

Northampton County COVID-19 Small Business Emergency Relief Fund

APPLICATION CHECKLIST: (items required to complete loan application)

- **Loan Application:** Be sure to answer all questions.
- **Business Tax Returns:** Complete copy, including all schedules, of the most recent Federal income tax return.

If the most recent Federal income tax return has not been filed, a year-end profit-and-loss statement and balance sheet for that tax year.
- **Personal Tax Returns:** Complete copy, including all schedules, of the most recent Federal income tax return. Returns must be signed.
- **Personal Financial Statements:** All Owners must complete and sign.
- **Program Participant Form:** Information for funding documentation.
- **Application Fee:** The \$25.00 is a non-refundable fee. Make check payable to *Rising Tide Community Loan Fund*

Email information to: chudock@caclv.org

Fax information to: (484) 821-2271

Mail information to: RISING TIDE COMMUNITY LOAN FUND
1337 East Fifth Street
Bethlehem PA 18015

Questions? Call: Phone: (484) 893-1039

*****Due to expected demand and the need to quickly disburse available funds to the community, incomplete applications will not be considered. Be sure to submit all required documents and to thoroughly complete the application.**



1337 East 5th Street
Bethlehem, PA 18015
(p) 484.893.1039
(f) 484.821.2271

Business Services Application

In this Business Services Application, the words "We," "Us" and "Our" mean Rising Tide Community Loan Fund, and the words "You" and "Your" mean the Applicant(s).

Application Information

Date	Annual Sales	Account Number
Application Taken By	Branch Bethlehem Branch	
Request:	<input type="checkbox"/> New	<input type="checkbox"/> Renewal
Loan Amount Requested	Terms of Repayment	<input type="checkbox"/> Increase
Use of Proceeds		
What Collateral do You offer in support of this credit request? (If Real Estate, please provide a copy of a legal description of the property and the most recent tax statement.)		
Guarantors of Credit		

Company/Applicant Information

Legal Name of Company/Applicant Name	Primary Contact	Tax ID Number
Address	Own _____	Type of Credit Applied For: <input type="checkbox"/> Unsecured Business Line of Credit <input type="checkbox"/> Secured Business Line of Credit <input type="checkbox"/> Unsecured Business Term Loan <input type="checkbox"/> Secured Business Term Loan
City/County	Rent _____	
State/Zip	Other _____	
Business Telephone	FAX	
Type of Business _____	Business Entity:	
Time in Business: _____ No. of Employees _____	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Limited Partnership
Time Under Current Management _____	<input type="checkbox"/> Partnership	<input type="checkbox"/> General Partnership
	<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company
		<input type="checkbox"/> Not-for Profit
		<input type="checkbox"/> Other
		<input type="checkbox"/> Limited Liability Partnership

Principals/Owners

Name	% Ownership	Title

Banking Relationships (Please list only Your business accounts)

BANK	ACCOUNT NUMBER	BUSINESS			CURRENT BALANCE
		CHECKING	SAVINGS	LOAN	
					\$
					\$

Business/Trade References (Please list Your two major suppliers or references)

NAME	ADDRESS	NAME OF CONTACT	TELEPHONE NUMBER

Miscellaneous (Please provide details below if You answer YES to any of the following questions)

Is the business a party to any claim or lawsuit? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has the business ever declared bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No Chapter _____ Date of filing _____	Are any of the Applicants an endorser, guarantor, or co-maker for obligations not listed on the financial statements? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please indicate total contingent liability: \$ _____
Details		

Signatures

You certify that all statements in this Application and on each document required to be submitted in connection herewith, including federal income tax returns, are true, correct and complete. You authorize Us to make such inquiries and gather such information as We deem necessary and reasonable concerning any information provided to Us on this Application or on any such required document, including inquiries to the Internal Revenue Service. You further agree to notify Us promptly of any material change in any such information. You authorize Us to accept Your facsimile signatures on this application and, subsequently, on any other documents associated with the credit for which You are applying and You agree that Your facsimile signature will have the same legal force and effect as Your original signature. You assume any risk that may be associated with permitting Us to accept Your facsimile signature.

