

The logo features the text "THE RISING TIDE" in a large, bold, sans-serif font. Below it, "Community Loan Fund" is written in a smaller, regular sans-serif font. A stylized, light blue wave graphic curves around the text from the bottom left and right.

# THE RISING TIDE

Community Loan Fund

## Welcome To The Rising Tide Community Loan Fund

Thank you for reaching out to the Rising Tide as you plan to launch or expand your business. As director of the Rising Tide, I would like to congratulate you on taking your business to the next level.

I love meeting and getting to know new applicants because it allows me the opportunity to describe the Rising Tide's philosophy. We offer business loans designed with the community in mind. Our goal is to help you discover your business's full potential.

### Starting the Loan Application Process:

Applying for funding may be overwhelming but don't worry — we are here to help!

Regardless of your experience, our unique program is tailored to meet your needs. Enclosed you will find a checklist with everything you need to complete the application. This process involves several steps and we are more than happy to assist you at every step along the way. We welcome one-on-one meetings to make your business dream a reality.

Should you have any questions, concerns or if you would like to schedule an appointment regarding the application process, please do not hesitate to contact us for more assistance at (484) 893-1039 or [chudock@caclv.org](mailto:chudock@caclv.org). Make sure to visit our website for more information: <http://therisingtide.org>

**This form can be completed using Adobe Reader.**

*Strengthening the business community, one business at a time.*

**Chris Hudock** | Director  
Rising Tide Community Loan Fund



## **RISING TIDE COMMUNITY LOAN FUND**

### **APPLICATION CHECKLIST: (items followed by \* must be provided by each applicant/guarantor)**

- \_\_1. **Loan Application**: Information regarding your business request. Be sure to include the business' NAICS number which can be found at [www.census.gov/eos/www/naics/](http://www.census.gov/eos/www/naics/) and the DUNS number that can be established at [www.dnb.com](http://www.dnb.com).
- \_\_2. **Summary of Financial Needs**: How much money do you need? How will borrowed money be used? Please list purpose(s) and corresponding dollar amount(s).
- \_\_3. **Business Financial Statements**: If available, provide balance sheets and income statements for the last 3 years. Additionally, provide the most current interim statements, signed and dated.
- \_\_4. **Business Tax Returns**: If available, provide full returns (with schedules) for the last 3 years.
- \_\_5. **Business Plan**: This business plan should include, at a minimum, the information requested on our "Business Plan Outline" sheet. A business plan template can also be found at <http://business.pa.gov/plan.html>
- \_\_6. **Projected Cash Flow Statement**: Provide three years of projections. The first 12 months are to be month-by-month. The next two years are to be quarterly. Provide a complete description of any key assumptions that influence financial projections, including any cash contributions to the project besides Rising Tide Community Loan Fund.
- \_\_7. **Collateral**: Describe the collateral available to secure the loan, including dollar values and how valuations were determined. Both business and personal assets can be used to secure the loan.
- \_\_8. **\*Personal Tax Returns**: Last 3 years for all owners (full returns & schedules). **All returns must be signed.**
- \_\_9. **\*Personal Financial Statements**: Owners(& Guarantors, if applicable) must complete and sign.
- \_\_10. **\*Program Budget Statement**: Complete with personal budget information.
- \_\_11. **\*Program Participant Form**: Information for funding documentation
- \_\_12. **Resumes**: or description of management experience and expertise: For owners and for any key persons responsible for business operations.
- \_\_13. **Application Fee**: \$200.00 for any loan up to and including \$10,000, \$300.00 for any loan \$10,000.01-\$20,000.00 and \$500.00 for any loan over \$20,000.00. The borrower is expected to pay \$150.00 up front and the rest can be rolled into the loan and taken out at disbursement. **The \$150.00 is non-refundable fee.**
- \_\_14. Please include copy of Operating/Corporate Agreement, if applicable.
- \_\_15. Please include copy of lease, if applicable.

Send all information to:

Attn: Chris Hudock  
RISING TIDE COMMUNITY LOAN FUND  
1337 East Fifth Street  
Bethlehem PA 18015

Phone (484) 893-1039  
Fax: (484) 821-2271

## **RIISING TIDE COMMUNITY LOAN FUND**

### **Business Plan Outline**

In addition to the information requested in the Loan Application Checklist, all businesses without historical performance information should include a Business Plan in the Loan Application Package. This business plan should include, at a minimum, information related to the areas listed below:

