

**APPLICATION FOR LOAN
(Intermediary Relending Program)**

General Information: The "Application for Loan" is to provide information needed for the analysis and loan determination process. For complete guidance see RD Instruction 4274-D.

Instructions to Intermediary (*applicant*): Complete items 1 through 15. Submit original of this application and all supporting documents to the USDA, Rural Development. If additional space is required, provide for by an attachment. Additional information may be obtained from the RBS National Office.

1. **NAME:** (*Show official name without abbreviations unless the abbreviation is apart of the official name.*)

Street		City	County
State	ZIP Code	Telephone Number	Amount of Loan Required

2. **APPLICANT'S TAX IDENTIFICATION NUMBER**

3. **DATE ESTABLISHED:**

4. **CITIZENSHIP** - If not a public body, what percent of the members or what percent of the ownership of the intermediary are citizens of the United States or reside in the United States after being legally admitted for permanent residence.

5. **HISTORY OF INTERMEDIARY:** Provide a brief description and history of the applicant. Include recent experience in making and servicing commercial loans.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0570-0021. The time required to complete this information is estimated to average 56 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

6. **LITIGATION** - List details of any pending or final disciplinary or legal (*civil or criminal*) action against the intermediary, members and directors.

7. **NAMES OF ATTORNEYS, ACCOUNTANTS, AND OTHER PARTIES** - List the names of all attorneys, accountants, appraisers, packagers, agents, and all other parties (*whether individuals, partnership, associations*) engaged by or on behalf of the intermediary (*whether on a salary, retainer or fee basis and regardless of the amount of compensation*) for the purpose of rendering professional or other services of any nature whatever to the intermediary, in connection with the preparation or presentation of this application. List all fees or other charges or compensation paid or to be paid for any purpose in connection with this application or disbursement of the loan whether in money or other property of any kind whatever, by or for the account of the intermediary together with a description of such services rendered or to be rendered with complete justification for such purposes.

Name and Address (<i>Include ZIP Code</i>)	Description of Service Rendered or to be Rendered with Complete Justification	Total Compensation Agreed to be Paid*	Compensation Already Paid

**Enter specific dollar amounts or hourly rates "Unknown." "Undetermined." or other imprecise terms are not sufficient.*

8. **SUBSIDIARIES AND AFFILIATES** - (1) List the name and addresses of all entities that are subsidiaries, parent organizations, or affiliates of the applicant. Comment briefly on the relationship between the intermediary and the listed entities.

9. **PURCHASE AND SALES RELATIONS WITH OTHERS** - Does the intermediary loan to, buy from, sell to or use the services of any business or organization in which an officer, director, or member of the intermediary has a substantial interest?

Yes No

If "Yes," give names of such officer, director, or member, names of the business or organization and explain the nature of the transaction(s).

10. **RECEIVERSHIP - BANKRUPTCY** - Has the intermediary or affiliate or any officer or director of the intermediary or affiliate ever been in receivership or adjudicated bankrupt?

Yes No

If "Yes," give names, dates and details.

11. **DISCLOSURE OF SPECIAL INFORMATION REGARDING PRINCIPALS** - List below the names of any RBS employees who have any present or have had past, direct or indirect, financial interest in or association with the intermediary, or any of its officers, directors or members. When a member, officer, or director, or their spouse is an employee of the U. S. Government, including members of the armed forces, detailed information must be submitted with the application.

NAME AND ADDRESS <i>(Including ZIP Code)</i>	Details of Relationship or Interest

12. **MANAGEMENT** - Enter names of (a) all board members, key officers, key hired managers, and directors and their annual compensation, including salaries, fees, withdrawals, deferred compensation, stock options, etc. Elected officials on applications for loans from public bodies are excluded.

(a) Name	(b) Position or Title	(c) Annual Compensation \$

13. **REGULATORY AGENCIES** - List all regulatory agencies (*National, State, or Local*) which supervise or regulate the applicant and explain if there are pending matters with such regulatory agencies. Indicate if permits, licenses or clearances are necessary and their status.

14. Is the applicant, or any member, officer, director or other individual or entity directly involved in the operation and management, delinquent on any federal debt?

Yes No If "Yes," attach an explanation.

15. What is the service area for your proposed Intermediary Relending Program revolving loan program?

WARNING: Section 1001 of Title 18, United States Code provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or makes any false, fictitious or fraudulent statement or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined under this title or imprisoned not more than five years, or both.

Misrepresentation of material facts may also be the basis for denial of credit by the RBS.

Intermediary Name:

CORPORATE SEAL

By _____

Title _____

Attest: _____

Date Signed: _____

Intermediary Contact
Person

(Title)

Name

Address

Telephone