

ALASKA LEGISLATURE SPECIAL COMMITTEE / SUBJECT FILE 8672

1297 SCOMM 50: HOUSE SPECIAL COMMITTEE ON STATE LOANS 1985-86

STATE OF ALASKA
DEPARTMENT OF COMMERCE AND ECONOMIC DEVELOPMENT
DIVISION OF INVESTMENTS

**FISHERIES ENHANCEMENT
CONSENT TO RELEASE INFORMATION**

I authorize the Alaska Department of Commerce and Economic Development, Division of Investments, to release any information contained in this application and attachments to the Alaska Department of Fish and Game, and I further authorize the exchange of information between these departments to facilitate processing of this loan application.

Applicant's Name - Please Print

Authorized Signature

Date

historical district



Loan Application

State of Alaska
Department of
Commerce and
Economic
Development
Division of
Investments

FIELD OFFICES

All applications must be submitted to the Department of Commerce and Economic Development, Division of Investments, at one of the following offices:

Division of Investments
Pouch D
Juneau, Alaska 99811
Telephone Number: 465-2510

Division of Investments
3601 "C" Street, Suite 740
Anchorage, Alaska 99503
Telephone Number: 562-3779

Division of Investments
675 7th Avenue, Station A
Fairbanks, Alaska 99701
Telephone Number: 452-8182

Division of Investments
P.O. Box 370
Dillingham, Alaska 99576
Telephone Number: 842-1087

STATE OF ALASKA
DEPARTMENT OF COMMERCE AND ECONOMIC DEVELOPMENT
DIVISION OF INVESTMENTS

LOAN POLICIES AND PROCEDURES

**HISTORICAL DISTRICT REVOLVING LOAN FUND
AS 45.98.010-.070**

LOAN PURPOSES

Loans may be made for the restoration, improvement, rehabilitation or maintenance of historical buildings. Loan funds may not be used to reimburse an applicant for expenses which were paid for more than six months before receipt of the application by the Division.

ELIGIBILITY

Loans may be made to a person, firm, business or municipality subject to applicable laws. The structures must be within the boundaries of a historical district and they must be identified as important in State or national history or be suitable for superficial modification so that they can conform to the period or motif of the surrounding structures that are the reason for the area's designation as a historical district. All projects must be approved by a local Historical District Commission and by a majority of the members of the Historic Sites Advisory Committee.

LENDING LIMITS

The maximum loan amount is \$250,000 per structure. State participation in all loans in the aggregate for any one historical district may not exceed \$1,500,000.

INTEREST RATE

Interest will be charged at the rate of seven and one-half (7½) percent.

LOAN TERMS

The maximum loan term is 30 years. Terms of all loans will be fixed by the loan committee in consideration of the purpose of the loan, the needs of the borrower, the collateral offered and the ability to repay the loan.

COLLATERAL

All loans must be secured by adequate collateral to protect the investment of the State in the event of default. The collateral may include, but is not limited to, a lien on lands, buildings, equipment, machinery, marketable securities and approved assignments. The State must be in a first lien position on the collateral offered to secure the loan. No loan may exceed 85% of the value of the collateral offered. Loans secured by real estate are normally 85% of the appraised value or cost, whichever is lower. Loans secured by equipment or machinery are normally 60% of the appraised value or cost, whichever is lower. The specific amount to be loaned against any collateral offered shall be determined by the loan committee.

INTERIM FINANCING

Interim construction financing is not available under this program. No loan funds may be disbursed until construction or renovation is 100% complete. Applicants should obtain written loan approval prior to obtaining interim financing. To be considered interim financing, promissory notes must have a term of six months or less and the debt must have been incurred and the note executed within six months prior to receipt of the application by the Division.

REFINANCING

Refinancing is not allowed under this program. An interim note may be refinanced if it has a term of six months or less and the debt was incurred and the note executed within six months prior to receipt of the application by the Division.

PROJECT APPROVAL

Prior to submitting an application to the Division of Investments, the applicant must receive plan approval from a local Historic District Commission and from the Historic Sites Advisory Committee. Written approval of the project must be included with the loan application.

LOAN APPROVAL

Authority for approval of all loans rests with the loan committee appointed by the Commissioner of the Department of Commerce and Economic Development. The loan committee will independently evaluate all relevant information before taking action on loan applications. The committee may also consider, but is not bound by, the recommendations of the loan examiner assigned to process the application. No loan will be granted without approval of a majority of the loan committee.

LOAN COSTS

The borrower shall pay all direct costs incurred by the State in processing the application for a loan, including, but not limited to, the cost of credit reports, title insurance, inspection expenses, or other direct costs. The State is not liable for any costs incurred by the borrower during the application process.

ASSUMPTIONS

Assumptions will not be allowed unless it is in the State's best interest to do so and the applicant meets all statutory eligibility requirements. Assumptions, if granted, must serve the policies and purposes of the loan program.

REGULATIONS

The Department of Commerce and Economic Development has adopted administrative regulations governing loan policies and procedures, and public disclosure of information in an individual loan file. Copies of these regulations may be obtained by contacting the Division of Investments.

**STATE OF ALASKA
DEPARTMENT OF COMMERCE AND ECONOMIC DEVELOPMENT
DIVISION OF INVESTMENTS**

**HISTORICAL DISTRICT LOAN APPLICATION
CHECK-OFF LIST**

The following information **is required** in order to process your application. Please use this list to make sure all information is submitted (incomplete applications will not be accepted). Please retain a copy of this application for your records.

- _____ 1. **Application for Historical District Loan:** Be sure the form has been completed and signed. (pages 4 and 5)
- _____ 2. **Letter of Intent:** Include copies of bids or quotes to document the total cost of the proposed project. (page 6)
- _____ 3. **Collateral:** Include documentation to verify the value of the collateral being offered to secure the loan. In most cases, this will require a copy of your tax assessment or an appraisal.
- _____ 4. **Individual Financial Statement.** (pages 7 and 8)
- _____ 5. **Business Financial Statement.** (pages 9 and 10)
- _____ 6. **Actual Statement of Profit and Loss.** (page 11)
- _____ 7. **Projected Statement of Profit and Loss.** (page 12)
- _____ 8. **Personal Resume:** Include three references. (page 13)
- _____ 9. **Business Resume.** (page 14)
- _____ 10. **Credit Authorization:** Each form must be completed and signed. (page 15)
- _____ 11. **Authorization to Verify Financial Information.** (page 16)
- _____ 12. **Federal Tax Returns:** You must include complete copies of your last three years' Federal Income Tax Returns. You must submit tax returns for each individual owning 10% or more of the corporation, as well as the corporation's returns. Do not send original documents as they will not be returned.
- _____ 13. **Written Verification of Approval:** From the Historical District Commission and the Historic Sites Advisory Committee. This approval must state that the structure to be modified is within a historical district as defined under AS 29.48.110 and has been identified as important in State or national history.
- _____ 14. **Photographs or Drawings:** Which clearly illustrate the project to be funded. (page 17)

STATE OF ALASKA
DEPARTMENT OF COMMERCE AND ECONOMIC DEVELOPMENT
DIVISION OF INVESTMENTS

APPLICATION FOR HISTORICAL DISTRICT LOAN

Applicant: Business Name	Individual Business Partnership Corporation	Current Date Taxpayer Identification Number
Mailing Address (Street/P.O. Box, City, State, Zip Code)		Business Telephone Number ()

Applicant: Name (Last, First, M.I.)	Social Security Number
Mailing Address (Street/P.O. Box, City, State, Zip Code)	Applicant's Telephone Number ()
	Date of Birth
	Place of Birth (city and state)
I hereby apply for a loan of \$ _____ to be repaid in _____ years with ☐ Monthly Payments/ ☐ Quarterly Payments/ ☐ Other If other, please specify _____	☐ Married (including separated) ☐ Unmarried (including single, divorced, widowed)
	Number of Dependents (excluding Applicant)
	Gross Monthly Salary (before deductions)
Applicant's Employer Occupation/Position How Long? Yrs. Mos.	Employer's Telephone Number ()

Spouse/Co-Applicant: Name (Last, First, M.I.)	Social Security Number
Mailing Address (Street/P.O. Box, City, State, Zip Code)	Date of Birth
	Place of Birth (City and State)
	Gross Monthly Salary (before deductions)
Spouse/Co-Applicant's Employer Occupation/Position How Long? Yrs. Mos.	Employer's Telephone Number ()

Nearest Relative not living with you/Contact Person: Name (Last, First, M.I.)	Telephone Number ()
Mailing Address (Street/P.O. Box, City, State, Zip Code)	Put your nearest relative not living with you or a contact person who knows how to reach you when your current mailing address or telephone number may have changed.

I certify under penalty of perjury that all of the information contained in this application and any attachments to it is true, accurate and complete. I am aware that the maximum penalty for perjury, a Class B felony under AS 11.56.200(c), is a fine of up to \$50,000 (AS 12.55.035(b)(2)) and imprisonment for up to 10 years (AS 12.55.125(d)).

I agree that if any information contained in this application and attachments is false, inaccurate or incomplete, the division will deny the application. I also agree that if I receive a loan based on this application and attachments and any information contained in this application and attachments is later determined to be false, inaccurate or incomplete, then the loan will be cancelled and I will be immediately liable to repay the total I owe. I further agree that if any application submitted to the division is denied or if a loan that has been made is cancelled due to false, inaccurate, or incomplete information, I will no longer be eligible for any future benefits under the Historical District Loan Program.

_____ Date	_____ Signature
_____ Date	_____ Signature

Corporate Applicants Must Complete the Following Section

MANAGEMENT OF CORPORATION			
(1) Names of all officers, directors and their annual compensation, including salaries, bonuses, fees, withdrawals, etc. (2) Stockholders not otherwise listed—(five largest). (3) For each stockholder owning 10% or more of the stock include a current financial statement and three (3) credit authorizations.			
Name and Address	Annual Compensation	Office Held	Percent Ownership

On behalf of the corporation, I certify under penalty of perjury that all of the information contained in this application and any attachments to it is true, accurate and complete. I am aware that the maximum penalty for perjury, a Class B felony under AS 11.56.200(c), is a fine of up to \$50,000 (AS 12.55.035(b)(2)) and imprisonment for up to 10 years (AS 12.55.125(d)).

I agree that if any information contained in this application and attachments is false, inaccurate or incomplete, the division will deny the application. I also agree that if I receive a loan based on this application and attachments and any information contained in this application and attachments is later determined to be false, inaccurate or incomplete, then the loan will be cancelled and I will be immediately liable to repay the total I owe. I further agree that if any application submitted to the division is denied or if a loan that has been made is cancelled due to false, inaccurate, or incomplete information, I will no longer be eligible for any future benefits under the Historical District Loan Program.

The State is authorized to obtain any and all credit reports and verification needed to evaluate this application, and the cost of obtaining these reports will be paid by the applicant.

Name of Corporate Applicant

Date

Authorized Signature

STATE OF ALASKA
DEPARTMENT OF COMMERCE AND ECONOMIC DEVELOPMENT
DIVISION OF INVESTMENTS

**HISTORICAL DISTRICT
LETTER OF INTENT**
(Attach additional sheets as necessary)

Applicant's Name _____

I. Use of Loan Proceeds: (Check appropriate box and fill in loan amount)

☐ Restoration	\$ _____
☐ Maintenance	\$ _____
☐ Other (explain)	\$ _____
Total	\$ _____

II. Describe in detail how you plan to use the borrowed funds. Include invoices, receipts or price quotes to document the total cost of your project. Please include photographs or drawings which clearly illustrate the project to be funded.

III. Collateral offered to secure the loan:

Describe in detail and include documentation to verify the value of the collateral being offered.