- a. Purpose of your business
  - What product or service are you selling?
  - What is unique about your business?
  - What are your company's strengths and weaknesses?
  - What is the nature of this industry?
- b. Description of Market
  - Who are your target customers?
  - How large is the target market for your product?
  - Is the market growing?
  - What are your marketing and advertising strategies?
  - What is your company's pricing strategy?
  - What contracts or purchase orders do you currently have?
- c. Description of Competition
  - Who are your competitors?
  - What are your competitor's strengths and weaknesses?
  - What has been the failure rate of your competitors in the last few years, and why have they failed?
- d. Description of Management Capacity
  - What is your experience in this industry?
  - What is your management background?
  - Who will manage the business?
  - Do you have a lawyer, accountant or consultant to assist management?
  - Who are the other key management people within your company?
- e. Description of Legal Status
  - How are you legally organized? (sole proprietor, partnership, corporation - C or S, nonprofit, cooperative, etc.) When was the business formed? Please include a copy of your business license.

Please note that these questions are only a guide to some of the topics you may need to address. Not all of them will apply to all businesses, and just answering this list of questions will not adequately describe every business. For free assistance in developing a business plan, you can contact the Rising Tide Project Director at (484) 893-1039.



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                       |                                  |                                   |
| Request:  | <input type="checkbox"/> New | <input type="checkbox"/> Renewal | <input type="checkbox"/> Increase |
| Loan Amount Requested   | Terms of Repayment           | 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<br>City/County<br>State/Zip<br>Business Telephone<br>FAX  | Own _____<br>Rent _____<br>Other _____  | Type of Credit Applied For:<br><input type="checkbox"/> Unsecured Business Line of Credit<br><input type="checkbox"/> Secured Business Line of Credit<br><input type="checkbox"/> Unsecured Business Term Loan<br><input type="checkbox"/> Secured Business Term Loan |
| Type of Business _____<br>Time in Business: _____ No. of Employees _____<br>Time Under Current Management _____ | Business Entity:<br><input type="checkbox"/> Sole Proprietorship<br><input type="checkbox"/> Partnership<br><input type="checkbox"/> Corporation<br><input type="checkbox"/> Limited Partnership<br><input type="checkbox"/> General Partnership<br><input type="checkbox"/> Limited Liability Company<br><input type="checkbox"/> Not-for Profit<br><input type="checkbox"/> Other<br><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?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Has the business ever declared bankruptcy?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>Chapter _____ Date of filing _____ | Are any of the Applicants an endorser, guarantor, or co-maker for obligations not listed on the financial statements?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>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          |
| <b>For Real Estate Loans:</b>                                   |   |
| <input type="checkbox"/> Sales Agreement (if new purchase)      | <input type="checkbox"/> Title Information (legal information or title policy)  |
| <input type="checkbox"/> Loan Payoff Information (if refinance) | <input type="checkbox"/> Copies of Leases and Current Rent Roll (if applicable) |
|   | <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:**

- ☐ Partnership Agreement
- ☐ Articles of Incorporation
- ☐ Fictitious Name Statement
- ☐ 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, Consumer Response Center, 600 Pennsylvania Avenue NW, Washington, DC 20580**



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

# 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<br>(Do not include assets of doubtful value)         | In dollars<br>(omit cents) | Liabilities  | In dollars<br>(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)       |                            |  |                            |
|   |                            |  |                            |
|   |                            | <b>Total Liabilities</b>                                 |                            |
|   |                            | <b>Net Worth</b>   |                            |
| <b>Total Assets</b>   |                            | <b>Total Liabilities and Net Worth</b>                   |                            |

| PERSONAL INFORMATION                                       | YES                      | NO                       | ACCOUNTANT   |
|--|--------------------------|--------------------------|--|
| Do You have a will?<br>If so, name executor:               | <input type="checkbox"/> | <input type="checkbox"/> | Name: _____<br>Address: _____<br>Telephone: _____                    |
| Have You ever declared bankruptcy?<br>If so, describe:     | <input type="checkbox"/> | <input type="checkbox"/> | <b>ATTORNEY</b><br>Name: _____<br>Address: _____<br>Telephone: _____ |
| Have You ever been audited by the IRS?<br>If so, describe: | <input type="checkbox"/> | <input type="checkbox"/> |  |

