



Native American Development Center
2403 East Thayer Avenue
Bismarck ND 58501

tel. 701.595.5181
email: lorraine@ndnadc.org
www.ndnativecenter.org

Dear Customer,

Thank you for applying for a business loan through Native American Development Center. A complete loan application package is needed to process your loan. Keep in mind it typically takes at least one month after a complete application is submitted before the loan will be processed. Please fill out the attached application and submit it with the following:

All Applications

- _____ \$100 non-refundable application fee
- _____ Tribal ID or Certificate of Indian Blood
- _____ Copy of driver's License or other form of ID
- _____ Past 2 years personal tax returns
- _____ Past 2 years business tax returns (if separate from personal)
- _____ 3 months personal bank statements
- _____ 3 months business bank statements (if separate from personal)
- _____ Business plan (template available upon request)
- _____ Business future cash flow, balance sheet, and P & L projections (Excel template available upon request)
- _____ Last quarter business financials (if applicable)
- _____ Last 2 pay stubs if loan will be paid at least partially with non-business income

List of Machinery

- _____ List of machinery, equipment, or vehicle(s) you are planning to purchase with serial numbers, pictures, and costs as quoted by seller (if applicable)
- _____ List of machinery, equipment, or vehicle you are willing to put up for collateral with original title, serial numbers, and pictures (if applicable)

Purchase Agreement

- _____ Signed purchase agreement if you are buying real estate or an ongoing business including seller's name and contact information (if applicable)

Construction Plans and Projected Costs

- _____ Estimated cost of the project and statement of source of additional funds (if applicable)
- _____ Preliminary construction plans as prepared by a qualified independent 3rd party such as contractor or architect (if applicable)



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Dear Customer,

Thank you for applying for an ag business loan through NACDC Financial Services, Inc. A complete loan application package is needed to process your loan. **Keep in mind it typically takes at least one month after a complete application is submitted before the loan will be processed.** Please fill out the attached application and submit it with the following:

All Applications

- _____ \$100 non-refundable application fee
- _____ Tribal ID or Certificate of Indian Blood
- _____ Copy of driver's License or other form of ID
- _____ Past 2 years personal tax returns
- _____ Past 2 years business tax returns (if separate from personal)
- _____ 3 months personal bank statements
- _____ 3 months business bank statements (if separate from personal)
- _____ Business future cash flow, balance sheet, and P & L projections (Excel template available upon request)
- _____ Current balance sheet
- _____ Last 2 pay stubs if loan will be paid at least partially with non-business income

List of Machinery

- _____ List of machinery, equipment, or vehicle(s) you are planning to purchase with serial numbers, pictures, and costs as quoted by seller (if applicable)
- _____ List of machinery, equipment, or vehicle you are willing to put up for collateral with original title, serial numbers, and pictures (if applicable)

Purchase Agreement

- _____ Signed purchase agreement if you are buying real estate or an ongoing business including seller's name and contact information (if applicable)

Construction Plans and Projected Costs

- _____ Estimated cost of the project and statement of source of additional funds (if applicable)
- _____ Preliminary construction plans as prepared by a qualified independent 3rd party such as contractor or architect (if applicable)

Ag Loan Specific Documentation

- _____ Prior year sales documentation (unless business is start-up)
- _____ Land and leasing information
- _____ Brand certificate (if livestock are involved)
- _____ Purchase agreement for livestock if available, if proposed purchase will be at live auction provide documentation of proposed purchase price from past sales, etc.



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NADC BUSINESS LOAN APPLICATION