IV. Applicant's Signature _____ Date _____

STATE OF ALASKA
DEPARTMENT OF COMMERCE AND ECONOMIC DEVELOPMENT
DIVISION OF INVESTMENTS

**HISTORICAL DISTRICT LOAN
FINANCIAL STATEMENT (Individual)**

Name		Social Security Number	Date	
Mailing Address		City	State	Zip
The undersigned makes the following statement of financial condition as of _____ day of _____, 19____.				
ASSETS		LIABILITIES	Monthly Payments	Balance Owning
Cash in Bank	\$	Real Estate (Schedule 3)	\$	\$
Cash on hand		Notes Payable (Schedule 4)		
Notes/Accounts receivable (Schedule 1)		Accounts payable		
U.S. bonds or notes		Other Liabilities		
Mortgages and contracts (Schedule 1)				
Securities (Schedule 2)				
Value of Real Estate Owned (Schedule 3)				
Automobile		Credit Cards		
Personal Property				
Other assets (itemize)				
		TOTAL MONTHLY PAYMENTS	\$	
		TOTAL LIABILITIES		\$
TOTAL ASSETS	\$	NET WORTH		\$

CONTINGENT LIABILITIES		
☐ Yes	Are you a co-maker, endorser, or guarantor on any loan or contract?	Amount \$ _____
☐ No	If "yes" to whom?	
☐ Yes	Are there any unsatisfied judgments against you?	Amount \$ _____
☐ No		
☐ Yes	Have you been declared bankrupt in the last 14 years?	Year _____
☐ No		
Other Obligations: Child Support, Alimony, etc.		

SCHEDULE NO. 1: NOTES RECEIVABLE/ACCOUNTS RECEIVABLE, MORTGAGES AND CONTRACTS OWNED

Description	Name of Debtor	Original Balance	Present Balance	Monthly Payment	Amount Past Due

SCHEDULE NO. 2: SECURITIES

Number of Shares	Description	To Whom Pledged	Market Value	Cost	Income Received Last Year

SCHEDULE NO. 3: REAL ESTATE OWNED

Description and Location (Street, City, State)	Date Acquired	Cost	Current Assessed Value	Mortgages					
				Name and Address of Bank	Current Market Value	Original Balance	Present Balance	Payment Amount	
								Monthly	Annual

Is any real estate being purchased on a contract of sale? _____ If so, which one? _____
From whom? _____

SCHEDULE NO. 4: NOTES PAYABLE (Do not include mortgages listed in Schedule 3)

Name and Address of Bank	Collateral	Date Incurred	Original Amount	Present Amount	When Due	Payment Amount	
						Monthly	Annual

Have you ever received a loan from the State? ☐ Yes ☐ No

If yes, please complete the following:

Loan Number	Loan Type	Date Received	Paid in Full (Yes or No)

In submitting the foregoing statement the undersigned applicant guarantees its accuracy with the intent that it be relied upon by the division in extending credit to the applicant and warrants that information has not knowingly been withheld that might affect the applicant's credit risk; and that the applicant agrees to notify the division immediately in writing of any material change in the applicant's financial condition.

Signature _____

Date _____

Signature _____

Date _____

STATE OF ALASKA
DEPARTMENT OF COMMERCE AND ECONOMIC DEVELOPMENT
DIVISION OF INVESTMENTS

**HISTORICAL DISTRICT LOAN
FINANCIAL STATEMENT (Business)**

Name		Taxpayer Identification No.		Date	
Mailing Address		City		State	Zip

The undersigned makes the following statement of financial condition as of _____ day of _____, 19_____.

ASSETS		LIABILITIES	Monthly Payments	Balance Owning
Cash in Bank	\$	Real Estate (Schedule 3)	\$	\$
Cash on hand		Notes Payable (Schedule 4)		
Notes/Accounts receivable (Schedule 1)		Accounts payable		
Less: Reserve for bad debts		Employer taxes payable		
U.S. bonds or notes		Other taxes payable		
Mortgages and contracts (Schedule 1)		Other liabilities (itemize)		
Securities (Schedule 2)				
Value of Real Estate Owned (Schedule 3)				
Machinery, furniture and fixtures		TOTAL LIABILITIES	\$	\$
Less: Depreciation		Capital Stock		
Prepaid expenses		Paid-in Surplus		
Other assets (itemize)		Retained Earnings		
TOTAL ASSETS	\$	NET WORTH		\$

CONTINGENT LIABILITIES		
☐ Yes	Are you a co-maker, endorser, or guarantor on any loan or contract?	Amount \$ _____
☐ No	If "yes" to whom?	
☐ Yes	Are there any unsatisfied judgments against you?	Amount \$ _____
☐ No		
☐ Yes	Have you been declared bankrupt in the last 14 years?	Year _____
☐ No		
Other Obligations		

SCHEDULE NO. 1: NOTES RECEIVABLE/ACCOUNTS RECEIVABLE, MORTGAGES AND CONTRACTS OWNED

Description	Name of Debtor	Original Balance	Present Balance	Monthly Payment	Amount Past Due

SCHEDULE NO. 2: SECURITIES

Number of Shares	Description	To Whom Pledged	Market Value	Cost	Income Received Last Year

SCHEDULE NO. 3: REAL ESTATE OWNED

Description and Location (Street, City, State)	Date Acquired	Cost	Current Assessed Value	Mortgages					
				Name and Address of Bank	Current Market Value	Original Balance	Present Balance	Payment Amount	
								Monthly	Annual

Is any real estate being purchased on a contract of sale? _____ If so, which one? _____
From whom? _____

SCHEDULE NO. 4: NOTES PAYABLE (Do not include mortgages listed in Schedule 3)

Name and Address of Bank	Collateral	Date Incurred	Original Amount	Present Amount	When Due	Payment Amount	
						Monthly	Annual

Have you ever received a loan from the State? ☐ Yes ☐ No

If yes, please complete the following:

Loan Number	Loan Type	Date Received	Paid in Full (Yes or No)

In submitting the foregoing statement the undersigned applicant guarantees its accuracy with the intent that it be relied upon by the division in extending credit to the applicant and warrants that information has not knowingly been withheld that might affect the applicant's credit risk; and that the applicant agrees to notify the division immediately in writing of any material change in the applicant's financial condition.

Signature _____ Title _____ Date _____

Signature _____ Title _____ Date _____

STATE OF ALASKA
DEPARTMENT OF COMMERCE AND ECONOMIC DEVELOPMENT
DIVISION OF INVESTMENTS

**HISTORICAL DISTRICT
ACTUAL STATEMENT OF PROFIT AND LOSS**

Applicant's Name _____ Social Security Number _____

For the period beginning _____ and ending _____
(Must be for current year if presently in business)

Gross Sales \$ _____

Cost of Goods Sold:

Beginning Inventory (if applicable) \$ _____

Add: Purchases _____

Total \$ _____

Less: Ending Inventory (_____)

Total Cost of Sales _____

Gross Profit \$ _____

OPERATING EXPENSES:

Proprietor's or Officer's Salary \$ _____

Salaries to Employees _____

Employee Expenses _____

Payroll Taxes _____

Fuel _____

Electricity _____

Telephone _____

Automobile Expenses _____

Rent or Lease Payments _____

Office Supplies _____

Maintenance and Repairs _____

Dues and Subscriptions _____

Travel Expense _____

Entertainment _____

Professional Services _____

Taxes and Licenses _____

Insurance _____

Advertising and Promotion _____

Bad Debts _____

Other _____

TOTAL EXPENSES \$ (_____)

OPERATING INCOME \$ _____

Other Expenses:

Depreciation \$ _____

Interest _____

Total Other (_____)

Net Income from Operations \$ _____

Other Income:

Total Net Income \$ _____

STATE OF ALASKA
DEPARTMENT OF COMMERCE AND ECONOMIC DEVELOPMENT
DIVISION OF INVESTMENTS

**HISTORICAL DISTRICT
PROJECTED STATEMENT OF PROFIT AND LOSS**
(First Year After Receiving Loan)

Applicant's Name _____ Social Security Number _____

For the period beginning _____ and ending _____

Gross Sales \$ _____

Cost of Goods Sold:

Beginning Inventory (if applicable) \$ _____

Add: Purchases _____

Total \$ _____

Less: Ending Inventory (_____)

Total Cost of Sales _____

Gross Profit \$ _____

OPERATING EXPENSES:

Proprietor's or Officer's Salary \$ _____

Salaries to Employees _____

Employee Expenses _____

Payroll Taxes _____

Fuel _____

Electricity _____

Telephone _____

Automobile Expenses _____

Rent or Lease Payments _____

Office Supplies _____

Maintenance and Repairs _____

Dues and Subscriptions _____

Travel Expense _____

Entertainment _____

Professional Services _____

Taxes and Licenses _____

Insurance _____

Advertising and Promotion _____

Bad Debts _____

Other _____

TOTAL EXPENSES \$ (_____)

OPERATING INCOME \$ _____

Other Expenses:

Depreciation \$ _____

Interest _____

Total Other (_____)

Net Income from Operations \$ _____

Other Income: _____

Total Net Income \$ _____

STATE OF ALASKA
DEPARTMENT OF COMMERCE AND ECONOMIC DEVELOPMENT
DIVISION OF INVESTMENTS

**HISTORICAL DISTRICT
PROJECTED STATEMENT OF PROFIT AND LOSS
(First Year After Receiving Loan)**

Applicant's Name _____ Social Security Number _____

For the period beginning _____ and ending _____

Gross Sales \$ _____

Cost of Goods Sold:

Beginning Inventory (if applicable) \$ _____

Add: Purchases _____

Total \$ _____

Less: Ending Inventory (_____)

Total Cost of Sales \$ _____

Gross Profit \$ _____

OPERATING EXPENSES:

Proprietor's or Officer's Salary \$ _____

Salaries to Employees _____

Employee Expenses _____

Payroll Taxes _____

Fuel _____

Electricity _____

Telephone _____

Automobile Expenses _____

Rent or Lease Payments _____

Office Supplies _____

Maintenance and Repairs _____

Dues and Subscriptions _____

Travel Expense _____

Entertainment _____

Professional Services _____

Taxes and Licenses _____

Insurance _____

Advertising and Promotion _____

Bad Debts _____

Other _____

TOTAL EXPENSES \$ (_____)

OPERATING INCOME \$ _____

Other Expenses:

Depreciation \$ _____

Interest _____

Total Other (_____)

Net Income from Operations \$ _____

Other Income: _____

Total Net Income \$ _____

STATE OF ALASKA
DEPARTMENT OF COMMERCE AND ECONOMIC DEVELOPMENT
DIVISION OF INVESTMENTS

HISTORICAL DISTRICT
PROJECTED STATEMENT OF PROFIT AND LOSS
(First Year After Receiving Loan)

Applicant's Name _____ Social Security Number _____

For the period beginning _____ and ending _____.

Gross Sales \$ _____

Cost of Goods Sold:

Beginning Inventory (if applicable) \$ _____

Add: Purchases _____

Total \$ _____

Less: Ending Inventory (_____)

Total Cost of Sales _____

Gross Profit \$ _____

OPERATING EXPENSES:

Proprietor's or Officer's Salary \$ _____

Salaries to Employees _____

Employee Expenses _____

Payroll Taxes _____

Fuel _____

Electricity _____

Telephone _____

Automobile Expenses _____

Rent or Lease Payments _____

Office Supplies _____

Maintenance and Repairs _____

Dues and Subscriptions _____

Travel Expense _____

Entertainment _____

Professional Services _____

Taxes and Licenses _____

Insurance _____

Advertising and Promotion _____

Bad Debts _____

Other _____

TOTAL EXPENSES \$ (_____)

OPERATING INCOME \$ _____

Other Expenses:

Depreciation \$ _____

Interest _____

Total Other (_____)

Net Income from Operations \$ _____

Other Income:

Total Net Income \$ _____

STATE OF ALASKA
DEPARTMENT OF COMMERCE AND ECONOMIC DEVELOPMENT
DIVISION OF INVESTMENTS

HISTORICAL DISTRICT

**PERSONAL RESUME OF APPLICANT OR PRESIDENT
OF THE CORPORATION**

(Attach additional sheets as necessary)

Name _____

1. Include a brief outline of your personal business experience.

(Use this space or attach a copy of your resume)

2. References

List 3 persons in this vicinity who know you well and to whom we may refer (excluding relatives or previous employers).