Signature (Applicant)	Company	Individuals/Owners	Title	Date
Signature (Applicant)	Company	Individuals/Owners	Title	Date

PLEASE SUPPLY THE FOLLOWING:

Business Loan Information Checklist – Documents Needed Are Indicated by

<input type="checkbox"/> Purchase Invoice/Sales Contract	<input type="checkbox"/> Insurance Information (agent, coverage)
<input type="checkbox"/> 3 Years Tax Returns – Personal	<input type="checkbox"/> Cash Flow/Profit Projections from Loan Proceeds
<input type="checkbox"/> 3 Years Tax Returns – Business	<input type="checkbox"/> Current Business Interim Balance Sheet and P&L
<input type="checkbox"/> 3 Years Prior Business Financials	<input type="checkbox"/> Personal Financial Statement of Guarantor(s)
<input type="checkbox"/> IRS Form 4506-T	<input type="checkbox"/> Principal(s) Biographical Info and % Ownership
<input type="checkbox"/> Other _____	<input type="checkbox"/> Current Bank Financing and Lease Arrangements
For Real Estate Loans:	<input type="checkbox"/> Title Information (legal information or title policy)
<input type="checkbox"/> Sales Agreement (if new purchase)	<input type="checkbox"/> Copies of Leases and Current Rent Roll (if applicable)
<input type="checkbox"/> Loan Payoff Information (if refinance)	<input type="checkbox"/> Other _____

THIS SECTION IS FOR LENDER USE ONLY

Business Loan Documentation Checklist – Closing Documents Needed

<input type="checkbox"/> Business Services Application	<input type="checkbox"/> Corporate Resolution to Borrow
<input type="checkbox"/> Promissory Note and Business Loan Agreement	<input type="checkbox"/> Partnership Borrowing Authorization
<input type="checkbox"/> Security Agreement	<input type="checkbox"/> Continuing Guaranty
<input type="checkbox"/> Business Line of Credit Agreement	<input type="checkbox"/> Agreement to Furnish Insurance
<input type="checkbox"/> Advance Request	<input type="checkbox"/> Flood Insurance Notice
<input type="checkbox"/> Affidavit of Loan Purpose	<input type="checkbox"/> UCC Financing Statement
<input type="checkbox"/> Disbursement Request and Authorization	<input type="checkbox"/> Irrevocable Stock or Bond Power
<input type="checkbox"/> Mortgage	<input type="checkbox"/> Federal Reserve Form U-1
<input type="checkbox"/> Deed of trust	<input type="checkbox"/> Assignment of Deposit or Share Account
<input type="checkbox"/> Business Extension Agreement	<input type="checkbox"/> Business Modification Agreement

THE FOLLOWING DOCUMENTATION MAY BE REQUIRED AT SETTLEMENT, IF APPLICABLE:

<input type="checkbox"/> Partnership Agreement
<input type="checkbox"/> Articles of Incorporation
<input type="checkbox"/> Fictitious Name Statement
<input type="checkbox"/> Copy of Trust Agreement if Borrower, Owner and/or Guarantor is a trust or holds assets in a trust

IMPORTANT NOTICE: If Your application for business credit is denied, You have the right to a written statement of the specific reasons for the denial. To obtain the statement, please write to Rising Tide Community Loan Fund, 1337 East Fifth Street, Bethlehem, PA, 18015 within 60 days from the date You are notified of Our decision. We will send You a written statement of reasons for the denial within 30 days of receiving Your request for the statement.

Equal Credit Opportunity Act Notice

The federal Equal Credit Opportunity Act prohibits creditors from discriminating against 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); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Equal Credit Opportunity Act. The federal agency that administers compliance with this law concerning this creditor is:

Federal Trade Commission, East Central Region, 1111 Superior Avenue, Suite 200, Cleveland, Ohio 44114-2507



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Personal Financial Statement

IMPORTANT: Read these directions and check the appropriate box before completing this Statement