Today's Date: _____

LOAN INFORMATION			
PLEASE TELL US ABOUT YOUR LOAN REQUEST. Type of business loan this will be:		Loan Amount Requested:	
<input type="checkbox"/> General Business → <input type="checkbox"/> Working Capital <input type="checkbox"/> Equipment/Machinery <input type="checkbox"/> Agriculture <input type="checkbox"/> Inventory <input type="checkbox"/> Other (please specify): _____ <input type="checkbox"/> Tribal Enterprise <input type="checkbox"/> Healthy Foods <input type="checkbox"/> Green/Sustainable <input type="checkbox"/> Community Service Facility <input type="checkbox"/> Commercial Real Estate (square footage): _____ <input type="checkbox"/> Other (please specify): _____	Purpose of the loan: <input type="checkbox"/> Start-up <input type="checkbox"/> Expansion <input type="checkbox"/> Operations <input type="checkbox"/> Other (please specify): _____		
PLEASE DESCRIBE HOW YOU PLAN TO UTILIZE THIS LOAN:			
IF APPROVED, I CAN MAKE MY LOAN PAYMENT AS FOLLOWS:			
PAYROLL DEDUCTION:		ELECTRONIC PAYMENT FROM MY SALARY:	
ADDRESS OF EMPLOYER:			
AUTOMATIC PAYMENT FROM MY BANK:			
Name of bank:		Routing number:	
Account number:		Other repayment method:	
APPLICANT INFORMATION			
ENROLLMENT NUMBER:		REFERRED BY:	
NAME (FIRST, MIDDLE, LAST):		SSN:	
HOME PHONE:	CELL PHONE:	WORK PHONE:	
MAILING ADDRESS:		CITY:	STATE:
PHYSICAL ADDRESS (IF DIFFERENT FROM MAILING ADDRESS):		CITY:	STATE:
COUNTY:	NAME OF NEAREST RELATIVE NOT LIVING WITH YOU:		RELATIVE'S PHONE:
Our organization is frequently funded by the Federal Government and as such we request your gender and race/ethnicity in order to comply with Federal laws prohibiting discrimination against applicants seeking to participate in programs. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to complete the information below, we are required to note the race and ethnicity of applicants on the basis of visual observation or surname.			
GENDER:		DATE OF BIRTH (MM/DD/YYYY):	
<input type="checkbox"/> Male		<input type="checkbox"/> Female	



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PRESENT EMPLOYER:		NUMBER OF YEARS THERE:	
EMPLOYER ADDRESS:	CITY:	STATE:	ZIP:
EMPLOYER PHONE:			
PRESENT SALARY (GROSS PER MONTH):		NET PER MONTH (AFTER TAXES):	
OTHER SOURCES OF INCOME (YOU ARE NOT REQUIRED TO LIST ALIMONY OR CHILD SUPPORT UNLESS YOU WANT THEM TO BE CONSIDERED FOR REPAYMENT) OTHER AMOUNT: FROM WHAT SOURCE?			
\$			
\$			
TANF:	FOOD STAMPS:	LIHEAP:	
\$	\$	\$	
IS ANY OF THE INCOME LISTED IN THIS SECTION LIKELY TO BE REDUCED IN THE NEXT TWO YEARS? <input type="checkbox"/> Yes <input type="checkbox"/> No PLEASE EXPLAIN:			
HAVE YOU EVER RECEIVED CREDIT FROM A BANK? <input type="checkbox"/> Yes <input type="checkbox"/> No		IF YES, WHEN AND WHERE?	
CREDIT INFORMATION			
PLEASE CHECK IF YOU HAVE THE FOLLOWING AND IF SO, LIST ACCOUNT # AND BANK:			
<input type="checkbox"/> Checking Account #:	Bank:	Total in Account:	
<input type="checkbox"/> Savings Account #:	Bank:	Total in Account:	
BUSINESS INFORMATION			
BUSINESS NAME:		DATE ESTABLISHED (MM/DD/YYYY):	
PHYSICAL ADDRESS:	CITY:	STATE:	ZIP:
MAILING ADDRESS (IF DIFFERENT FROM PHYSICAL ADDRESS):	CITY:	STATE:	ZIP:
PRIMARY CONTACT NAME:		TITLE/POSITION:	
PHONE:		EMAIL:	
WEBSITE:	TAX ID/EMPLOYER IDENTIFICATION NUMBER (EIN) ¹ :	NAICS CODE(S) ² :	DUNS #:

¹ For a sole-proprietorship this number is usually your social security number. An employer identification number (EIN) is a nine-digit number assigned by the IRS. It is used to identify the tax accounts of employers and certain others who have no employees. The IRS uses the number to identify taxpayers who are required to file various business tax returns. EINs are used by employers, sole proprietors, corporations, partnerships, non-profit associations, trusts, estates of decedents, government agencies, certain individuals, and other business entities. If you already have an EIN and the organization or ownership of your business changes, you may need to apply for a new number. Visit this website for more information: <https://www.irs.gov/taxtopics/tc755.html>

² If you don't know your NAICS code you can find it at www.naics.com/search.