Name	Telephone	Mailing Address	Occupation

STATE OF ALASKA
DEPARTMENT OF COMMERCE AND ECONOMIC DEVELOPMENT
DIVISION OF INVESTMENTS

HISTORICAL DISTRICT

BUSINESS RESUME

(Attach additional sheets as necessary)

Name _____

1. Date business was established and years of operation.

2. Principal products or service(s).

3. Evidence of markets, potential customers, etc., substantiating feasibility of project.

4. List subsidiaries and/or affiliated companies and their financial statements. Explain trade and financial interrelationships of applicant and such subsidiaries and/or affiliates.

5. Present number of employees _____.

(Use this space or attach a copy of your business resume)

STATE OF ALASKA
DEPARTMENT OF COMMERCE AND ECONOMIC DEVELOPMENT
DIVISION OF INVESTMENTS

CREDIT AUTHORIZATION

I, _____, of _____,
(Print full name) (City and State)

authorize the following named creditor to divulge to the Department of Commerce and Economic Development, State of Alaska, any and all information concerning the nature of my credit transactions with them, including, but not limited to, the amount of credit extended, the terms and conditions of the transactions, the current balance, if any is outstanding, and the repayment record.

I understand that the information is of a confidential nature and will be used for the sole purpose of evaluating an application which I have submitted to the State.

NAME OF CREDITOR _____

ACCOUNT NUMBER _____

ADDRESS _____

CITY _____ STATE _____

ZIP CODE _____

APPLICANT'S SIGNATURE _____ DATE _____

This form should be returned with the application package. The division will forward all authorizations to the creditors.

Creditor Verification
(For creditor use only)

The above named applicant has applied for benefits from the State. To assist us in evaluating this application, we would appreciate any information you can give us regarding our applicant's credit rating. Information received will be considered confidential.

Date Account Opened	Maximum Credit Extended	Present Balance	Payments	Rating

Remarks _____

Signature of Creditor

Title

Date

Please return to:



Division of Investments
Pouch D
Juneau, Alaska 99811
Telephone: 465-2510



Division of Investments
3601 "C" St., Suite 740
Anchorage, Alaska 99503
Telephone: 562-3779



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675 7th Ave., Station A
Fairbanks, Alaska 99701
Telephone: 452-8182



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Dillingham, Alaska 99576
Telephone: 842-1087

STATE OF ALASKA
DEPARTMENT OF COMMERCE AND ECONOMIC DEVELOPMENT
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CREDIT AUTHORIZATION

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NAME OF CREDITOR _____

ACCOUNT NUMBER _____

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CITY _____ STATE _____

ZIP CODE _____

APPLICANT'S SIGNATURE _____ DATE _____

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Remarks _____

Signature of Creditor

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STATE OF ALASKA
DEPARTMENT OF COMMERCE AND ECONOMIC DEVELOPMENT
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I understand that the information is of a confidential nature and will be used for the sole purpose of evaluating an application which I have submitted to the State.

NAME OF CREDITOR _____

ACCOUNT NUMBER _____

ADDRESS _____

CITY _____ STATE _____

ZIP CODE _____

APPLICANT'S SIGNATURE _____ DATE _____

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Date Account Opened	Maximum Credit Extended	Present Balance	Payments	Rating

Remarks _____

Signature of Creditor

Title

Date

Please return to:



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STATE OF ALASKA
DEPARTMENT OF COMMERCE AND ECONOMIC DEVELOPMENT
DIVISION OF INVESTMENTS

AUTHORIZATION TO VERIFY FINANCIAL INFORMATION

I, _____, of _____
(Print Full Name) (City and State)

authorize the following named financial institution to divulge to the Department of Commerce and Economic Development, State of Alaska, any and all information concerning the nature of my account balances and loan balances with them, including, but not limited to, the amount of credit extended, the terms and conditions of the transactions and the current balance, if any is outstanding.

I understand that the information is of a confidential nature and will be used for the sole purpose of evaluating an application which I have submitted to the State.

Name of Financial Institution _____

Checking Account Number _____ Savings Account Number _____

Loan Number _____ Loan Number _____

Address _____

City _____ State _____ Zip _____

Applicant's Signature _____ Date _____

This form should be returned with the application package. The division will forward all authorizations to the creditors.

BANK VERIFICATION OF FINANCIAL INFORMATION
(For Bank Use Only)

Checking Account Balance	Savings Account Balance	Other Account Balance
Date Account was opened	Date Account was opened	Date Account was opened

Loans	Date	Original Balance	Payments	Current Balance	Rating
Secured					
Unsecured					

The information provided above is essentially correct as of this date and accurately reflects the individual's financial dealings with this institution.

Remarks _____

Signature of Bank Official

Title

Date

Please return to:

☐ Division of Investments
Pouch D
Juneau, Alaska 99811
Telephone: 465-2510

☐ Division of Investments
3601 "C" St., Suite 740
Anchorage, Alaska 99503
Telephone: 562-3779

☐ Division of Investments
675 7th Ave., Station A
Fairbanks, Alaska 99701
Telephone: 452-8182

☐ Division of Investments
P.O. Box 370
Dillingham, Alaska 99576
Telephone: 842-1087

STATE OF ALASKA
DEPARTMENT OF COMMERCE AND ECONOMIC DEVELOPMENT
DIVISION OF INVESTMENTS

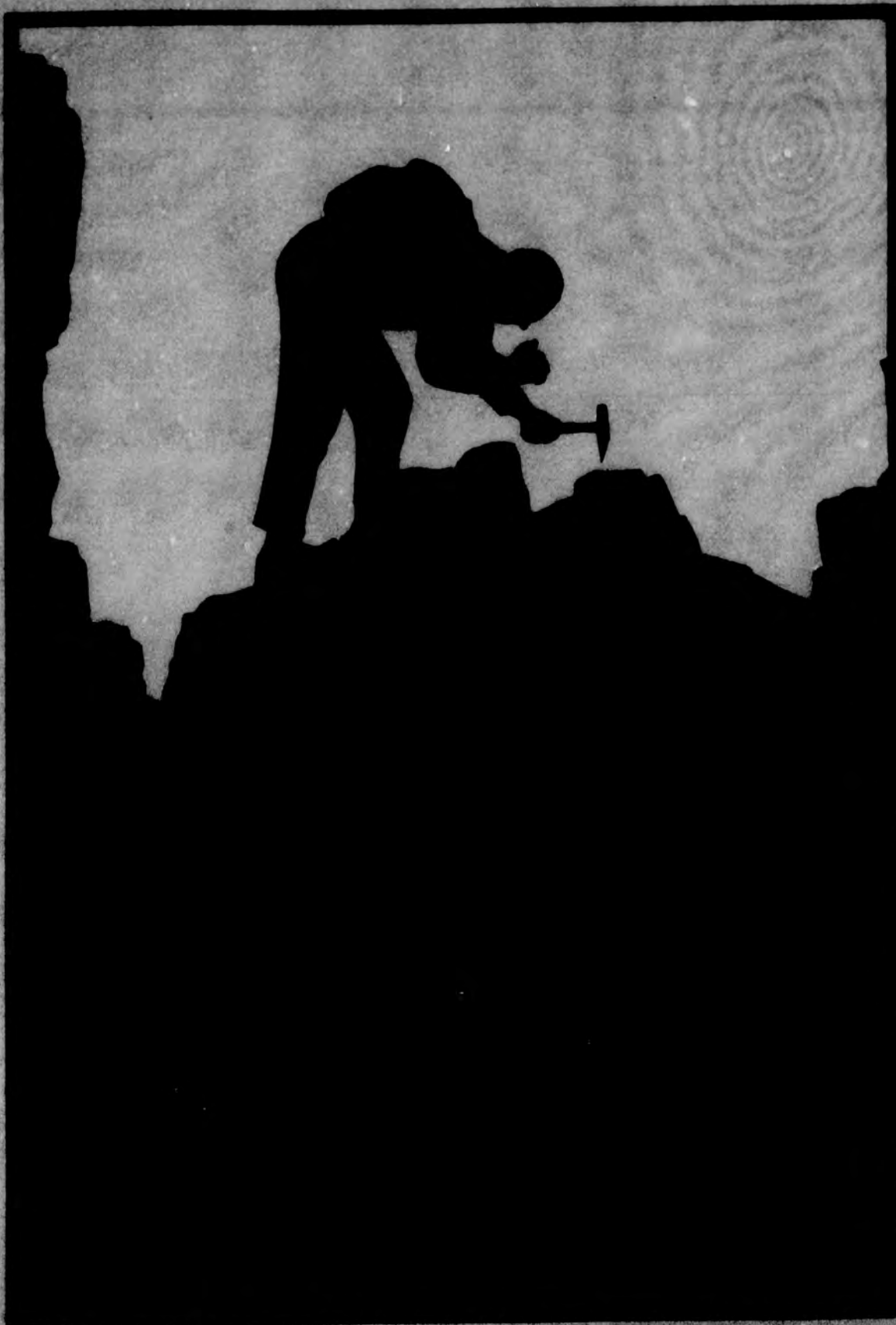
**HISTORICAL DISTRICT
PHOTOGRAPHS (Project to be Funded)**

Applicant's Name _____

Street Address of Project _____

NORTH FACE	SOUTH FACE
EAST FACE	WEST FACE

mining



Loan
Application

State of Alaska
Department of
Commerce and
Economic
Development
Division of
Investments

FIELD OFFICES

All applications must be submitted to the Department of Commerce and Economic Development, Division of Investments, at one of the following offices:

Division of Investments
Pouch D
Juneau, Alaska 99811
Telephone Number: 465-2510

Division of Investments
3601 "C" Street, Suite 740
Anchorage, Alaska 99503
Telephone Number: 562-3779

Division of Investments
675 7th Avenue, Station A
Fairbanks, Alaska 99701
Telephone Number: 452-8182

Division of Investments
P.O. Box 370
Dillingham, Alaska 99576
Telephone Number: 842-1087

**STATE OF ALASKA
DEPARTMENT OF COMMERCE AND ECONOMIC DEVELOPMENT
DIVISION OF INVESTMENTS**

LOAN POLICIES AND PROCEDURES

**MINING REVOLVING LOAN FUND
AS 27.09.010-.060**

LOAN PURPOSES

Loans may be made to underwrite advanced mineral exploration, development, or mining in the State. These purposes are defined as:

1. "advanced mineral exploration" means the investigation of a known mineral deposit to determine its size, shape and value, and to determine whether it is feasible for mining, by use of geophysical surveys, boreholes, pits or underground workings;
2. "development" means the preparation of a proven mineral deposit for mining;
3. "mining" means the extraction of ore and preparation of a mineral product for market.

ELIGIBILITY

Loans may be made to:

1. an individual who has had at least five years' mining or prospecting experience in Alaska and is a resident of the State;
2. a partnership if at least half of the partners each have five years' mining or prospecting experience in the State and at least half are residents of the State; and
3. a corporation if at least 51% of its shares are held by persons having at least five year's mining or prospecting experience in the State and at least 51% of its shares are held by persons who are residents of the State.