- If You are applying for individual credit in Your own name and are relying on Your own income or assets and not the income or assets of another person as the basis for repayment of the credit requested, complete only Sections 1, 3 and 4.
- If You are applying for joint credit with another person, complete all Sections and provide information in Section 2 about the joint applicant. If appropriate, the joint applicant may complete a separate Personal Financial Statement and the applications may be submitted together.
- If You are applying for individual credit but relying on income from alimony, child support, or separate maintenance or on the income or assets of another person as a basis for repayment of the credit requested, complete all Sections. Provide information in Section 2 about the person whose alimony, support, or maintenance payments, income or assets You are relying on. Alimony, child support, or separate maintenance income, need not be revealed if You do not wish to have it considered as a basis for repaying this obligation.
- If this statement relates to Your surety of the indebtedness of other person(s), firm(s), or corporation(s), complete Sections 1,3 and 4.

Section 1 – Individual Information (type or print)		Section 2 – Other Party Information (type or print)	
Name	SS#	Name	SS#
Date of Birth		Date of Birth	
Address		Address	
City, State & Zip		City, State & Zip	
Position or occupation		Position or occupation	
Business name		Business name	
Business address 1		Business address 1	
Business address 2		Business address 2	
City, State & Zip		City, State & Zip	
Length of employment		Length of employment	
Res. telephone	Bus. telephone	Res. telephone	Bus. telephone

Section 3 – Statement of Financial Condition as of:			
Assets (Do not include assets of doubtful value)	In dollars (omit cents)	Liabilities	In dollars (omit cents)
Cash on hand and in this institution		Notes payable to this institution	
Cash or Certificates in other institutions (see Schedule A)		Notes payable to other institutions (see Schedule F)	
U.S. Government & marketable securities (see Schedule B)		Due to Brokers	
Non-marketable securities (see Schedule C)		Amounts payable to others - secured	
Securities held by broker in margin accounts		Amounts payable to others – unsecured	
Restricted, control, or margin account stocks		Accounts and bills due	
Real estate owned (see Schedule D)		Unpaid income tax	
Accounts, loans, and notes receivable		Other unpaid taxes and interest	
Automobiles		Real estate mortgages payable (see Schedule D)	
Other personal property		Other debts (car payments, credit cards, etc.) – itemize	
Cash surrender value - life insurance (see Schedule E)			
Other assets – itemize (see Schedule G if applicable)			
		Total Liabilities	
		Net Worth	
Total Assets		Total Liabilities and Net Worth	
PERSONAL INFORMATION	YES	NO	ACCOUNTANT
Do You have a will? If so, name executor:	<input type="checkbox"/>	<input type="checkbox"/>	Name: _____ Address: _____ Telephone: _____
Have You ever declared bankruptcy? If so, describe:	<input type="checkbox"/>	<input type="checkbox"/>	ATTORNEY Name: _____ Address: _____ Telephone: _____
Have You ever been audited by the IRS? If so, describe:	<input type="checkbox"/>	<input type="checkbox"/>	

Section 4 – Annual Income For Year Ended:		Annual Expenditures		Contingent Liabilities			Estimated Amounts
Salary	\$ _____	Mortgage/rental payments	\$ _____	Do you have any Contingent liabilities (as endorser, co-maker, guarantor or surety? ... On leases? On contracts?) Involvement in pending legal actions? Other special debts or circumstances? Contested income tax liens? If "yes" to any question(s) describe:	Yes	No	\$ _____
Bonuses & commissions	\$ _____	Real estate taxes & assessments	\$ _____		<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Dividends & interest	\$ _____	Taxes – federal, state & local	\$ _____		<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Real estate income	\$ _____	Insurance payments	\$ _____		<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Tax free income	\$ _____	Other contract payments (car payments, charge cards, etc.)	\$ _____		<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Other income	\$ _____	Alimony, child support, maintenance	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	
		Other expenses	\$ _____				
Total \$ Income		Total \$ Expenditures		Total \$ Contingent Liabilities			

(USE ADDITIONAL SCHEDULES IF NECESSARY AND ATTACH TO THIS FORM)
SCHEDULE A – CASH AND CERTIFICATES OF DEPOSIT IN OTHER INSTITUTIONS

Description	Name of Institution	In Name of	Are these Pledged or Held by others?	Value

