COMMUNITY CAPITAL FUND

FIRM NAME				ADDRESS		APPLICATIO	N DATE			
CONTACT PERSON				TELEPHON						
CONTACTTERSON				TILLET HOL	<u> </u>					
		-						ı		
PRINCIPALS		LIONE ADD	2500			DATE OF	% OF	CITIZENSHIF		
NAME/TITLE		HOME ADDI	RESS		S.S. #	BIRTH	OWNERSHIE	TYPE OF \	VISA	
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		1				USINESS				
DATE FIRM		ANNUAL GF	ROSS		MAI	NUF RE	TAILSE	RVICE	WHSLE	
ESTABLISHED		SALARY\$			5051101	- 014/11/50				
FEDERAL TAX I.D.		PRINCIPAL	PRODUCT/		FORM OF OWNERSHIP					
		SERVICE			SOL	LE PROP	_ PARTNERSHIP CORP.			
					<u> </u>					
STATUS OF BUSINESS		PROJECT P	URPOSE		WORKI	NG CAPITAL	EMPLOYME	NT:		
EXISTING		NEW CC	NSTR.		CAPITAL EQUIPMENT*# CURREN					
NEW		RENOVATION			INVENT	ORY	# EMPLOYED AFTER COMPLETION			
PURCHASE EXISTING		EXPANSION			REFINA	NCE	OF PROJECT			
*If purchasing equipment, att	ach list of equip	ment to be pu	urchased.				1			
9 1 1										
CURRENT DEBT	FINANCING	REQUESTED)	TERM (MO	NTHS) RATE (INTERIM LENDER			
							CONTACT			
					_		_			
ACCOUNTANT					PHONE					
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							CONTACT _			
LEGAL COUNCE					DUONE		DANK OF DI	IOINEOO		
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DISTRIBUTION OF LOAN P	ROCEEDS	1					SOURCES (I	ENDER USE	ONLY)	
DIGITALDO FIGNA OF EGAINT	T						BANK	s	I	
USE OF FUNDS	BANK	OWNER	CITY/LDC	TOTAL			LDC	\$		
BLDG. ACQ.	\$	\$	\$	\$			CITY	\$		
LAND ACQ.	\$	\$	\$	\$			EQUITY	\$		
NEW CONSTR.	\$	\$	\$	\$			JDA	\$		
RENOV./EXP.	\$	\$	\$	\$			SBA	\$		
WORKING CAP.	\$	\$	\$	\$			OTHER	\$		
MACH. & EQUIP.	\$	\$	\$	\$						
CURRENT DEBT	\$	\$	\$	\$						

OTHER TOTALS

ASSET YES/NO VALUE VALUE IN DOLLARS LIEN ACCOUNTS RECEIVABLE IN DOLLARS LIEN HOLDER RECEIVABLE INVENTORY REAL ESTATE OTHER: BUSINESS FINANCIAL INFORMATION EXISTING DEBTS AMOUNT OF DEBTOR NAME AND ACCOUNT MONTHLY RATE DATE COLLATERAL \$ S S REFERENCES YENDOR NAME CONTACT NAME TELEPHONE NUMBER NATURE OF BUSINESS 1. 2. 3. LENDER NAME TYPE OF ACCOUNT ACCOUNT ACCOUNT BALANCE 1. LENDER NAME TYPE OF ACCOUNT ACCOUNT ACCOUNT BALANCE 1. LENDER NAME TYPE OF ACCOUNT ACCOUNT ACCOUNT BALANCE 1. LENDER NAME TYPE OF ACCOUNT ACCOUNT BALANCE 1. LENDER COMPETITOR LOCATION OF COMPETITOR HOW DOES YOUR COMPANY COMPETE? 1. LAME OF COMPETITOR LOCATION OF COMPETITOR HOW DOES YOUR COMPANY COMPETE? 1. LENDER COMPETITOR LOCATION OF COMPETITOR HOW DOES YOUR COMPANY COMPETE? 1.	COLLATERAL										
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<u>ı</u> -											
3.											
<u>v. </u>	<u>. </u>			<u> </u>							

