title: _____ % of Ownership: _____

Address: _____ Annual Salary: \$ _____

Name and Title: _____ % of Ownership: _____

Address: _____ Annual Salary: \$ _____

Cooperative and Nonprofits: Attach a list of board members in the document upload section

Summary of Proposed Collateral

| | Present Market Value | Outstanding Debt/Leases |
|------------------------|----------------------|-------------------------|
| Land and Buildings | \$ _____ | \$ _____ |
| Inventory | \$ _____ | \$ _____ |
| Accounts Receivable | \$ _____ | \$ _____ |
| Machinery/Equipment | \$ _____ | \$ _____ |
| Furniture and Fixtures | \$ _____ | \$ _____ |
| Other* | \$ _____ | \$ _____ |
| Totals | \$ _____ | \$ _____ |

*List other proposed loan collateral: _____

Business Employment and Benefits

Does your lender require listing employee wages and benefits? *(If unsure, please contact your lender)* Yes No

If yes:

Current Employees (including self): _____ FT _____ PT

Anticipated New Employees in the Next 12 Months: _____ FT _____ PT

Minimum Starting Wage: \$ _____ /hr (FT) \$ _____ /hr (PT)



Do you offer benefits? Yes No

If yes, list benefits here: _____

Does your business or affiliate business have any outstanding business debt or tax liens?

If yes, fill in the boxes below.

| Creditor Name and Address | Original Amount | Present Balance | Interest Rate | Maturity Date | Monthly Payment | Collateral | Past Due |
|---------------------------|-----------------|-----------------|---------------|---------------|-----------------|---|---|
| | | | | | | <input type="checkbox"/> All Business Assets <input type="checkbox"/> Land <input type="checkbox"/> Equipment <input type="checkbox"/> Other | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | | | <input type="checkbox"/> All Business Assets <input type="checkbox"/> Land <input type="checkbox"/> Equipment <input type="checkbox"/> Other | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | | | <input type="checkbox"/> All Business Assets <input type="checkbox"/> Land <input type="checkbox"/> Equipment <input type="checkbox"/> Other | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | | | <input type="checkbox"/> All Business Assets <input type="checkbox"/> Land <input type="checkbox"/> Equipment <input type="checkbox"/> Other | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If no outstanding business debt, check here.

If you answer yes to any of the following questions, please provide an attachment with details.

- Has your business or an affiliate business ever been involved in bankruptcy or insolvency proceedings? Yes No
- Is your business or an affiliate business involved in any pending or aware of any anticipated lawsuits? Yes No



- 3. Does your business buy from, sell to, or use the services of any entity in which someone in your company has financial interest of 20% or more? Yes No
- 4. Has your business or an affiliate business ever been > 30 days late repaying business debt? Yes No

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided that the applicant has the capacity to enter into a binding contract); and because all or parts of the applicant's income is derived from any public assistance program; or because the applicant has, in good faith, exercised any rights under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is the Federal Trade Commission. If a person believes that he or she was denied assistance in violation of this law, they should contact the Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580.

By providing the information in and submitting this application form, you are consenting to FAME and the Maine Funding Network sharing the information you provide with the network partner(s) of MFN selected by you. FAME is a quasi-independent state agency subject to applicable laws and rules governing public records. Though provisions do exist within the law allowing for confidentiality of some records, it is possible that some data provided to the MFN, which is convened and facilitated by FAME, may become subject to disclosure under those public records laws, and will be retained in accordance with FAME's document retention policy.

Non personal identifiable information submitted through this application will be used in aggregate to improve the performance of this service and business support services around the state. The information you provide is not sold or shared by MFN with any parties other than for business purposes with partners of MFN. However, once your data is shared to network partners within MFN, the data privacy and retention policies of those individual network partners who have received your data will apply. You may request that your information be purged from FAME's Maine Funding Network database by contacting support@mainefundingnetwork.com. To ascertain the status of your data at individual network partners of the MFN, you will need to contact network partners to opt out of their data sharing practices.

I/We understand that by signing this application I/we authorize our network partner(s) with whom I/we have an accepted match ("matched network partners") to make inquiries as needed to verify the accuracy of the information and to determine creditworthiness. The undersigned authorizes any person or consumer reporting agency to provide any information it may have on the undersigned. We certify that the information is true and accurate and provided for obtaining a loan. Our matched network partner(s) will maintain the confidentiality of this information and it will not be released without authorization unless subject to a regulatory or law enforcement subpoena.

The undersigned applicant(s) hereby acknowledges, agrees, and consents to the disclosure of this Application and any supporting materials submitted by the undersigned applicant(s), or on behalf of the applicant(s), to any and all our matched network partner(s) personnel and their associated boards and committees, in connection with a review of this Application in accordance with our matched network partner(s)'s established loan review policies.

Applicant Signature Date

Co-Applicant and/or Guarantor Signature Date



Demographics

This information is not required but is requested by the Maine Funding Portal for statistical analysis. This will not affect your ability to receive a loan from your matching funding partner(s).

| | | | |
|---|---|---|---|
| Applicant Name: | | Co-Applicant and/or Guarantor Name: | |
| <input type="checkbox"/> Do not wish to complete the demographics questions | | <input type="checkbox"/> Do not wish to complete the demographics questions | |
| Race | | Race | |
| <input type="checkbox"/> Alaska Native <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> More than one <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to respond | <input type="checkbox"/> Alaska Native <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> More than one <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to respond |
| Hispanic Origin | Marital Status | Hispanic Origin | Marital Status |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Married <input type="checkbox"/> Single | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Married <input type="checkbox"/> Single |
| Gender | LGBTQ+ | Gender | LGBTQ+ |
| <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Nonbinary <input type="checkbox"/> Prefer not to respond | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to respond | <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Nonbinary <input type="checkbox"/> Prefer not to respond | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to respond |
| Female Head of Household | Person with Disability | Female Head of Household | Person with Disability |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Citizenship | Veteran Status | Citizenship | Veteran Status |
| <input type="checkbox"/> Refugee <input type="checkbox"/> Naturalized Citizen <input type="checkbox"/> US Born Citizen | <input type="checkbox"/> Vietnam Veteran <input type="checkbox"/> Other Veteran <input type="checkbox"/> Non-Veteran | <input type="checkbox"/> Refugee <input type="checkbox"/> Naturalized Citizen <input type="checkbox"/> US Born Citizen | <input type="checkbox"/> Vietnam Veteran <input type="checkbox"/> Other Veteran <input type="checkbox"/> Non-Veteran |
| Education | | Education | |
| <input type="checkbox"/> Some High School <input type="checkbox"/> High School/GED <input type="checkbox"/> Vocational <input type="checkbox"/> Some College | <input type="checkbox"/> 2 Year Degree <input type="checkbox"/> 4 Year Degree <input type="checkbox"/> Some Graduate <input type="checkbox"/> Graduate Degree | <input type="checkbox"/> Some High School <input type="checkbox"/> High School/GED <input type="checkbox"/> Vocational <input type="checkbox"/> Some College | <input type="checkbox"/> 2 Year Degree <input type="checkbox"/> 4 Year Degree <input type="checkbox"/> Some Graduate <input type="checkbox"/> Graduate Degree |