| Section 4 – Annual Income<br>For Year Ended: |          | Annual Expenditures                 |          | Contingent Liabilities  |                          |                          | Estimated<br>Amounts                                     |
|--|----------|-------------------------------------|----------|---|--------------------------|--------------------------|--|
| Salary                                       | \$ _____ | Mortgage/rental payments            | \$ _____ | <b>Do you have any . . . .</b><br>Contingent liabilities<br>(as endorser, co-maker, guarantor or<br>surety? ... On leases? On contracts?)<br><br>Involvement in pending legal actions?<br><br>Other special debts or circumstances?<br><br>Contested income tax liens?<br><br>If "yes" to any question(s) describe: | Yes                      | No                       | \$ _____<br>\$ _____<br>\$ _____<br>\$ _____<br>\$ _____ |
| 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             | \$ _____ |   | <input type="checkbox"/> | <input type="checkbox"/> |  |
| Other income                                 | \$ _____ | (car payments, charge cards, etc.)  |          |   |                          |                          |  |
|  |          | Alimony, child support, maintenance | \$ _____ |   |                          |                          |  |
|  |          | Other expenses                      | \$ _____ |   |                          |                          |  |
| Total \$<br>Income                           |          | Total \$<br>Expenditures            |          | Total \$<br>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<br>or Held by others? | Value |
|-------------|---------------------|------------|---|-------|
|             |                     |            |   |       |
|             |                     |            |   |       |
|             |                     |            |   |       |
|             |                     |            |   |       |

**SCHEDULE B – U.S. GOVERNMENT & MARKETABLE SECURITIES**

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

**SCHEDULE C – NON- MARKETABLE SECURITIES**

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

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

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

**SCHEDULE E – LIFE INSURANCE CARRIED (INCLUDING GROUP INSURANCE)**

| Name of<br>Insurance Company | Owner of Policy | Beneficiary and<br>Relationship | Face<br>Amount | Policy loans | Cash Surrender<br>Value |
|------------------------------|-----------------|---------------------------------|----------------|--------------|-------------------------|
|                              |                 |                                 |                |              |                         |
|                              |                 |                                 |                |              |                         |
|                              |                 |                                 |                |              |                         |
|                              |                 |                                 |                |              |                         |

**SCHEDULE F – OTHER INSTITUTIONAL RELATIONSHIPS**

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

**SCHEDULE G – BUSINESS VENTURES AND OTHER ASSETS**

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



**RIISING TIDE COMMUNITY LOAN FUND**  
**Personal Budget Statement**

*Please tell us about your monthly household income and payment obligations.*

| <b>Monthly Household Income</b>   | <b>Monthly Expenses</b>  |
|---|--|
| Gross Monthly Pay<br>From Employer                     \$ _____           | Mortgage/Rent Payment<br>(Primary Residence)                 \$ _____            |
| +<br>Gross Monthly Income<br>From Other Jobs                     \$ _____ | +<br>Mortgage Payment<br>(Investment Property)                 \$ _____          |
| +<br>Spouse Gross Income<br>\$ _____                                      | +<br>Second Mortgage/<br>Home Equity Loan                     \$ _____           |
| +<br>Income from Government         \$ _____                              | +<br>Auto Loan Payment                     \$ _____                              |
| Explain:<br>_____   | +<br>Credit Card Minimum<br>Payment(s)                                 \$ _____  |
| +<br>Interest Income                         \$ _____                     | +<br>Other Loan Payments to<br>Lending Institutions                     \$ _____ |
| +<br>Bonuses/Commission                 \$ _____                          | +<br>Loan Payments to<br>Friends/Relatives                         \$ _____      |
| +<br>Rental Income                             \$ _____                   | +<br>Alimony/<br>Child Support                                 \$ _____          |
| +<br>Alimony/<br>Child Support                             \$ _____       | =  |
| +<br>Other Income                             \$ _____                    |  |
| Explain:<br>_____   |  |
| =   |  |
| <b>Total Monthly<br/>Household Income</b> \$ _____                        | <b>Total Monthly<br/>Payment Obligations</b> \$ _____                            |

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## 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 \_\_\_\_\_

Business Start-Up \_\_\_\_ Existing \_\_\_\_

Total Annual Household Income \$ \_\_\_\_\_ Head of Household: Female Male

Are you or any family member employed by Community Action Committee of the Lehigh Valley (CACLV) or any of CACLV's subsidiaries, such as Community Action Development Corporation of Allentown, Community Action Development Corporation of Bethlehem, Lehigh Valley Community Land Trust, or Rising Tide Community Loan Fund? ☐ Yes ☐ No

Have you provided gifts of service to CACLV or any of its subsidiary organizations? ☐ Yes ☐ No

*All of the application information is complete and accurate to the best of my knowledge. I understand that services received through Rising Tide Community Loan Fund (RTCLF) and Community Action Committee of the Lehigh Valley (CACLV) are advisory in nature and do not guarantee business success.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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

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

**CSBG COPOS REPORT 2020**

**Program:**

**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                        |                       |
| b. Female                      |                       |
| c. Other                       |                       |
| d. Unknown/not reported        |                       |
| <b>TOTAL (auto calculated)</b> | <b>0</b>              |