HAS THE BUSINESS EVER FILED FOR BANKRUPTCY? YES/N	NO, IF YES, GIVE DETAILS	
HAS THE BUSINESS PREVIOUSLY APPLIED TO A BANK? IF	YES, GIVE DETAILS	
HAS ANY OF THE OWNERS OF THE BUSINESS EVER FILED F	FOR BANKRUPTCY? YES/NO	
ARE ALL PAYROLL, FEDERAL, STATE AND MUNICIPAL TAXE	ES CURRENT? (IF NO GIVE DETAILS)	
COMMENT ON: (BACKGROUND OF COMPANY. IS THE BUSI THROUGHOUT THE YEAR? HOW WILL PROPOSED LOAN BE		FLOW FLUCTUATIONS
Please include the following information with this 1. Three years business tax returns. If sole propr 2. Three years personal tax returns. 3. Personal financial statement form. 4. Attachements referred on this application. 5. If this a startup business or your business is le includes a proforma opening balance sheet and 3 market analysis description of products offered, but the same includes a profession of products offered, but the same includes a profession of products of the same includes analysis description of products of the same includes a profession	ietorship include a year-end bal ess than one year old, include a years projections of cash flow a	business plan which and profit and loss,
By the signature below authorization is granted fo and information. In consideration of furnishing as against the lender and its agent in connection witl	ssistance and/or counseling to r	_
Signature T	itle	Date

Return to Community Capital Fund, 240 Fairfield Ave., 3rd Fl., Bridgeport, CT 06604 (203) 332-7977

COMMUNITY CAPITAL FUND

PERSONAL FINANCIAL STATEMENT

Please complete all information, sign, and date form

PERSONAL INFORMATION

TOTAL

NAME (PRINT): LAST, FIRST & MIDDLE		BIRTH DATE SOCIAL SECURITY NO.		U.S. CITIZEN		HOME PHONE		
	T				□ Yes	□ No		F
STREET ADDRESS	CITY		STATE	ZIP	Own	YEARS	RENT/MTG	AVG MTLY
					Rent	1	PAYMENT	UTILITIES
					Other		\$	\$
PREVIOUS ADDRESS	CITY		STATE	ZIP	Own	YEARS	# OF DEPEN	
					Rent		(count yourse	elf as one)
					Other			
EMPLOYER	ADDRESS			CITY	STATE	ZIP	WORK PHOI	NE
POSTION	•	DEPARTMEN	NT/UNIT	•	LENGTH OF E	MPLOYEMN	TTYPE OF BL	ISINESS
					yrs.	mos.		
FORMER EMPLOYER, ADDRESS AND	YOUR POSIT	ION			ANNUAL SALA	ARY THERE	LENGTH OF	EMPLOYMENT
HAVE YOU FILED BANKRUPTCY OR F	IAD ANY	ARE YOU OF	BLIGATED TO	PAY ALIMON	I NY, CHILD SUP	ORT	DO YOU HAY	VE A WILL?
			NANCE PAYN			□ no □ yes		
□ no □ yes	□ no	□ _{yes}	NAME OF EXECUTOR					
EXPLAIN ON ATTACHMENT EXPLAIN ON			ATTACHME	NT				
ASSETS			1	LIABILITIE	S AND NET W	ORTH		
CASH ON HAND AND IN BANKS (A)	\$			NOTES DUE			\$	
MARKETABLE SECURITIES (B)	\$			NOTES DUE		\$		
NON-MARKETABLE SECURITIES ©	\$			BROKER MA	ARGIN ACCOUN	NTS	\$	
ACCTS & NOTES RECEIVABLE (D)	\$			ACCOUNTS & BILLS DUE			\$	
REAL ESTATE WHOLLY OWNED (E)	\$			INCOME TAX DUE			\$	
PARTIAL INTEREST/REAL ESTATE (F)	\$		OTHER UNPAID TAXES & INTEREST			\$		
AUTOMOBILES	\$		REAL ESTATE MORGAGES (E)			\$		
CASH VALUE-LIFE INSURANCE (G)	\$		OTHER DEBT (ITEMIZE)				\$	
OTHER ASSETS (ITEMIZE)	\$						\$	
	\$						\$	
	\$				TOTAL LIABIL	ITIES	\$	
\$				NET WORTH			\$	
TOTAL ASSETS \$				TOTAL LIA	\$			
ANNUAL INCOME			1	CONTINGE	NT LIABILITI	ES .		
SALARY	\$		1	JUDGMENTS		•	\$	
COMMISSIONS & BONUSES	\$			DAMAGE CL			\$	
DIVIDENDS/INTEREST	\$			GUARANTIE			\$	
ACCTS & NOTES RECEIVABLE	\$			ENDORSEM			\$	
RENTAL INCOME	\$				OBLIGATIONS	;	\$	
OTHER INCOME	\$				AID TAXES & II		\$	
	_							