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WHAT STAGE IS YOUR BUSINESS IN?													
<input type="checkbox"/> Seed	<input type="checkbox"/> Established	<input type="checkbox"/> Succession											
<input type="checkbox"/> Start-up	<input type="checkbox"/> Expansion	<input type="checkbox"/> Other (please specify): _____											
<input type="checkbox"/> Growth	<input type="checkbox"/> Mature												
DO YOU HAVE A BUSINESS CHECKING ACCOUNT?		DO YOU HAVE A BUSINESS SAVINGS ACCOUNT?											
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No											
HAVE YOU ATTENDED AND COMPLETED ANY BUSINESS OR FINANCIAL TRAINING IN THE PAST YEAR?		HAVE YOU PARTICIPATED IN ANY FINANCIAL LITERACY CLASSES OR ACTIVITIES?											
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No											
HAVE YOU PARTICIPATED IN THE SPECIALIZED SMALL BUSINESS SERVICES CENTER (SSBSC)?		HAS ANYONE IN YOUR FAMILY EVER OWNED A BUSINESS?											
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No											
TYPE OF BUSINESS:			IF CORPORATION:										
<input type="checkbox"/> Sole Proprietorship ³	<input type="checkbox"/> Partnership ⁵	<input type="checkbox"/> Other (please specify): _____	<input type="checkbox"/> C-Corp										
<input type="checkbox"/> Corporation ⁴	<input type="checkbox"/> Limited Liability Corporation ⁶		<input type="checkbox"/> S-Corp										
BRIEFLY DESCRIBE THE BUSINESS:		DO YOU RUN THIS BUSINESS OUT OF YOUR HOME?											
		<input type="checkbox"/> Yes <input type="checkbox"/> No											
WHERE ARE YOU AT RIGHT NOW IN THE SELF-EMPLOYMENT PROCESS? (check all that apply.)	<input type="checkbox"/> I am still trying to decide whether to start my business.												
	<input type="checkbox"/> I am in the process of starting my own business.												
	<input type="checkbox"/> I have been selling my product or service for less than 12 months.	Date Started:	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">Owner</th> <th style="width:50%;">Partner (if applicable)</th> </tr> </thead> <tbody> <tr> <td>Average Monthly Income:</td> <td>Average Monthly Income:</td> </tr> <tr> <td># of Months Employed:</td> <td># of Months Employed:</td> </tr> <tr> <td>Average Monthly Income:</td> <td>Average Monthly Income:</td> </tr> <tr> <td># of Months Employed:</td> <td># of Months Employed:</td> </tr> </tbody> </table>	Owner	Partner (if applicable)	Average Monthly Income:	Average Monthly Income:	# of Months Employed:	# of Months Employed:	Average Monthly Income:	Average Monthly Income:	# of Months Employed:	# of Months Employed:
	Owner	Partner (if applicable)											
	Average Monthly Income:	Average Monthly Income:											
# of Months Employed:	# of Months Employed:												
Average Monthly Income:	Average Monthly Income:												
# of Months Employed:	# of Months Employed:												
<input type="checkbox"/> I have been selling my product or service for 12 months or more.	Date Started:												
<input type="checkbox"/> I have been selling my product or service for 12 months or more and am a documented non-profit.													
PLEASE INDICATE HOW MANY EMPLOYEES (INCLUDING OWNER(S)) YOUR BUSINESS WILL EMPLOY AT LOAN CLOSING.	FULL-TIME (35 OR MORE HOURS PER WEEK)	PART-TIME (34 HOURS OR LESS PER WEEK)	TOTAL										
Permanent													
Seasonal													
PLEASE INDICATE HOW MANY EMPLOYEES (INCLUDING OWNER(S)) YOUR BUSINESS WILL RETAIN OVER THE NEXT YEAR	FULL-TIME (35 OR MORE HOURS PER WEEK)	PART-TIME (34 HOURS OR LESS PER WEEK)	TOTAL										
Permanent													
Seasonal													
PLEASE ESTIMATE THE NUMBER OF JOBS (INCLUDING OWNER(S)) YOU EXPECT TO CREATE, MINUS ANY EXPECTED JOB LOSSES OVER THE NEXT YEAR.	FULL-TIME (35 OR MORE HOURS PER WEEK)	PART-TIME (34 HOURS OR LESS PER WEEK)	TOTAL										
Permanent													
Seasonal													

