



TDD: 1 (800) 750-0750 (for the hearing impaired)



NDS

NEIGHBORHOOD DEVELOPMENT SERVICES, INC.

Department of Economic Development

120 East Main Street, Ravenna Ohio 44266

330-297-6400 Phone 330-297-5303 Fax

Date: _____

Name of Primary Applicant: _____

Home Address: _____

Phone: _____ Tax ID No. _____

Type of Business (check one): Sole Proprietor _____ Partnership _____ Corporation _____
Other _____ (Please specify): _____

Name of Business: _____ Number of Years in Operation _____

Address of Business: _____ Phone: _____

Affiliated Companies: _____

Present number of Employees: _____

How many new employees will be added with new project? _____

- **Note:** You will be required to survey applicants for family size and income at the time of application.

Principle Owners:

Name _____
 Position _____
 % of Ownership _____
 Yrs of Experience _____
 SSN _____

Name _____
 Position _____
 % of Ownership _____
 Yrs of Experience _____
 SSN _____

Name _____
 Position _____
 % of Ownership _____
 Yrs of Experience _____
 SSN _____

Description of Project: (provide a one or two sentence summary and attach a longer narrative)

Type of service or product to be provided: (Provide a one or two sentence summary and attach a longer narrative)

Retention ____ Expansion ____ Start Up ____

USES: (Please indicate detail summary here- Attachment 3)

Purchase Price of Land and/or Building _____
Construction cost _____
Machinery and equipment _____
Inventory _____
Working Capital _____

Total Cost of project _____

Loan requested \$ _____

Collateral Information

What collateral will be provided for this project? _____

List	Value	Prior Liens
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other Collateral Information:

Cash Available for Project: \$ _____

Other Sources of funding:

Bank _____
Name Contact Phone Amount

Other _____
(Specify) Name Contact Phone Amount

Existing Facility

Size: _____ Sq. Ft. Owned or Leased? _____

If Owned:

Purchase Price _____

Existing Mortgage _____

Recent Appraised value _____

Annual Mortgage Payments _____

If Lease:

Annual Rent _____

Expiration Date _____

New Expanded Facility Information (if Applicable)

Address: _____

Size: _____ Sq. Ft

Will new facility replace existing facility? _____

Existing facility sold for \$ _____

Name of Bank in which business has existing accounts:

Bank _____ Contact Person _____

Phone _____ Fax _____

Bank _____ Contact Person _____

Phone _____ Fax _____

Bank _____ Contact Person _____

Phone _____ Fax _____

Project Start up Date _____

Completion Date _____

Ethnicity

Hispanic or Latino _____ Not Hispanic or Latino _____

Race

Alaskan Native _____ American Indian _____ Asian _____

Black or African American _____ Pacific Islander _____ Native Hawaiian _____

White _____ Other _____

I choose not to provide this information: _____

Completed by (if applicant chooses not to furnish the information): _____
NDS Representative

Printed Name

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To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice), or (202) 720-6382 (TDD).