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

| 3. Education Levels                 | Number of Individuals |            |
|-------------------------------------|-----------------------|------------|
|                                     | [ages 14-24]          | [ages 25+] |
| a. Grades 0-8                       |                       |            |
| b. Grades 9-12/Non-Graduate         |                       |            |
| c. HS Grad/Equivalency Diploma      |                       |            |
| d. 12th + Some Post-Secondary       |                       |            |
| e. 2 or 4 years College Graduate    |                       |            |
| f. Graduate of other post-secondary |                       |            |
| g. Unknown/not reported             |                       |            |
| <b>TOTAL (auto calculated)</b>      | <b>0</b>              | <b>0</b>   |

| 4. Disconnected Youth                        | Number of Individuals |
|--|-----------------------|
| a. Youth 14-24 neither working nor in school |                       |

| 5. Health              | Number of Individuals |         |
|------------------------|-----------------------|---------|
|                        | No                    | Unknown |
| a. Disabling Condition |                       |         |
| b. Health Insurance*   |                       |         |

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

#### Health Insurance Sources

|  |          |
|--|----------|
| i. Medicaid                                    |          |
| ii. Medicare                                   |          |
| iii. State Children's Health Insurance Program |          |
| iv. State Health Insurance for Adults          |          |
| v. Military Health Care                        |          |
| vi. Direct-Purchase                            |          |
| vii. Employment Based                          |          |
| viii. Unknown/not reported                     |          |
| <b>TOTAL (auto calculated)</b>                 | <b>0</b> |

| 6. Ethnicity/Race                          | Number of Individuals |
|--|-----------------------|
| <b>I. Ethnicity</b>                        |                       |
| a. Hispanic, Latino or Spanish Origins     |                       |
| b. Not Hispanic, Latino or Spanish Origins |                       |
| c. Unknown/not reported                    |                       |
| <b>TOTAL (auto calculated)</b>             | <b>0</b>              |

|   |          |
|---|----------|
| <b>II. Race</b>                               |          |
| a. American Indian or Alaska Native           |          |
| b. Asian                                      |          |
| c. Black or African American                  |          |
| d. Native Hawaiian and Other Pacific Islander |          |
| e. White                                      |          |
| f. Other                                      |          |
| g. Multi-race (two or more of the above)      |          |
| h. Unknown/not reported                       |          |
| <b>TOTAL (auto calculated)</b>                | <b>0</b> |

| 7. Military Status             | Number of Individuals |
|--------------------------------|-----------------------|
| a. Veteran                     |                       |
| b. Active Military             |                       |
| c. Unknown/not reported        |                       |
| <b>TOTAL (auto calculated)</b> | <b>0</b>              |

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

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

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

CSBG COPOS REPORT 2020

Program:

### 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             |                      |
| <b>TOTAL (auto calculated)</b>      | 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        |                      |
| <b>TOTAL (auto calculated)</b> | 0                    |

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

| 12. Level of Household Income  | Number of Households |
|--------------------------------|----------------------|
| (% of HHS Guideline)           |                      |
| 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        |                      |
| <b>TOTAL (auto calculated)</b> | 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   |                      |
| <b>TOTAL (auto calculated)</b>  | 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 Comp        |                      |
| 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         |                      |

### 2023 Poverty Guidelines

| Household Size | 50%    | 75%    | *100%*   | 125%   | 150%   | 175%    | 200%    | 250%    |
|----------------|--------|--------|----------|--------|--------|---------|---------|---------|
| 1              | 7,290  | 10,935 | \$14,580 | 18,225 | 21,870 | 25,515  | 29,160  | 36,450  |
| 2              | 9,860  | 14,790 | \$19,720 | 24,650 | 29,580 | 34,510  | 39,440  | 49,300  |
| 3              | 12,430 | 18,645 | \$24,860 | 31,075 | 37,290 | 43,505  | 49,720  | 62,150  |
| 4              | 15,000 | 22,500 | \$30,000 | 37,500 | 45,000 | 52,500  | 60,000  | 75,000  |
| 5              | 17,570 | 26,355 | \$35,140 | 43,925 | 52,710 | 61,495  | 70,280  | 87,850  |
| 6              | 20,140 | 30,210 | \$40,280 | 50,350 | 60,420 | 70,490  | 80,560  | 100,700 |
| 7              | 22,710 | 34,065 | \$45,420 | 56,775 | 68,130 | 79,485  | 90,840  | 113,550 |
| 8              | 25,280 | 37,920 | \$50,560 | 63,200 | 75,840 | 88,480  | 101,120 | 126,400 |
| 9              | 27,850 | 41,775 | \$55,700 | 69,625 | 83,550 | 97,475  | 111,400 | 139,250 |
| 10             | 30,420 | 45,630 | \$60,840 | 76,050 | 91,260 | 106,470 | 121,680 | 152,100 |