³A sole proprietorship, also known as the sole trader or simply a proprietorship, is a type of business entity that is owned and run by one natural person and in which there is no legal distinction between the owner and the business.
⁴A corporation (sometimes referred to as a C corporation) is an independent legal entity owned by shareholders. This means that the corporation itself, not the shareholders that own it, is held legally liable for the actions and debts the business incurs.
⁵A partnership is a single business where two or more people share ownership. Each partner contributes to all aspects of the business, including money, property, labor or skill. In return, each partner shares in the profits and losses of the business.
⁶A limited liability company is a hybrid type of legal structure that provides the limited liability features of a corporation and the tax efficiencies and operational flexibility of a partnership. The "owners" of an LLC are referred to as "members."



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In the past year did your business create or retain indirect jobs? ⁷	<input type="checkbox"/> Yes → How many jobs do you estimate to have impacted due to your use of support industry products and/or services? _____
	<input type="checkbox"/> No
In the next year, does your business plan to create or retain indirect jobs? ¹⁶	<input type="checkbox"/> Yes → How many jobs do you estimate you will impact due to your use of support industry products and/or services? _____
	<input type="checkbox"/> No
Does your business currently offer your permanent full-time employees... →	health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In progress
IF YOU ANSWERED 'YES' OR 'IN PROGRESS' TO THE RIGHT, PLEASE DESCRIBE.	vision and/or dental insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In progress
	paid leave and/or paid time off? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In progress
	parental leave ⁸ ? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In progress
	retirement/401K? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In progress
	other benefits (such as career advancement, training, work from home, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In progress
IN THE LAST YEAR, WHEN DID YOU OPERATE THIS BUSINESS?	
<input type="checkbox"/> Full-time/Year round <input type="checkbox"/> Full-time/Seasonal <input type="checkbox"/> Part-time/Year round <input type="checkbox"/> Part-time/seasonal	
MY GOAL IN THE NEXT YEAR IS TO OPERATE THIS BUSINESS:	
<input type="checkbox"/> Full-time/Year round <input type="checkbox"/> Full-time/Seasonal <input type="checkbox"/> Part-time/Year round <input type="checkbox"/> Part-time/seasonal	
HOW MUCH HAVE YOU WORKED AT THIS BUSINESS IN THE PAST THREE MONTHS?	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal/Temporary	
WHAT WAS YOUR GROSS ANNUAL REVENUE ⁹ IN THE LAST FISCAL YEAR ¹⁰ ?	WHAT WAS YOUR NET ANNUAL BUSINESS PROFIT ¹¹ IN THE LAST FISCAL YEAR ²⁴ ?
\$	\$
What sources of funding did you use to start and/or expand your business? If multiple sources from the same type please add amounts for a total:	Personal savings? <input type="checkbox"/> Yes <input type="checkbox"/> No \$
	Credit card(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No \$
	Government loan? <input type="checkbox"/> Yes <input type="checkbox"/> No \$
	Business loan from a commercial financial institution? <input type="checkbox"/> Yes <input type="checkbox"/> No \$
	Business loan from Tribal Credit? <input type="checkbox"/> Yes <input type="checkbox"/> No \$
	Loan from family or friends? <input type="checkbox"/> Yes <input type="checkbox"/> No \$
	Gift from family or friends? <input type="checkbox"/> Yes <input type="checkbox"/> No \$
	Investor(s) venture capital, silent partner, etc. <input type="checkbox"/> Yes <input type="checkbox"/> No \$
	Other <input type="checkbox"/> Yes <input type="checkbox"/> No \$
TOTAL	
\$	
HOW MUCH ARE YOUR BASIC COSTS? (STARTUP, OVERHEAD, DIRECT COSTS, ETC.)	
COST \$	

⁷ The jobs created or retained by the businesses in support industries (for example, construction materials suppliers, architects, engineers, and other businesses that support a construction project will experience an increase in demand and will create and retain jobs as a result).