LENDING LIMITS

The maximum loan amount is \$5,000,000 less any loan amounts previously borrowed from the Mining Revolving Loan Fund.

INTEREST RATE

Interest will be charged at the rate of ten (10%) percent.

LOAN TERMS

The maximum loan term is 15 years. Terms of all loans will be fixed by the loan committee in consideration of the purpose of the loan, the needs of the borrower, the collateral offered and the ability to repay the loan.

REPAYMENT TERMS

Loans made for purposes other than placer mining require principal repayment to commence not later than one year after the mineral production begins or five years from the date the loan is made, whichever is sooner.

Loans made for placer mining activities may not require principal repayment to commence before the end of the second placer mining season after the loan is made.

The accrual of interest on all loans made under this chapter begins when the loan is made, and the accrued interest shall be repaid on an annual basis, or more frequently if the department and the borrower so agree.

RESIDENCY

A "resident" means a corporation, partnership, or limited partnership organized under the laws of Alaska and headquartered in Alaska or a person who, except for brief intervals, periods of military service, or attendance at an educational or training institution, has resided in Alaska for thirty days. "Residence" is determined by where the individual:

1. is registered to vote;
2. maintains a permanent place of abode;
3. files tax returns;
4. registers or licenses personal property, including but not limited to cars, boats, trucks and trailers;
5. is licensed to drive; and
6. maintains bank accounts, savings accounts, lines of credit, and other financial relationships.

OPERATING PLAN

A person requesting a loan under this chapter shall prepare and submit an operating plan which describes the amount of the loan requested, the nature and location of claims for which the loan is requested, the equipment and other resources available to implement the operating plan, and the economic feasibility of the plan.

COLLATERAL

All loans must be secured by adequate collateral to protect the investment of the State in the event of default. The collateral may include, but is not limited to, a lien on lands, buildings, equipment, machinery, marketable securities, and approved assignments. No loan may exceed 75% of the current value of the collateral offered. Loans secured by real estate are normally 75% of the appraised value. Loans secured by equipment, machinery, etc., are normally 60% of the appraised value or cost, whichever is lower. The specific amount to be loaned against any collateral offered shall be determined by the loan committee.

CONTROLLED DISBURSEMENT

Disbursement of loan funds will be made in a manner prescribed by the Division of Investments.

REFINANCING

The department may refinance a loan under this chapter by making a loan to pay outstanding mining debts. When an original loan is to be refinanced, the refinance may not exceed 49% of the amount of the original loan.

LOAN APPROVAL

Authority for approval of all loans rests with the loan committee appointed by the Commissioner of the Department of Commerce and Economic Development. The loan committee will independently evaluate all relevant information before taking action on loan applications. The committee may also consider, but is not bound by, the recommendations of the loan examiner assigned to process the application. No loan will be granted without approval of a majority of the loan committee.

LOAN COSTS

The borrower shall pay all direct costs incurred by the State in processing the application for a loan, including, but not limited to, the costs of credit reports, title insurance, inspection expenses, or other direct costs. The State is not liable for any costs incurred by the borrower during the application process.

ASSUMPTIONS

Assumptions will not be allowed unless it is in the State's best interest to do so and the applicant meets all statutory eligibility requirements. Assumptions, if granted, must serve the policies and purposes of the loan program.

REGULATIONS

The Department of Commerce and Economic Development has adopted administrative regulations governing loan policies and procedures, and public disclosure of information in an individual loan file. Copies of these regulations may be obtained by contacting the Division of Investments.

STATE OF ALASKA
DEPARTMENT OF COMMERCE AND ECONOMIC DEVELOPMENT
DIVISION OF INVESTMENTS

**MINING LOAN APPLICATION
CHECK-OFF LIST**

The following information **is required** in order to process your application. Please use this list to make sure all information is submitted (incomplete applications will not be accepted). Please retain a copy of this application for your records.

- _____ 1. **Application for Mining Loan:** Be sure the form has been completed and signed. (pages 5 and 6)
- _____ 2. **Letter of Intent.** (page 7)
- _____ 3. **Operating Plan.** (pages 8 and 9)
- _____ 4. **Collateral:** Include documentation to verify the value of the collateral being offered to secure the loan. (page 10)
- _____ 5. **Appraisals:** Include copies of appraisals for collateral offered and/or price quotes for equipment to be purchased.
- _____ 6. **Individual Financial Statements:** For each individual owning 10% or more of the corporation. (pages 11 and 12)
- _____ 7. **Business Financial Statement:** A CPA prepared financial statement will be required on all requests over \$1,000,000. (pages 13 and 14)
- _____ 8. **Actual Statement of Profit and Loss.** (page 15)
- _____ 9. **Projected Statement of Profit and Loss.** (page 16)
- _____ 10. **Personal Resume:** Include 3 references. (page 17)
- _____ 11. **Mining Resume.** (page 18)
- _____ 12. **Credit Authorization:** Each form must be completed and signed. (page 19)
- _____ 13. **Authorization to Verify Financial Information.** (page 20)
- _____ 14. **Federal Tax Returns:** You must include complete copies of your last three years' Federal Income Tax Returns. You must submit the tax returns for each individual owning 10% or more of the corporation, as well as the corporation's returns. Do not send original documents as they will not be returned.

**STATE OF ALASKA
DEPARTMENT OF COMMERCE AND ECONOMIC DEVELOPMENT
DIVISION OF INVESTMENTS**

APPLICATION FOR MINING LOAN

Applicant: Business Name	☐ Individual	Current Date
	☐ Business ☐ Partnership ☐ Corporation	Taxpayer Identification Number
Mailing Address (Street/P.O. Box, City, State, Zip Code)		Business Telephone Number ()

Applicant: Name (Last, First, M.I.)	Social Security Number
Mailing Address (Street/P.O. Box, City, State, Zip Code)	Applicant's Telephone Number ()
	Date of Birth
	Place of Birth (city and state)
I hereby apply for a loan of \$_____ to be repaid in _____ years with ☐ Monthly Payments/ ☐ Quarterly Payments/ ☐ Other If other, please specify _____	☐ Married (including separated) ☐ Unmarried (including single, divorced, widowed)
	Number of Dependents (excluding Applicant)
	Gross Monthly Salary (before deductions)
Applicant's Employer Occupation/Position How Long? Yrs. Mos.	Employer's Telephone Number ()
I have been a resident of Alaska since:	

Spouse/Co-Applcant: Name (Last, First, M.I.)	Social Security Number
Mailing Address (Street/P.O. Box, City, State, Zip Code)	Date of Birth
	Place of Birth (City and State)
	Gross Monthly Salary (before deductions)
Spouse/Co-Applcant's Employer Occupation/Position How Long? Yrs. Mos.	Employer's Telephone Number ()
I have been a resident of Alaska since:	

Nearest Relative not living with you/Contact Person: Name (Last, First, M.I.)	Telephone Number ()
Mailing Address (Street/P.O. Box, City, State, Zip Code)	Put your nearest relative not living with you or a contact person who knows how to reach you when your current mailing address or telephone number may have changed.

I certify under penalty of perjury that all of the information contained in this application and any attachments to it is true, accurate and complete. I am aware that the maximum penalty for perjury, a Class B felony under AS 11.56.20(c), is a fine of up to \$50,000 (AS 12.55.035(b)(2)) and imprisonment for up to 10 years (AS 12.55.125(d)).

I agree that if any information contained in this application and attachments is false, inaccurate or incomplete, the division will deny the application. I also agree that if I receive a loan based on this application and attachments and any information contained in this application and attachments is later determined to be false, inaccurate or incomplete, then the loan will be cancelled and I will be immediately liable to repay the total I owe. I further agree that if any application submitted to the division is denied or if a loan that has been made is cancelled due to false, inaccurate, or incomplete information, I will no longer be eligible for any future benefits under the Mining Loan Program.

Date	Signature
_____	_____
Date	Signature
_____	_____

Corporate Applicants Must Complete the Following Section

MANAGEMENT OF CORPORATION			
(1) Names of all officers, directors and their annual compensation, including salaries, bonuses, fees, withdrawals, etc. (2) Stockholders not otherwise listed—(five largest). (3) For each stockholder owing 10% or more of the stock include a current financial statement and three (3) credit authorizations.			
Name and Address	Annual Compensation	Office Held	Percent Ownership

On behalf of the corporation, I certify under penalty of perjury that all of the information contained in this application and any attachments to it is true, accurate and complete. I am aware that the maximum penalty for perjury, a Class B felony under AS 11.56.200(c), is a fine of up to \$50,000 (AS 12.55.035(b)(2)) and imprisonment for up to 10 years (AS 12.55.125(d)).

I agree that if any information contained in this application and attachments is false, inaccurate or incomplete, the division will deny the application. I also agree that if I receive a loan based on this application and attachments and any information contained in this application and attachments is later determined to be false, inaccurate or incomplete, then the loan will be cancelled and I will be immediately liable to repay the total I owe. I further agree that if any application submitted to the division is denied or if a loan that has been made is cancelled due to false, inaccurate, or incomplete information, I will no longer be eligible for any future benefits under the Mining Loan Program.

The State is authorized to obtain any and all credit reports and verification needed to evaluate this application, and the cost of obtaining these reports will be paid by the applicant.

Name of Corporate Applicant

Date

Authorized Signature

**MINING LOAN
LETTER OF INTENT**
(Attach additional sheets as necessary)

(7)

STATE OF ALASKA
DEPARTMENT OF COMMERCE AND ECONOMIC DEVELOPMENT
DIVISION OF INVESTMENTS

MINING LOAN OPERATING PLAN

Applicant's Name _____

I. Claim Information:

1. Number of Claims:

- a. _____ State claims
- b. _____ Federal claims
- c. _____ Total claims

2. Location of Claims:

- a. _____ Mining District
- b. _____ Creek(s)
- c. Number of miles _____ from _____ City

3. Type of Mineral:

- ☐ Gold
- ☐ Copper
- ☐ Tin
- ☐ Other _____

4. Type of Mine:

- ☐ Placer
 - _____ feet (average depth of overburden)
 - _____ feet (average depth of "pay dirt")
- ☐ Lode

II. Equipment Availability: List mining equipment presently owned.

<i>Year</i>	<i>Make</i>	<i>Model</i>	<i>Serial Number</i>	<i>Estimates or Appraised Value</i>
-------------	-------------	--------------	----------------------	-------------------------------------

III. **Economic Feasibility:** Describe in detail on a separate sheet of paper your mining plan for the period of the loan. Be sure to include:

1. Claims to be worked in expected sequence.
2. Average production days per season.
3. Average production volume expected per day.
4. Average expected mineral recovery per yard or ton.
5. Total expected mineral production per season.
6. Total expected expenses per season.

IV. **Claim Plot Map:** Submit a claim plot map of sufficient size showing previously mined areas, area to be mined, and location of test sites with indicated values at each site.