# **Rising Tide Community Loan Fund**

## **Micro-Loan Program**

### **Frequently Asked Questions:**

1. **How are you different from a regular bank and who qualifies?**

The Rising Tide Community Loan Fund is a **non-profit** Community Development Financial Institution (CDFI). This means that we exist to make an impact on economic development in the area of small business ownership in the communities we serve. The Rising Tide operates out of a home office in Bethlehem. We are federally certified to lend in Carbon, Lehigh, Monroe, Northampton and Upper Bucks counties. We do not offer deposit accounts like checking or savings like banks, and lend only for community development purposes. We lend to people of low-to- moderate-income that have been historically underserved by traditional financial institutions. We also lend to people starting businesses or who already have businesses in existence in low-income census areas. Banks usually do not lend to start-up businesses while over 75% of Rising Tide loans involve start-ups and businesses in existence less than two years.

2. **How much can I borrow and for how long?**

We lend up to \$50,000 for a start-up and up to \$150,000 for an established (older than 1-year) business. The longest term for a loan is typically seven years. It is all dependent on the amount of the loan. We exist mainly to lend to small projects with the goal of bringing those small business borrowers, after successful loan performance with us, into the financial mainstream where they will have access to larger amounts of capital from a bank.

3. **What are your interest rates?**

While typically our rates are competitive, they are usually at or below market interest rates for the types of projects we are lending to in the community. In addition, prudent lending practices dictate a relationship between the risk of our loans and the interest rates we charge. Our rates reflect the increased risk we are willing to take on behalf of our borrowers. We will not compete with banks and do not want to attract their borrowers – this would crowd out the types of people we want to help.

**4. Is my credit history important?**

Your personal credit history is one of the most important factors in any lending decision. It is the clearest indication of your willingness and ability to repay loans. At The Rising Tide, it is one of the main factors we take in to consideration however we do look at a number of other factors when considering a loan application. If your credit history is in need of repair, you should carefully assess whether this is the right time for you to be starting or expanding your small business. Your ability to borrow will be seriously impaired **and** if you do find a willing lender, it will likely involve loans at very high rates and fees. This does not set your small business up for success. We want to see your small business succeed in the short and long term.

**5. Do I need collateral?**

**Yes.** However, The Rising Tide may not decide to use everything you offer as collateral but it is a good faith gesture on your part. Red flags go up when a potential borrower does not offer any collateral to secure the loan and wants The Rising Tide to take all the risk for their business. Although not always required, we like to have spouses or relatives guarantee our debt to show there is family support for the business. Offering assets that you have such as automobiles, your home or other real estate demonstrates you are as confident in your business as you would like us to be – it also shows commitment and character.

**6. Do I need a business plan?**

**Yes.** A Business Plan is very useful and is a part of our application packet. It lists questions The Rising Tide likes to have answered about your business. You do not need to take the time or expense to present us with a lengthy, bound presentation. However, we do like to see that the proper time and effort has been taken to show you have a clear understanding of the type of business you are about to start. In case you need assistance with this, we are also available to help guide you through the process of writing your Business Plan.

**7. Do you provide any business training courses?**

Unlike banks, we offer one-on-one business counseling. Eligible entrepreneurs will also receive a full range of technical assistance and

support in the form of consultation in various areas of their business needs.

**8. How long does the approval process take?**

Once we have a **completed application package** we will aim to have an answer to you within a few weeks. Each loan package needs to have a written **“Credit Memo”** completed which explains in detail your loan request and your respective financial and business strengths and weaknesses. Every memo is analyzed very carefully to balance our mission to support small businesses with our need to be paid back. Our turnaround time after approval will depend upon how heavy a loan volume we are experiencing, the complexity of your request and the source of funds for your loan. Three to four weeks has been our experience. If we expect it to be longer, we will alert you.

**9. If I am approved, when can I expect my money?**

We make every effort to get your loan proceeds to you quickly. Currently our loans are disbursing between one to two weeks from approval. The approval time could take up to four weeks. Again, if we expect it to be longer, we will alert you.

**10. When do I have to start re-paying the loan?**

A payment schedule is set up between you and The Rising Tide upon loan approval. You can expect your first payment to typically be within two months after the loan has been disbursed. Incidentally, we do not charge prepayment penalties for early payments or pay-offs.