⁸ For example, maternity or paternity leave.

⁹ In simple terms, revenue is the money earned through sales, services and other means. If you sell a sandwich for \$5, your current gross revenue is \$5, with the term gross meaning the total amount before subtracting such things as the cost of the meat, bread and staff to make and serve the sandwich.

¹⁰ A fiscal year (FY) is a period that a company or government uses for accounting purposes and preparing financial statements. A fiscal year may not be the same as a calendar year, and for tax purposes, the Internal Revenue Service (IRS) allows companies to be either calendar-year taxpayers or fiscal-year taxpayers.

¹¹ Net profit represents the number of sales dollars remaining after all operating expenses, interest, taxes and dividends have been deducted from a company's total revenue.



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WHAT ARE YOUR THREE BIGGEST NEEDS OR CONCERNS AROUND STARTING OR EXPANDING YOUR BUSINESS?

1.

2.

3.

OWNER(S) INFORMATION

PLEASE TELL US ABOUT THE OWNER(S) OF THE BUSINESS DESCRIBED ABOVE.

LEGAL INFORMATION

HAVE YOU BEEN INVOLVED IN BANKRUPTCY PROCEEDINGS OR INSOLVENCY PROCEEDINGS OR HAVE PENDING PERSONAL OR BUSINESS JUDGMENTS, UNSETTLED LAWSUITES OR MAJOR DISPUTES? IF YES, ATTACH EXPLANATION.

- Yes
- No

ARE YOUR BUSINESS AND/OR PERSONAL TAXES PAST DUE?

- Yes
- No



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BORROWER’S ACKNOWLEDGEMENT

The undersigned authorizes our organization or its affiliates, successors, or assigns 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 applicant(s) credit worthiness. The undersigned hereby certifies that this application, 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 further certifies that the proceeds of any loan made as a result of this application will be used for purposes stated herein. The undersigned, in applying for financial assistance, recognizes that prior to receiving any financial assistance he or she will agree to comply with all federal, tribal, state, and local laws and regulations to the extent that such are applicable. It is also understood and agreed that I will be charged a \$100.00 fee for every loan.

AUTHORIZATION TO RELEASE INFORMATION

I have applied for assistance or obtained a loan from NADC. As part of the process, NADC may verify information contained in my request for assistance and in other documents required in connection with the request.

I authorize you to provided NADC for verification purposes the following applicable information:

- Past and present employment or income records
- Bank account, stock holdings, and any other asset balances
- Past and present landlord references
- Other consumer credit references

If the request is for a new loan, I further authorize NADC to order a consumer credit report and verify other credit information.

I understand that under the Right to Financial Privacy Act of 1978, 12 USC 3401, et seq. NADC is authorized to access my financial records held by financial institutions in connection with the consideration or administration of assistance to me. I also understand that financial records involving my loan and loan application will be available to NADC without further notice or authorization but will not be disclosed or released by NADC to any other person or agency without my consent except as required or permitted by law.

We store your data in our secure database system, OTIS. Your data in this system will be shared, without any identifying information, to our Native CDFI network.

The information NADC obtains is only to be used in the processes of my request for assistance.

SIGNATURE

DATE

OFFICE USE ONLY		
AUTOMATIC PAYMENT WILL BE DEDUCTED BI-WEEKLEY FROM:		
REPAYMENT SOURCE INFORMATION:		
<input type="checkbox"/> Wage Deduction	<input type="checkbox"/> ACH Payment	<input type="checkbox"/> Other (please specify): _____