STATE OF ALASKA
DEPARTMENT OF COMMERCE AND ECONOMIC DEVELOPMENT
DIVISION OF INVESTMENTS

COLLATERAL TO SECURE MINING LOAN

All loans must be secured by collateral acceptable to the Division of Investments. Describe the collateral you are offering below:

REAL PROPERTY

Legal Description	Location	Improvements	Original Cost/Price	Date Purchased	Current Market Value	Mortgages		Mortgage Held By	Monthly Payments
						Original Balance	Present Balance		
			\$		\$	\$	\$		\$
Totals			\$		\$	\$	\$		\$

EQUIPMENT AND MACHINERY

Item	Make	Model	Serial No.	Location	Original Cost/Price	Date Purchased	Condition New/Used	Current Market Value	Liens		Lien Held By
									Original Balance	Present Balance	
					\$			\$	\$	\$	
Totals					\$			\$	\$	\$	

The following information must accompany this application for the different types of collateral offered:

- Existing Real Property - an appraisal, less than 90 days old and a purchase agreement, if applicable (Maximum loan: 75% of appraised value or cost, whichever is lower)
- New Construction - a construction bid and an as-built appraisal. (Maximum loan: 75% of appraised value or cost, whichever is lower)
- New Equipment or Machinery - a bid, quote or invoice from the supplier.
- Used Equipment or Machinery - an itemized list with current value verified by a reputable supplier. (Maximum loan: 60% of cost or appraised value, whichever is lower)

\$ _____ x 75%
= \$ _____ (1)

\$ _____ x 75%
= \$ _____ (2)

\$ _____ x 60%
= \$ _____ (3)

\$ _____ x 60%
= \$ _____ (4)

\$ _____

The maximum loan you can secure with the collateral offered is the sum of figures 1-4.

NOTE: A COPY OF ALL BIDS, APPRAISALS, PHOTOS AND PURCHASE AGREEMENTS MUST ACCOMPANY THIS APPLICATION.

STATE OF ALASKA
DEPARTMENT OF COMMERCE AND ECONOMIC DEVELOPMENT
DIVISION OF INVESTMENTS

**MINING LOAN
FINANCIAL STATEMENT (Individual)**

Name	Social Security Number	Date	
Mailing Address	City	State	Zip
The undersigned makes the following statement of financial condition as of _____ day of _____, 19____.			
ASSETS		LIABILITIES	Monthly Payments
Cash in Bank	\$	Real Estate (Schedule 3)	\$
Cash on hand		Notes Payable (Schedule 4)	
Notes/Accounts receivable (Schedule 1)		Accounts payable	
U.S. bonds or notes		Other Liabilities	
Mortgages and contracts (Schedule 1)			
Securities (Schedule 2)			
Value of Real Estate Owned (Schedule 3)			
Automobile		Credit Cards	
Personal Property			
Other assets (itemize)			
		TOTAL MONTHLY PAYMENTS	\$
		TOTAL LIABILITIES	\$
TOTAL ASSETS	\$	NET WORTH	\$

CONTINGENT LIABILITIES		
☐ Yes	Are you a co-maker, endorser, or guarantor on any loan or contract?	Amount \$ _____
☐ No	If "yes" to whom?	
☐ Yes	Are there any unsatisfied judgments against you?	Amount \$ _____
☐ No		
☐ Yes	Have you been declared bankrupt in the last 14 years?	Year _____
☐ No		
Other Obligations: Child Support, Alimony, etc.		

SCHEDULE NO. 1: NOTES RECEIVABLE/ACCOUNTS RECEIVABLE, MORTGAGES AND CONTRACTS OWNED

Description	Name of Debtor	Original Balance	Present Balance	Monthly Payment	Amount Past Due

SCHEDULE NO. 2: SECURITIES

Number of Shares	Description	To Whom Pledged	Market Value	Cost	Income Received Last Year

SCHEDULE NO. 3: REAL ESTATE OWNED

Description and Location (Street, City, State)	Date Acquired	Cost	Current Assessed Value	Mortgages					
				Name and Address of Bank	Current Market Value	Original Balance	Present Balance	Payment Amount	
								Monthly	Annual

Is any real estate being purchased on a contract of sale? _____ If so, which one? _____
From whom? _____

SCHEDULE NO. 4: NOTES PAYABLE (Do not include mortgages listed in Schedule 3)

Name and Address of Bank	Collateral	Date Incurred	Original Amount	Present Amount	When Due	Payment Amount	
						Monthly	Annual

Have you ever received a loan from the State? ☐ Yes ☐ No

If yes, please complete the following:

Loan Number	Loan Type	Date Received	Paid in Full (Yes or No)

In submitting the foregoing statement the undersigned applicant guarantees its accuracy with the intent that it be relied upon by the division in extending credit to the applicant and warrants that information has not knowingly been withheld that might affect the applicant's credit risk; and that the applicant agrees to notify the division immediately in writing of any material change in the applicant's financial condition.

Signature _____

Date _____

Signature _____

Date _____

STATE OF ALASKA
DEPARTMENT OF COMMERCE AND ECONOMIC DEVELOPMENT
DIVISION OF INVESTMENTS

**MINING LOAN
FINANCIAL STATEMENT (Business)**

Name		Taxpayer Identification No.	Date	
Mailing Address		City	State	Zip
The undersigned makes the following statement of financial condition as of _____ day of _____, 19_____.				
ASSETS		LIABILITIES	Monthly Payments	Balance Owning
Cash in Bank	\$	Real Estate (Schedule 3)	\$	\$
Cash on hand		Notes Payable (Schedule 4)		
Notes/Accounts receivable (Schedule 1)		Accounts payable		
Less: Reserve for bad debts		Employer taxes payable		
U.S. bonds or notes		Other taxes payable		
Mortgages and contracts (Schedule 1)		Other liabilities (itemize)		
Securities (Schedule 2)				
Value of Real Estate Owned (Schedule 3)				
Machinery, furniture and fixtures		TOTAL LIABILITIES	\$	\$
Less: Depreciation		Capital Stock		
Prepaid expenses		Paid-in Surplus		
Other assets (itemize)		Retained Earnings		
TOTAL ASSETS	\$	NET WORTH		\$

CONTINGENT LIABILITIES		
☐ Yes	Are you a co-maker, endorser, or guarantor on any loan or contract?	Amount \$ _____
☐ No	If "yes" to whom?	
☐ Yes	Are there any unsatisfied judgments against you?	Amount \$ _____
☐ No		
☐ Yes	Have you been declared bankrupt in the last 14 years?	Year _____
☐ No		
Other Obligations		

SCHEDULE NO. 1: NOTES RECEIVABLE/ACCOUNTS RECEIVABLE, MORTGAGES AND CONTRACTS OWNED

Description	Name of Debtor	Original Balance	Present Balance	Monthly Payment	Amount Past Due

SCHEDULE NO. 2: SECURITIES

Number of Shares	Description	To Whom Pledged	Market Value	Cost	Income Received Last Year

SCHEDULE NO. 3: REAL ESTATE OWNED

Description and Location (Street, City, State)	Date Acquired	Cost	Current Assessed Value	Mortgages					
				Name and Address of Bank	Current Market Value	Original Balance	Present Balance	Payment Amount	
								Monthly	Annual

Is any real estate being purchased on a contract of sale? _____ If so, which one? _____
From whom? _____

SCHEDULE NO. 4: NOTES PAYABLE (Do not include mortgages listed in Schedule 3)

Name and Address of Bank	Collateral	Date Incurred	Original Amount	Present Amount	When Due	Payment Amount	
						Monthly	Annual

Have you ever received a loan from the State? ☐ Yes ☐ No

If yes, please complete the following:

Loan Number	Loan Type	Date Received	Paid in Full (Yes or No)

In submitting the foregoing statement the undersigned applicant guarantees its accuracy with the intent that it be relied upon by the division in extending credit to the applicant and warrants that information has not knowingly been withheld that might affect the applicant's credit risk; and that the applicant agrees to notify the division immediately in writing of any material change in the applicant's financial condition.

Signature _____ Title _____ Date _____

Signature _____ Title _____ Date _____

STATE OF ALASKA
DEPARTMENT OF COMMERCE AND ECONOMIC DEVELOPMENT
DIVISION OF INVESTMENTS

**MINING LOAN
ACTUAL STATEMENT OF PROFIT AND LOSS**

Applicant's Name _____ Social Security Number _____

For the period beginning _____ and ending _____
(Must be for current year if presently in business)

Gross Sales \$ _____

Cost of Goods Sold:

Beginning Inventory (if applicable) \$ _____

Add: Purchases _____

Total \$ _____

Less: Ending Inventory (_____)

Total Cost of Sales _____

Gross Profit \$ _____

OPERATING EXPENSES:

Proprietor's or Officer's Salary \$ _____

Salaries to Employees _____

Employee Expenses _____

Payroll Taxes _____

Fuel _____

Electricity _____

Telephone _____

Automobile Expenses _____

Rent or Lease Payments _____

Office Supplies _____

Maintenance and Repairs _____

Dues and Subscriptions _____

Travel Expense _____

Entertainment _____

Professional Services _____

Taxes and Licenses _____

Insurance _____

Advertising and Promotion _____

Bad Debts _____

Other _____

TOTAL EXPENSES \$ (_____)

OPERATING INCOME \$ _____

Other Expenses:

Depreciation \$ _____

Interest _____

Total Other (_____)

Net Income from Operations \$ _____

Other Income: _____

Total Net Income \$ _____

**STATE OF ALASKA
DEPARTMENT OF COMMERCE AND ECONOMIC DEVELOPMENT
DIVISION OF INVESTMENTS**

**MINING LOAN
PROJECTED STATEMENT OF PROFIT AND LOSS
(First Year After Receiving Loan)**

Applicant's Name _____ Social Security Number _____

For the period beginning _____ and ending _____

Gross Sales \$ _____

Cost of Goods Sold:

Beginning Inventory (if applicable) \$ _____

Add: Purchases _____

Total \$ _____

Less: Ending Inventory (_____)

Total Cost of Sales _____

Gross Profit \$ _____

OPERATING EXPENSES:

Proprietor's or Officer's Salary \$ _____

Salaries to Employees _____

Employee Expenses _____

Payroll Taxes _____

Fuel _____

Electricity _____

Telephone _____

Automobile Expenses _____

Rent or Lease Payments _____

Office Supplies _____

Maintenance and Repairs _____

Dues and Subscriptions _____

Travel Expense _____

Entertainment _____

Professional Services _____

Taxes and Licenses _____

Insurance _____

Advertising and Promotion _____

Bad Debts _____

Other _____

TOTAL EXPENSES \$ (_____)

OPERATING INCOME \$ _____

Other Expenses:

Depreciation \$ _____

Interest _____

Total Other (_____)

Net Income from Operations \$ _____

Other Income: _____

Total Net Income \$ _____

EXPLAIN HOW YOU MADE THE ABOVE PROJECTIONS

STATE OF ALASKA
DEPARTMENT OF COMMERCE AND ECONOMIC DEVELOPMENT
DIVISION OF INVESTMENTS

MINING LOAN

**PERSONAL RESUME OF APPLICANT(S) OR MAJOR STOCKHOLDERS
OF THE CORPORATION AND OF THE MANAGER
OF THE BUSINESS**

(Attach additional sheets as necessary)

Name _____

1. Include a brief outline of your personal mining experience.

(Use this space or attach a copy of your resume)

2. References

List 3 persons in this vicinity who know you well and to whom we may refer (excluding relatives or previous employers).

Name	Telephone	Mailing Address	Occupation

STATE OF ALASKA
DEPARTMENT OF COMMERCE AND ECONOMIC DEVELOPMENT
DIVISION OF INVESTMENTS

MINING LOAN

**PERSONAL RESUME OF APPLICANT(S) OR MAJOR STOCKHOLDERS
OF THE CORPORATION AND OF THE MANAGER
OF THE BUSINESS**

(Attach additional sheets as necessary)

Name _____

1. Include a brief outline of your personal mining experience.

(Use this space or attach a copy of your resume)

2. References

List 3 persons in this vicinity who know you well and to whom we may refer (excluding relatives or previous employers).