SCHEDULE B – U.S. GOVERNMENT & MARKETABLE SECURITIES

Number of Shares or Face Value of Bonds	Description	In Name of	Are these Registered, Pledged or Held by others?	Cost	Market Value

SCHEDULE C – NON-MARKETABLE SECURITIES

Number of Shares	Description	In Name of	Are these Registered, Pledged or Held by others?	Original Investment	Current Value	Source Of Value

SCHEDULE D – RESIDENCES AND OTHER REAL ESTATE (PARTIALLY OR WHOLLY OWNED)

Address and Type of Property	County	Title in Name of	% of Ownership	Date Acquired	Cost	Market Value	Monthly Payment	Mortgage Balance	Mortgage Maturity

SCHEDULE E – LIFE INSURANCE CARRIED (INCLUDING GROUP INSURANCE)

Name of Insurance Company	Owner of Policy	Beneficiary and Relationship	Face Amount	Policy loans	Cash Surrender Value

SCHEDULE F – OTHER INSTITUTIONAL RELATIONSHIPS

Name and Address of Creditor	Original Loan/Line Amount	Date of Loan	Maturity Date	Unsecured or Secured (List Collateral)	Monthly Payment	Amount Owed

SCHEDULE G – BUSINESS VENTURES AND OTHER ASSETS

List Name and Address of Any Business Venture in which You Are An Owner, Stockholder or Partner	Your % of Ownership	Your Position/Title In the Business	Total Assets of Business	Line of Business	Years in Business

The information contained in this statement is provided to induce Us to extend or to continue the extension of credit to You or to others upon the surety of the undersigned. You acknowledge and understand that We are relying on the information provided herein in deciding to grant or continue credit or to accept a surety thereof. Each of the undersigned represents, warrants and certifies that the information provided herein is true, correct and complete. Each of the undersigned agrees to notify Us immediately and in writing of any change in name, address, or employment and of any material adverse change: (1) in any of the information contained in this statement; or (2) in the financial condition of any of the undersigned; or (3) in the ability of any of the undersigned to perform their obligations to Us. In the absence of such notice or a new and full written statement, this should be considered as a continuing statement and substantially correct. We are authorized to make all inquiries We deem necessary to verify the accuracy of the information contained herein, and to determine Your credit-worthiness. Each of the undersigned authorizes Us to answer questions about Our credit experience with the undersigned.

Signature (individual) _____

Date signed _____

Name (please print) _____

Signature (other party) _____

Date signed _____

Name (please print) _____



PROGRAM PARTICIPANT APPLICATION

Community Action Committee of the Lehigh Valley

1337 East Fifth Street – Bethlehem PA 18015

Program Name: _____ Intake Date: _____ Staff Completing: _____

Community Action Committee of the Lehigh Valley is a private, non-profit organization, and is, therefore, obligated to adhere to certain laws and the requirements of its funders in order to provide services to the public. Some of those requirements include the collection of data about persons using our services in order to document eligibility to receive services, ensure that Federal Civil Rights laws are adhered to, and that recipients of services do not experience discrimination.

Primary Program Participant

*Name: _____ Date: _____

First

M.I.

Last

Address: _____ Apt. # _____

City, State, Zip Code: _____

County: _____

Phone #: (Home) _____ (Cell) _____ (Work) _____

Email: _____

Social Security # _____ - _____ - _____

*Date of Birth ____ / ____ / ____

Primary Language _____

Total Annual Household Income \$ _____

Module 4, Section C: All Characteristics Report - Data Entry Form

Goal 1: Individuals and Families with low-incomes are stable and achieve economic security.