TOTAL

\$

Personal Income and Expenses (for year ending _____)

Annual Income		Annual Expenses	
Annual salary, bonuses and commissions Dividends and interest Rental Income Other Income (explain)	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Mortgage/Rental Pmts Federal, State and local taxes Real estate taxes Insurance premiums Other loans, credit cards Alimony, child support Other expenses (tuition, miscellaneous)	\$ \$ \$ \$ \$
Total Annual Income	\$	Total Annual Expenses	\$
Notes:			

(A) BANKING INFO	RMATION								
TYPE OF ACCOUNT	BANK/S&L/CF	RDT UNION	ON ADDRESS CITY/STATE			ACCOUNT NU	ACCOUNT NUMBER		ANCE
								1	
	 								
Use separate sheet if nece	ssarv)					•	TOTAL		
•	• ,								
B) MARKETABLE	SECURITIE	S/MONE	Y MARKE	T FUNDS					
DESCRIPTION	REGISTERE			OF SHARES	COST	SOURCE OF V	/AI UATION	MARKE	T VALUE
5200Kiii 1101K	11201012112	.5 01111211			000.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	
			OR FAC	E VALUE				 	
								<u> </u>	
						1			
Jse separate sheet if nece	ssary)					•	TOTAL	1	
•	• ,								
C) NON-MARKETA	ABLE SECL	JRITIES							
DESCRIPTION	REGISTERE		NUMBER	OE SHAPES	COST	SOURCE OF V	/ALLIATION	MARKE	T VALUE
DESCRIPTION	REGISTERE	DOWNER			SOURCE OF VALUATION		III III III III III III III III III II		
			OR FAC	E VALUE		+			
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Use separate sheet if nece	essarv)						TOTAL		
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D) ACCOUNTS AN	D NOTES I	RECEIVA	BI F						
BORROWER & ADDRESS			AL DATE	ORIGINAL	AMOUNT	COLLA	TEDAL	DAL AN	ICE DUE
OCKOWEK & ADDRESS	WHEN DOE	ORIGINA	AL DATE	ORIGINAL	AWOUNT	COLLATERAL		BALANCE DUE	
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						1			
						<u> </u>			
Use separate sheet if nece	ssary)			•		•	TOTAL		
E) REAL ESTATE -	- WHOLLY	OWNED							
DESCRIPTION &	DATE		E IN	PURCHASE	MOF	RTGAGE	MARKET	MONTHLY	MORTGAG
LOCATION	ACQUIRED	NAM	E OF	PRICE	НС	LDER	VALUE	PAYMENT	BALANCE
	\longmapsto								
Use separate sheet if nece	ssarv)						TOTAL	<u> </u>	
222 Soparato Shoot ii nebe	23417/							L	

DESCRIPTION & LOCATION	% OF	TOTAL	YEAR OF	TOTAL MARKET	TOTAL	YOUR VALU	E OF EQUITY
	OWNERSHIP	COST	PURCHASE	VALUE	MORTGAGE		
(Use separate sheet if necessary)	•		<u> </u>		TOTAL		
(G) LIFE INSURANCE	<u> </u>		1		<u> </u>	1	
NAME OF COMPANY	FACE AMOU	NT		BENEFICIARY	LOANS	CASH SURR	ENDER VALU
						BALAN	ICE DUE
Use separate sheet if necessary)					TOTAL		
BANKS/STORE/COMPA	NY	ACCOUNT NUMBER			TERMS	MONTHLY PAYMENTS	CURRENT BALANCE
(Los congreto aboet if pagesony)					TOTAL		
Use separate sheet if necessary)					IOIAL		
THE UNDERSIGNED CERTIFII CORRECT AND COMPLETE. AGAINST ANY OF THE FORE	THE UNDERS	SIGNED FL	JRTHER RE	PRESENTS THAT TH	HERE ARE N	O ENCUMB	RANCES
AUTHORIZED TO VERIFY THE UNDERSIGNED AUTHORIZES	GBF, IF CRE	DIT IS GR	ANTED, TO	GIVE CREDIT INFO	RMATION TO	ANY CRE	DIT RE-
PORTING SERVICE AND TO A							
THAT THE FINANCIAL STATE	MENT SHALL	REMAIN	THE PROPE	RTY OF GBF WHET	HER OR NOT	CREDIT IS	3
GRANTED.							
SIGNATURE				SIGNATURE			
				2.2 5			

SIGNATURE

SIGNATURE