Name	Telephone	Mailing Address	Occupation

**STATE OF ALASKA
DEPARTMENT OF COMMERCE AND ECONOMIC DEVELOPMENT
DIVISION OF INVESTMENTS**

MINING LOAN

BUSINESS RESUME

(Attach additional sheets as necessary)

Applicant's Name _____

1. Date business established and years of operation.

2. Principal products or service(s).

3. Evidence of markets, potential customers, etc., substantiating feasibility of project.

4. List subsidiaries and/or affiliated companies and their financial statements. Explain trade and financial interrelationships of applicant and such subsidiaries and/or affiliates.

5. Present number of employees _____.

(Use this space or attach a copy of your business resume)

STATE OF ALASKA
DEPARTMENT OF COMMERCE AND ECONOMIC DEVELOPMENT
DIVISION OF INVESTMENTS

CREDIT AUTHORIZATION

I, _____, of _____,
(Print full name) (City and State)

authorize the following named creditor to divulge to the Department of Commerce and Economic Development, State of Alaska, any and all information concerning the nature of my credit transactions with them, including, but not limited to, the amount of credit extended, the terms and conditions of the transactions, the current balance, if any is outstanding, and the repayment record.

I understand that the information is of a confidential nature and will be used for the sole purpose of evaluating an application which I have submitted to the State.

NAME OF CREDITOR _____

ACCOUNT NUMBER _____

ADDRESS _____

CITY _____ STATE _____

ZIP CODE _____

APPLICANT'S SIGNATURE _____ DATE _____

This form should be returned with the application package. The division will forward all authorizations to the creditors.

Creditor Verification
(For creditor use only)

The above named applicant has applied for benefits from the State. To assist us in evaluating this application, we would appreciate any information you can give us regarding our applicant's credit rating. Information received will be considered confidential.

Date Account Opened	Maximum Credit Extended	Present Balance	Payments	Rating

Remarks _____

Signature of Creditor

Title

Date

Please return to:



Division of Investments
Pouch D
Juneau, Alaska 99811
Telephone: 465-2510



Division of Investments
3601 "C" St., Suite 740
Anchorage, Alaska 99503
Telephone: 562-3779



Division of Investments
675 7th Ave., Station A
Fairbanks, Alaska 99701
Telephone: 452-8182



Division of Investments
P.O. Box 370
Dillingham, Alaska 99576
Telephone: 842-1087

STATE OF ALASKA
DEPARTMENT OF COMMERCE AND ECONOMIC DEVELOPMENT
DIVISION OF INVESTMENTS

CREDIT AUTHORIZATION

I, _____, of _____,
(Print full name) (City and State)

authorize the following named creditor to divulge to the Department of Commerce and Economic Development, State of Alaska, any and all information concerning the nature of my credit transactions with them, including, but not limited to, the amount of credit extended, the terms and conditions of the transactions, the current balance, if any is outstanding, and the repayment record.

I understand that the information is of a confidential nature and will be used for the sole purpose of evaluating an application which I have submitted to the State.

NAME OF CREDITOR _____

ACCOUNT NUMBER _____

ADDRESS _____

CITY _____ STATE _____

ZIP CODE _____

APPLICANT'S SIGNATURE _____ DATE _____

This form should be returned with the application package. The division will forward all authorizations to the creditors.

Creditor Verification
(For creditor use only)

The above named applicant has applied for benefits from the State. To assist us in evaluating this application, we would appreciate any information you can give us regarding our applicant's credit rating. Information received will be considered confidential.

Date Account Opened	Maximum Credit Extended	Present Balance	Payments	Rating

Remarks _____

Signature of Creditor

Title

Date

Please return to:



Division of Investments
Pouch D
Juneau, Alaska 99811
Telephone: 465-2510



Division of Investments
3601 "C" St., Suite 740
Anchorage, Alaska 99503
Telephone: 562-3779



Division of Investments
675 7th Ave., Station A
Fairbanks, Alaska 99701
Telephone: 452-8182



Division of Investments
P.O. Box 370
Dillingham, Alaska 99576
Telephone: 842-1087

STATE OF ALASKA
DEPARTMENT OF COMMERCE AND ECONOMIC DEVELOPMENT
DIVISION OF INVESTMENTS

CREDIT AUTHORIZATION

I, _____, of _____,
(Print full name) (City and State)

authorize the following named creditor to divulge to the Department of Commerce and Economic Development, State of Alaska, any and all information concerning the nature of my credit transactions with them, including, but not limited to, the amount of credit extended, the terms and conditions of the transactions, the current balance, if any is outstanding, and the repayment record.

I understand that the information is of a confidential nature and will be used for the sole purpose of evaluating an application which I have submitted to the State.

NAME OF CREDITOR _____

ACCOUNT NUMBER _____

ADDRESS _____

CITY _____ STATE _____

ZIP CODE _____

APPLICANT'S SIGNATURE _____ DATE _____

This form should be returned with the application package. The division will forward all authorizations to the creditors.

Creditor Verification
(For creditor use only)

The above named applicant has applied for benefits from the State. To assist us in evaluating this application, we would appreciate any information you can give us regarding our applicant's credit rating. Information received will be considered confidential.

Date Account Opened	Maximum Credit Extended	Present Balance	Payments	Rating

Remarks _____

Signature of Creditor

Title

Date

Please return to:



Division of Investments
Pouch D
Juneau, Alaska 99811
Telephone: 465-2510



Division of Investments
3601 "C" St., Suite 740
Anchorage, Alaska 99503
Telephone: 562-3779



Division of Investments
675 7th Ave., Station A
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Division of Investments
P.O. Box 370
Dillingham, Alaska 99576
Telephone: 842-1087

**STATE OF ALASKA
DEPARTMENT OF COMMERCE AND ECONOMIC DEVELOPMENT
DIVISION OF INVESTMENTS**

AUTHORIZATION TO VERIFY FINANCIAL INFORMATION

I, _____, of _____,
(Print Full Name) (City and State)

authorize the following named financial institution to divulge to the Department of Commerce and Economic Development, State of Alaska, any and all information concerning the nature of my account balances and loan balances with them, including, but not limited to, the amount of credit extended, the terms and conditions of the transactions and the current balance, if any is outstanding.

I understand that the information is of a confidential nature and will be used for the sole purpose of evaluating an application which I have submitted to the State.

Name of Financial Institution _____

Checking Account Number _____ Savings Account Number _____

Loan Number _____ Loan Number _____

Address _____

City _____ State _____ Zip _____

Applicant's Signature _____ Date _____

This form should be returned with the application package. The division will forward all authorizations to the creditors.

**BANK VERIFICATION OF FINANCIAL INFORMATION
(For Bank Use Only)**

Checking Account Balance	Savings Account Balance	Other Account Balance
Date Account was opened	Date Account was opened	Date Account was opened

Loans	Date	Original Balance	Payments	Current Balance	Rating
Secured					
Unsecured					

The information provided above is essentially correct as of this date and accurately reflects the individual's financial dealings with this institution.

Remarks _____

Signature of Bank Official

Title

Date

Please return to:

☐ Division of Investments
Pouch D
Juneau, Alaska 99811
Telephone: 465-2510

☐ Division of Investments
3601 "C" St., Suite 740
Anchorage, Alaska 99503
Telephone: 562-3779

☐ Division of Investments
675 7th Ave., Station A
Fairbanks, Alaska 99701
Telephone: 452-8182

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P.O. Box 370
Dillingham, Alaska 99576
Telephone: 842-1087

residential energy conservation



Loan
Application

State of Alaska
Department of
Commerce and
Economic
Development
Division of
Investments

FIELD OFFICES

All applications must be submitted to the Department of Commerce and Economic Development, Division of Investments, at one of the following offices:

Division of Investments
Pouch D
Juneau, Alaska 99811
Telephone Number: 465-2510

Division of Investments
3601 "C" Street, Suite 740
Anchorage, Alaska 99503
Telephone Number: 562-3779

Division of Investments
675 7th Avenue, Station A
Fairbanks, Alaska 99701
Telephone Number: 452-8182

Division of Investments
P.O. Box 370
Dillingham, Alaska 99576
Telephone Number: 842-1087

STATE OF ALASKA
DEPARTMENT OF COMMERCE AND ECONOMIC DEVELOPMENT
DIVISION OF INVESTMENTS

LOAN POLICIES AND PROCEDURES

**RESIDENTIAL ENERGY CONSERVATION FUND
AS 45.89.010-.500**

LOAN PURPOSES

Loans may be made for the purchase, construction and installation of an energy conservation improvement in an existing residential building. The residential building must be complete. Loan funds may not be used to reimburse an applicant for expenses which were paid for more than six months before receipt of the application by the Division.

LENDING LIMITS

Loans made may not exceed the lesser of:

1. \$5,000; or
2. an amount, as determined by the actual cost of labor and materials for each category, which is documented by invoices, bids or contracts; or
3. an amount, as determined by an acceptable energy improvement payback calculation, which is equal to the total estimated energy savings attributable to the energy conservation improvement over a ten-year period following the purchase, construction or installation of the energy conservation improvement.

LOAN PROCEEDS

Loans may only be made for energy conservation improvements listed in the following sections (A, B and C) or for exceptions approved by the division.

SECTION A

The following conservation measures have historically shown a significant amount of energy savings and thus in most cases an energy improvement payback calculation will not be required. The division reserves the right to require these calculations on any measures which it feels may not meet the statutory requirements.

1. **Caulking:** material used to reduce the passage of air and moisture by filling small air gaps, usually occurring in exterior walls, including sealants, putty, glazing compounds and canned spray foam.
2. **Weatherstripping:** material used to reduce the passage of air and moisture by placing small strips of material in or around moveable joints of windows and doors.

3. **Automatic Setback Devices:** mechanisms which are designed to reduce energy consumption by regulating a heating system through the use of:
 - a. a clock or other automatic mechanism for switching from one temperature control level to another;
 - b. a control device which reduces energy consumption by comparing indoor and outdoor temperatures and controlling or adjusting the heating system operating temperature; or
 - c. a demand control unit consisting of a preprogrammed timer which reduces energy consumption by regulating the operational cycle of the heating system.
4. **Duct/Pipe Insulation:** insulation installed on hot water or heating pipes or heating ducts in an unconditioned area.
5. **Water Heater Insulation:** an insulating jacket which reduces heat loss from a hot water tank.
6. **Vent Damper:** a device that may be installed in the flue of the central heating system which will electrically, mechanically or manually close the flue when the central heating system is not in operation.
7. **Furnace Replacement Burner:** upgrading of a furnace burner designed to achieve a reduction of the amount of fuel consumed as a result of increased combustion efficiency. The unit must be of the same fuel type as the existing burner.

SECTION B

The following conservation measures also have historically shown a significant amount of energy savings and thus in most cases an energy improvement payback calculation will be not required. However, these measures must meet the following minimum requirements in order to qualify without these calculations. The division reserves the right to require these calculations on any measures which it feels may not meet the statutory requirements.

8. **Insulation:** material designed primarily to resist heat loss. This may include fiberglass batts, blown fiberglass, cellulose, styrofoam or spray foam. To be eligible, the R-value of the present insulation must be increased by at least R-7. Financing of damaged insulation due to maintenance neglect will not be considered.
9. **Storm/Thermal Window:**
 - a. A storm window is glazing material placed outside an ordinary window, creating an air space, for the purpose of providing greater resistance to heat loss than the ordinary window alone.
 - b. A thermal window is a window unit with improved thermal performance by using two or more sheets of glazing material affixed to a window or door frame creating one or more air spaces.

The overall R-value of the existing **functional** window unit must be increased by at least the equivalent of one sheet of glazing material.

STATE OF ALASKA
DEPARTMENT OF COMMERCE AND ECONOMIC DEVELOPMENT
DIVISION OF INVESTMENTS

10. Storm/Thermal Door:

- a. A storm door is a second door, installed on either side of the primary door, creating an insulating air space.
- b. A thermal door is a primary exterior door with an R-value of at least R-7; financing is available for the replacement of an exterior door provided it increases the existing R-value by a factor of at least R-4.