Name of CSBG Eligible Entity Reporting:

A. Total unduplicated number of all INDIVIDUALS about whom one or more characteristics were obtained:

B. Total unduplicated number of all HOUSEHOLDS about whom one or more characteristics were obtained:

C. INDIVIDUAL LEVEL CHARACTERISTICS

1. Gender	Number of Individuals
a. Male	<input style="width: 50px;" type="text"/>
b. Female	<input style="width: 50px;" type="text"/>
c. Other	<input style="width: 50px;" type="text"/>
d. Unknown/not reported	<input style="width: 50px;" type="text"/>
TOTAL (auto calculated)	0

2. Age	Number of Individuals
a. 0-5	<input style="width: 50px;" type="text"/>
b. 6-13	<input style="width: 50px;" type="text"/>
c. 14-17	<input style="width: 50px;" type="text"/>
d. 18-24	<input style="width: 50px;" type="text"/>
e. 25-44	<input style="width: 50px;" type="text"/>
f. 45-54	<input style="width: 50px;" type="text"/>
g. 55-59	<input style="width: 50px;" type="text"/>
h. 60-64	<input style="width: 50px;" type="text"/>
i. 65-74	<input style="width: 50px;" type="text"/>
j. 75+	<input style="width: 50px;" type="text"/>
k. Unknown/not reported	<input style="width: 50px;" type="text"/>
TOTAL (auto calculated)	0

3. Education Levels	Number of Individuals	
	[ages 14-24]	[ages 25+]
a. Grades 0-8	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
b. Grades 9-12/Non-Graduate	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
c. High School Graduate/ Equivalency Diploma	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
d. 12 grade + Some Post-Secondary	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
e. 2 or 4 years College Graduate	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
f. Graduate of other post-secondary school	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
g. Unknown/not reported	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
TOTAL (auto calculated)	0	0

4. Disconnected Youth	Number of Individuals
a. Youth ages 14-24 who are neither working or in school	<input style="width: 50px;" type="text"/>

5. Health	Number of Individuals		
	Yes	No	Unknown
a. Disabling Condition	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
b. Health Insurance*	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>

*If an Individual reported that they had Health Insurance please identify the source of health insurance below.

Health Insurance Sources

i. Medicaid	<input style="width: 50px;" type="text"/>
ii. Medicare	<input style="width: 50px;" type="text"/>
iii. State Children's Health Insurance Program	<input style="width: 50px;" type="text"/>
iv. State Health Insurance for Adults	<input style="width: 50px;" type="text"/>
v. Military Health Care	<input style="width: 50px;" type="text"/>
vi. Direct-Purchase	<input style="width: 50px;" type="text"/>
vii. Employment Based	<input style="width: 50px;" type="text"/>
viii. Unknown/not reported	<input style="width: 50px;" type="text"/>
TOTAL (auto calculated)	0

6. Ethnicity/Race	Number of Individuals
I. Ethnicity	
a. Hispanic, Latino or Spanish Origins	<input style="width: 50px;" type="text"/>
b. Not Hispanic, Latino or Spanish Origins	<input style="width: 50px;" type="text"/>
c. Unknown/not reported	<input style="width: 50px;" type="text"/>
TOTAL (auto calculated)	0

II. Race	
a. American Indian or Alaska Native	<input style="width: 50px;" type="text"/>
b. Asian	<input style="width: 50px;" type="text"/>
c. Black or African American	<input style="width: 50px;" type="text"/>
d. Native Hawaiian and Other Pacific Islander	<input style="width: 50px;" type="text"/>
e. White	<input style="width: 50px;" type="text"/>
f. Other	<input style="width: 50px;" type="text"/>
g. Multi-race (two or more of the above)	<input style="width: 50px;" type="text"/>
h. Unknown/not reported	<input style="width: 50px;" type="text"/>
TOTAL (auto calculated)	0

7. Military Status	Number of Individuals
a. Veteran	<input style="width: 50px;" type="text"/>
b. Active Military	<input style="width: 50px;" type="text"/>
c. Unknown/not reported	<input style="width: 50px;" type="text"/>
TOTAL (auto calculated)	0

8. Work Status (Individuals 18+)	Number of Individuals
a. Employed Full-Time	<input style="width: 50px;" type="text"/>
b. Employed Part-Time	<input style="width: 50px;" type="text"/>
c. Migrant Seasonal Farm Worker	<input style="width: 50px;" type="text"/>
d. Unemployed (Short-Term, 6 months or less)	<input style="width: 50px;" type="text"/>
e. Unemployed (Long-Term, more than 6 months)	<input style="width: 50px;" type="text"/>
f. Unemployed (Not in Labor Force)	<input style="width: 50px;" type="text"/>
g. Retired	<input style="width: 50px;" type="text"/>
h. Unknown/not reported	<input style="width: 50px;" type="text"/>
TOTAL (auto calculated)	0

Module 4, Section C: All Characteristics Report - Data Entry Form
Goal 1: Individuals and Families with low-incomes are stable and achieve economic security.