11. Interior Insulating Shades: shades attached to the interior window assembly which provide an insulating level of at least R-3.

12. Insulating Shutters: shutters attached to the exterior window assembly which provide an insulating level of at least R-3.

SECTION C

The following conservation measures require an energy improvement payback calculation which is acceptable to the division. The amount being requested cannot exceed the savings, attributable to the energy conservation improvement, which could be achieved over a ten-year period. These calculations may be performed by the applicant or other qualified individuals such as a mechanical engineer, architect, etc., and must include all the following information:

- A. a description of the current physical characteristics of the building including the size, type and rate of energy consumption. The energy calculations must include a determination of the current yearly energy costs of the building;
- B. a detailed description and evaluation of the proposed energy improvements for which financing is being requested; and
- C. heat loss calculations which compare the existing building with the building after the proposed improvements have been made. These calculations must clearly reflect the amount of savings which would be realized over a 10 year period after the improvements have been made. If you are applying for more than one improvement the calculations must show a separate 10 year savings for each conservation measure.

13. Air and water heat recuperator (heat exchanger): a waste-heat recovery device which transfers heat from exhaust air or waste water to incoming fresh air or unheated water.

14. Replacement furnace/boiler: furnace or boiler which replaces an existing **functional** furnace or boiler of the same fuel type and which reduces the amount of fuel consumed due to increased combustion efficiency. Requests for financing of projects of this type require a flue-gas analysis which must accompany the application.

15. Skirting: the materials enclosing the area between the ground/foundation and the base of the structure (mobile home/house).

16. **Structural changes:** insulation projects which involve **replacement** sheetrock, framing, siding, flooring, roofing materials, etc., can be considered for financing provided the loan application clearly demonstrates that this is the only practical means of installing the insulation.

LOAN CONDITIONS

INTEREST RATE

The interest rate shall equal the percentage of the average weekly yield of municipal bonds for the 12 months preceding the loan as determined from the municipal bond yield rates reported in the 30-year revenue index of the Weekly Bond Buyer.

LOAN TERMS

The maximum loan term is 10 years. Terms of all loans will be fixed by the loan committee in consideration of the purpose of the loan, the needs of the borrower, the collateral offered and the ability to repay the loan.

COLLATERAL

All loans must be secured by adequate collateral to protect the investment of the State in the event of default. In most cases this will require a Deed of Trust against the property receiving the improvements. The specific amount to be loaned against any collateral offered shall be determined by the loan committee.

REFINANCING

Refinancing is not allowed under this program. An interim note may be refinanced if it has a term of six months or less and the debt was incurred and note executed within six months prior to receipt of the application by the Division.

CONTROLLED DISBURSEMENT

Loan proceeds will be disbursed to the applicant as documented and supported by labor and material estimates submitted with the loan application. This documentation must clearly describe the items being purchased. In addition, within 90 days after the loan has closed, the division will require copies of all paid invoices and receipts to substantially support the estimates that were submitted with the loan application. Do not send original documents as they will not be returned.

INSPECTIONS

The project must be completed and be ready for inspection within 90 days from the loan closing date.

LOAN APPROVAL

Authority for approval of all loans rests with the loan committee appointed by the Commissioner of the Department of Commerce and Economic Development. The loan committee will independently evaluate all relevant information before taking action on loan applications. The committee may also consider, but is not bound by, the recommendations of the loan examiner assigned to process the application. No loan will be granted without approval of a majority of the loan committee.

LOAN COSTS

The borrower shall pay all direct costs incurred by the State in processing the application for a loan, including, but not limited to, the cost of credit reports, a title search, inspection expenses or other direct costs. The State is not liable for any costs incurred by the borrower during the application process.

STATE OF ALASKA
DEPARTMENT OF COMMERCE AND ECONOMIC DEVELOPMENT
DIVISION OF INVESTMENTS

ASSUMPTIONS

Assumptions will not be allowed under this program.

SUBORDINATIONS

In general, subordination requests will only be considered when they involve home improvement loans. All requests for subordination must be approved by the loan committee. In order to apply for a subordination you will need to submit a written request to the division describing the following:

1. the amount you wish the State to subordinate to;
2. the reason for the request; and
3. documentation to support the value of the added improvements.

REGULATIONS

The Department of Commerce and Economic Development has adopted administrative regulations governing loan policies and procedures, and public disclosure of information in an individual loan file. Copies of these regulations may be obtained by contacting the Division of Investments.

STATE OF ALASKA
DEPARTMENT OF COMMERCE AND ECONOMIC DEVELOPMENT
DIVISION OF INVESTMENTS

**RESIDENTIAL ENERGY CONSERVATION LOAN APPLICATION
CHECK-OFF LIST**

The following information **is required** in order to process your application. Please use this list to make sure all information is submitted (incomplete applications will not be accepted). Please retain a copy of this application for your records.

- _____ 1. **Application for Residential Energy Conservation Loan:** Be sure the form has been completed and signed. (pages 7 and 8)
- _____ 2. **Use of Loan Proceeds:** Be sure to break down by category the energy conservation items and be sure the cost is documented. (page 9)
- _____ 3. **Collateral:** You will need to include documentation to verify the value of the collateral being offered to secure the loan. (page 11) You must include the following:
 - _____ a. a copy of your tax assessment notice or appraisal;
 - _____ b. a copy of your existing title insurance policy or a copy of the Warranty Deed for your residence.
- _____ 4. **Financial Statement.** (pages 12 and 13)
- _____ 5. **Credit Authorization:** Each form must be completed and signed. One of these forms must be for the financial institution which has a lien (if any) against your residence. (page 14)
- _____ 6. **Authorization to Verify Financial Information.** (page 15)
- _____ 7. **Employment Verification:** The top of this form should be completed by the applicant, then returned with the application. If you are self-employed, you must submit a signed copy of your most recent complete federal tax return. (page 16)
- _____ 8. **Federal Tax Return:** You must submit a copy of the front page of your most recent federal tax return.
- _____ 9. **Energy Improvement Payback Calculations:** If you are applying for a loan under Section C, you must include a complete copy of your energy improvement payback calculations.
- _____ 10. **Photographs:** You must submit recent photographs of each side of the residence being improved. (page 17)

STATE OF ALASKA
DEPARTMENT OF COMMERCE AND ECONOMIC DEVELOPMENT
DIVISION OF INVESTMENTS

APPLICATION FOR RESIDENTIAL ENERGY CONSERVATION LOAN

Applicant: Name (Last, First, M.I.)			Current Date
			Social Security Number
Mailing Address (Street/P.O. Box, City, State, Zip Code)			Applicant's Telephone Number ()
			Date of Birth
			Place of Birth (city and state)
Applicant's Employer	Occupation/Position	How Long? Yrs. Mos.	Employer's Telephone Number ()
Married (including separated) Unmarried (including single, divorced, widowed)	Number of Dependents (excluding Applicant)		Gross Monthly Salary (before deductions)

Applicant: Business Name	☐ Individual ☐ Business ☐ Partnership ☐ Corporation	Taxpayer Identification Number
Mailing Address (Street/P.O. Box, City, State, Zip Code)		Business Telephone Number ()

Spouse/Co-Applicant: Name (Last, First M.I.)			Social Security Number
			Date of Birth
Mailing Address (Street/P.O. Box, City, State, Zip Code)			Place of Birth (City and State)
			Gross Monthly Salary (before deductions)
Spouse/Co-Applicant's Employer	Occupation/Position	How Long? Yrs. Mos.	Employer's Telephone Number ()

Nearest Relative not living with you/Contact Person: Name (Last, First, M.I.)	Telephone Number ()
Mailing Address (Street/P.O. Box, City, State, Zip Code)	
Put your nearest relative not living with you or a contact person who knows how to reach you when your current mailing address or telephone number may have changed.	

I hereby apply for a loan of \$ _____ to be repaid in _____ years with If other, please specify:	☐ Monthly Payments ☐ Quarterly Payments/ ☐ Other
---	--

I certify under penalty of perjury that all of the information contained in this application and any attachments to it is true, accurate and complete. I am aware that the maximum penalty for perjury, a Class B felony under AS 11.56.200(c), is a fine of up to \$50,000 (AS 12.55.035(b)(2)) and imprisonment for up to 10 years (AS 12.55.125(d)).

I agree that if any information contained in this application and attachments is false, inaccurate or incomplete, the division will deny the application. I also agree that if I receive a loan based on this application and attachments and any information contained in this application and attachments is later determined to be false, inaccurate or incomplete, then the loan will be cancelled and I will be immediately liable to repay the total I owe. I further agree that if any application submitted to the division is denied or if a loan that has been made is cancelled due to false, inaccurate, or incomplete information, I will no longer be eligible for any future benefits under the Residential Energy Conservation Loan Program.

Date _____

Signature _____

Date _____

Signature _____

Corporate Applicants Must Complete the Following Section

MANAGEMENT OF CORPORATION			
(1) Names of all officers, directors and their annual compensation, including salaries, bonuses, fees, withdrawals, etc. (2) Stockholders not otherwise listed—(five largest). (3) For each stockholder owning 10% or more of the stock include a current financial statement and three (3) credit authorizations.			
Name and Address	Annual Compensation	Office Held	Percent Ownership

On behalf of the corporation, I certify under penalty of perjury that all of the information contained in this application and any attachments to it is true, accurate and complete. I am aware that the maximum penalty for perjury, a Class B felony under AS 11.56.200(c), is a fine of up to \$50,000 (AS 12.55.035(b)(2)) and imprisonment for up to 10 years (AS 12.55.125(d)).

I agree that if any information contained in this application and attachments is false, inaccurate or incomplete, the division will deny the application. I also agree that if I receive a loan based on this application and attachments and any information contained in this application and attachments is later determined to be false, inaccurate or incomplete, then the loan will be cancelled and I will be immediately liable to repay the total I owe. I further agree that if any application submitted to the division is denied or if a loan that has been made is cancelled due to false, inaccurate, or incomplete information, I will no longer be eligible for any future benefits under the Residential Energy Conservation Loan Program.

The State is authorized to obtain any and all credit reports and verification needed to evaluate this application, and the cost of obtaining these reports will be paid by the applicant.

Name of Corporate Applicant

Date

Authorized Signature

STATE OF ALASKA
DEPARTMENT OF COMMERCE AND ECONOMIC DEVELOPMENT
DIVISION OF INVESTMENTS

**RESIDENTIAL ENERGY CONSERVATION
USE OF LOAN PROCEEDS**

Applicant's Name _____ Social Security Number _____

Please complete the information below for those improvements you will make with loan funds requested. Cost of labor and material must be documented by invoices and/or contracts and *must* be broken down by category.