Name of CSBG Eligible Entity Reporting:

D. HOUSEHOLD LEVEL CHARACTERISTICS

9. Household Type	Number of Households
a. Single Person	
b. Two Adults NO Children	
c. Single Parent Female	
d. Single Parent Male	
e. Two Parent Household	
f. Non-related Adults with Children	
g. Multigenerational Household	
h. Other	
i. Unknown/not reported	
TOTAL (auto calculated)	0

10. Household Size	Number of Households
a. Single Person	
b. Two	
c. Three	
d. Four	
e. Five	
f. Six or more	
g. Unknown/not reported	
TOTAL (auto calculated)	0

11. Housing	Number of Households
a. Own	
b. Rent	
c. Other permanent housing	
d. Homeless	
e. Other	
f. Unknown/not reported	
TOTAL (auto calculated)	0

12. Level of Household Income (% of HHS Guideline)	Number of Households
a. Up to 50%	
b. 51% to 75%	
c. 76% to 100%	
d. 101% to 125%	
e. 126% to 150%	
f. 151% to 175%	
g. 176% to 200%	
h. 201% to 250%	
i. 250% and over	
j. Unknown/not reported	
TOTAL (auto calculated)	0

13. Sources of Household Income	Number of Households
a. Income from Employment Only	
b. Income from Employment and Other Income Source	
c. Income from Employment, Other Income Source, and Non-Cash Benefits	
d. Income from Employment and Non-Cash Benefits	
e. Other Income Source Only	
f. Other Income Source and Non-Cash Benefits	
g. No Income	
h. Non-Cash Benefits Only	
i. Unknown/not reported	
TOTAL (auto calculated)	0

Below, please report the types of Other Income and/or non-cash benefits received by the households who reported sources other than employment

14. Other Income Source	Number of Households
a. TANF	
b. Supplemental Security Income (SSI)	
c. Social Security Disability Income (SSDI)	
d. VA Service-Connected Disability Compensation	
e. VA Non-Service Connected Disability Pension	
f. Private Disability Insurance	
g. Worker's Compensation	
h. Retirement Income from Social Security	
i. Pension	
j. Child Support	
k. Alimony or other Spousal Support	
l. Unemployment Insurance	
m. EITC	
n. Other	
o. Unknown/not reported	

15. Non-Cash Benefits	Number of Households
a. SNAP	
b. WIC	
c. LIHEAP	
d. Housing Choice Voucher	
e. Public Housing	
f. Permanent Supportive Housing	
g. HUD-VASH	
h. Childcare Voucher	
i. Affordable Care Act Subsidy	
j. Other	
k. Unknown/not reported	

2018 Federal Poverty Guidelines								
Household/ Family Size	Up to 50%	51-75%	76-100%	101-125%	126-150%	151-175%	176-200%	201-250%
1	6,070	9,105	12,140	15,175	18,210	21,245	24,280	30,350
2	8,230	12,345	16,460	20,575	24,690	28,805	32,920	41,150
3	10,390	15,585	20,780	25,975	31,170	36,365	41,560	51,950
4	12,550	18,825	25,100	31,375	37,650	43,925	50,200	62,750
5	14,710	22,065	29,420	36,775	44,130	51,485	58,840	73,550
6	16,870	25,305	33,740	42,175	50,610	59,045	67,480	84,350
7	19,030	28,545	38,060	47,575	57,090	66,605	76,120	95,150
8	21,190	31,785	42,380	52,975	63,570	74,165	84,760	105,950
9	23,350	35,025	46,700	58,375	70,050	81,725	93,400	116,750
10	25,510	38,265	51,020	63,775	76,530	89,285	102,040	127,550