SECTION A	Labor	Materials	Amount Eligible to fund (for Division Use Only)
1. Caulking	\$	\$	\$
2. Weatherstripping			
3. Automatic Setback Devices			
4. Duct/Pipe Insulation			
5. Water Heater Insulation			
6. Vent Damper			
7. Furnace Replacement Burner			

SECTION B

8a. Ceiling/Attic Insulation: Is the existing R-value being increased by at least R-7? ☐ Yes ☐ No			
8b. Wall Insulation: Is the existing R-value being increased by at least R-7? ☐ Yes ☐ No			
8c. Basement/Foundation Insulation: Is the existing R-value being increased by at least R-7? ☐ Yes ☐ No			
8d. Floor Insulation: Is the existing R-value being increased by at least R-7? ☐ Yes ☐ No			
9. Storm/Thermal Window: Is the existing R-value being increased by the equivalent of one sheet of glazing material? ☐ Yes ☐ No			
10. Storm/Thermal Door: If thermal door, is the R-value of the door at least R-7? ☐ Yes ☐ No Was the R-value increased by at least R-4 over the previous door? ☐ Yes ☐ No			
11. Interior Insulating Shades: Do shades provide R-value of at least R-3? ☐ Yes ☐ No			
12. Insulating Shutters: Do shutters provide R-value of at least R-3? ☐ Yes ☐ No			

SECTION C

13. Air and Water Heat Recuperator (heat exchanger): Energy improvement payback calculation savings over 10 years \$ _____			
14. Replacement Furnace/Boiler: Has flue-gas analysis been performed? ☐ Yes ☐ No Energy improvement payback calculation savings over 10 years \$ _____			
15. Skirting: Energy improvement payback calculation savings over 10 years \$ _____			
16. Structural Changes (insulation projects): Energy improvement payback calculations savings over 10 years \$ _____			
17. Other:			
TOTALS	\$	\$	\$

LOAN COMMITTEE MEMORANDUM

FOR DIVISION USE ONLY - Please do not write on this side.

Collateral Offered	Appraised Value	Cost	%	Loan Value	Less Liens	Final Loan Value

DESCRIPTION _____

Credit Bureau _____
 Credit References: 1. _____
 2. _____
 3. _____

SUMMARY _____

Amount \$ _____
 Terms _____
 Payments \$ _____ per _____

LOAN EXAMINER'S RECOMMENDATION: ☐ Approval ☐ Disapproval

Subject to _____

Loan Examiner's Signature _____ Date _____

STATE OF ALASKA
DEPARTMENT OF COMMERCE AND ECONOMIC DEVELOPMENT
DIVISION OF INVESTMENTS

**RESIDENTIAL ENERGY CONSERVATION
COLLATERAL OFFERED TO SECURE THE LOAN**

Describe in detail and include documentation to verify the value of the collateral being offered. You must include the following:

- _____ a. a copy of your tax assesment notice or appraisal;
- _____ b. a copy of your existing title insurance policy or a copy of the Warranty Deed for your residence; and
- _____ c. photographs of collateral (residence being improved).

COLLATERAL

Description

Market Value

1. When was the residence being improved built? _____
2. How is the residence heated? _____
3. What is the current annual heating bill? _____
4. What is the anticipated annual savings after you receive the loan and perform the energy conservation measures? _____
5. Did you receive an energy grant for this residence? ☐ Yes ☐ No
If yes, what was it used for? _____

I certify under penalty of perjury that all of the information contained in this application and any attachments to it is true, accurate and complete. I am aware that the maximum penalty for perjury, a Class B felony under AS 11.56.200(c), is a fine up to \$50,000 (AS 12.55.035(b)(2)) and imprisonment for up to 10 years (AS 12.55.125(d)).

I agree that if any information contained in this application and attachments is false, inaccurate or incomplete, the division will deny the application. I also agree that if I receive a loan based on this application and attachments and any information contained in this application and attachments is later determined to be false, inaccurate or incomplete, then the loan will be cancelled and I will be immediately liable to repay the total I owe. I further agree that if any application submitted to the division is denied or if a loan has been made is cancelled due to false, inaccurate, or incomplete information, I will no longer be eligible for any future benefits under the Residential Energy Conservation Loan Program.

Date

Signature

Date

Signature

STATE OF ALASKA
DEPARTMENT OF COMMERCE AND ECONOMIC DEVELOPMENT
DIVISION OF INVESTMENTS

**RESIDENTIAL ENERGY CONSERVATION LOAN
FINANCIAL STATEMENT (Individual)**

Name		Social Security Number	Date	
Mailing Address		City	State	Zip
The undersigned makes the following statement of financial condition as of _____ day of _____, 19____.				
ASSETS		LIABILITIES	Monthly Payments	Balance Owning
Cash in Bank	\$	Real Estate (Schedule 3)	\$	\$
Cash on hand		Notes Payable (Schedule 4)		
Notes/Accounts receivable (Schedule 1)		Accounts payable		
U.S. bonds or notes		Other Liabilities		
Mortgages and contracts (Schedule 1)				
Securities (Schedule 2)				
Value of Real Estate Owned (Schedule 3)				
Automobile		Credit Cards		
Personal Property				
Other assets (itemize)				
		TOTAL MONTHLY PAYMENTS	\$	
		TOTAL LIABILITIES		\$
TOTAL ASSETS	\$	NET WORTH		\$

CONTINGENT LIABILITIES		
☐ Yes ☐ No	Are you a co-maker, endorser, or guarantor on any loan or contract? If "yes" to whom?	Amount \$ _____
☐ Yes ☐ No	Are there any unsatisfied judgments against you?	Amount \$ _____
☐ Yes ☐ No	Have you been declared bankrupt in the last 14 years?	Year _____
Other Obligations: Child Support, Alimony, etc.		

MONTHLY BUDGET	
Total Salary (Applicant and Co-Applicant) After Deductions.....	\$
Other Income.....	\$
Total Installment Payments (See Liability Section Above).....	\$
Utilities.....	\$
Food Allowance.....	\$
Auto Expense.....	\$
Insurance.....	\$
Medical Expenses.....	\$
Other (describe).....	\$
TOTAL MONTHLY EXPENSES.....	\$
SURPLUS MONTHLY INCOME.....	\$

SCHEDULE NO. 1: NOTES RECEIVABLE/ACCOUNTS RECEIVABLE, MORTGAGES AND CONTRACTS OWNED

Description	Name of Debtor	Original Balance	Present Balance	Monthly Payment	Amount Past Due

SCHEDULE NO. 2: SECURITIES

Number of Shares	Description	To Whom Pledged	Market Value	Cost	Income Received Last Year

SCHEDULE NO. 3: REAL ESTATE OWNED

Description and Location (Street, City, State)	Date Acquired	Cost	Current Assessed Value	Mortgages					
				Name and Address of Bank	Current Market Value	Original Balance	Present Balance	Payment Amount	
								Monthly	Annual

Is any real estate being purchased on a contract of sale? _____ If so, which one? _____
From whom? _____

SCHEDULE NO. 4: NOTES PAYABLE (Do not include mortgages listed in Schedule 3)

Name and Address of Bank	Collateral	Date Incurred	Original Amount	Present Amount	When Due	Payment Amount	
						Monthly	Annual

Have you ever received a loan from the State? ☐ Yes ☐ No

If yes, please complete the following:

Loan Number	Loan Type	Date Received	Paid in Full (Yes or No)

In submitting the foregoing statement the undersigned applicant guarantees its accuracy with the intent that it be relied upon by the division in extending credit to the applicant and warrants that information has not knowingly been withheld that might affect the applicant's credit risk; and that the applicant agrees to notify the division immediately in writing of any material change in the applicant's financial condition.

Signature _____

Date _____

Signature _____

Date _____

STATE OF ALASKA
DEPARTMENT OF COMMERCE AND ECONOMIC DEVELOPMENT
DIVISION OF INVESTMENTS

CREDIT AUTHORIZATION

I, _____, of _____,
(Print full name) (City and State)

authorize the following named creditor to divulge to the Department of Commerce and Economic Development, State of Alaska, any and all information concerning the nature of my credit transactions with them, including, but not limited to, the amount of credit extended, the terms and conditions of the transactions, the current balance, if any is outstanding, and the repayment record.

I understand that the information is of a confidential nature and will be used for the sole purpose of evaluating an application which I have submitted to the State.

NAME OF CREDITOR _____

ACCOUNT NUMBER _____

ADDRESS _____

CITY _____ STATE _____

ZIP CODE _____

APPLICANT'S SIGNATURE _____ DATE _____

This form should be returned with the application package. The division will forward all authorizations to the creditors.

Creditor Verification
(For creditor use only)

The above named applicant has applied for benefits from the State. To assist us in evaluating this application, we would appreciate any information you can give us regarding our applicant's credit rating. Information received will be considered confidential.

Date Account Opened	Maximum Credit Extended	Present Balance	Payments	Rating

Remarks _____

Signature of Creditor

Title

Date

Please return to:



Division of Investments
Pouch D
Juneau, Alaska 99811
Telephone: 465-2510



Division of Investments
3601 "C" St., Suite 740
Anchorage, Alaska 99503
Telephone: 562-3779



Division of Investments
675 7th Ave., Station A
Fairbanks, Alaska 99701
Telephone: 452-8182



Division of Investments
P.O. Box 370
Dillingham, Alaska 99576
Telephone: 842-1087

STATE OF ALASKA
DEPARTMENT OF COMMERCE AND ECONOMIC DEVELOPMENT
DIVISION OF INVESTMENTS

CREDIT AUTHORIZATION

I, _____, of _____,
(Print full name) (City and State)

authorize the following named creditor to divulge to the Department of Commerce and Economic Development, State of Alaska, any and all information concerning the nature of my credit transactions with them, including, but not limited to, the amount of credit extended, the terms and conditions of the transactions, the current balance, if any is outstanding, and the repayment record.

I understand that the information is of a confidential nature and will be used for the sole purpose of evaluating an application which I have submitted to the State.

NAME OF CREDITOR _____

ACCOUNT NUMBER _____

ADDRESS _____

CITY _____ STATE _____

ZIP CODE _____

APPLICANT'S SIGNATURE _____ DATE _____

This form should be returned with the application package. The division will forward all authorizations to the creditors.

Creditor Verification
(For creditor use only)

The above named applicant has applied for benefits from the State. To assist us in evaluating this application, we would appreciate any information you can give us regarding our applicant's credit rating. Information received will be considered confidential.

Date Account Opened	Maximum Credit Extended	Present Balance	Payments	Rating

Remarks _____

Signature of Creditor

Title

Date

Please return to:

☐
Division of Investments
Pouch D
Juneau, Alaska 99811
Telephone: 465-2510

☐
Division of Investments
3601 "C" St., Suite 740
Anchorage, Alaska 99503
Telephone: 562-3779

☐
Division of Investments
675 7th Ave., Station A
Fairbanks, Alaska 99701
Telephone: 452-8182

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P.O. Box 370
Dillingham, Alaska 99576
Telephone: 842-1087

STATE OF ALASKA
DEPARTMENT OF COMMERCE AND ECONOMIC DEVELOPMENT
DIVISION OF INVESTMENTS

CREDIT AUTHORIZATION

I, _____, of _____,
(Print full name) (City and State)

authorize the following named creditor to divulge to the Department of Commerce and Economic Development, State of Alaska, any and all information concerning the nature of my credit transactions with them, including, but not limited to, the amount of credit extended, the terms and conditions of the transactions, the current balance, if any is outstanding, and the repayment record.

I understand that the information is of a confidential nature and will be used for the sole purpose of evaluating an application which I have submitted to the State.

NAME OF CREDITOR _____

ACCOUNT NUMBER _____

ADDRESS _____

CITY _____ STATE _____

ZIP CODE _____

APPLICANT'S SIGNATURE _____ DATE _____

This form should be returned with the application package. The division will forward all authorizations to the creditors.

Creditor Verification
(For creditor use only)

The above named applicant has applied for benefits from the State. To assist us in evaluating this application, we would appreciate any information you can give us regarding our applicant's credit rating. Information received will be considered confidential.

Date Account Opened	Maximum Credit Extended	Present Balance	Payments	Rating

Remarks _____

Signature of Creditor

Title

Date

Please return to:



Division of Investments
Pouch D
Juneau, Alaska 99811
Telephone: 465-2510



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P.O. Box 370
Dillingham, Alaska 99576
Telephone: 842-1087

STATE OF ALASKA
DEPARTMENT OF COMMERCE AND ECONOMIC DEVELOPMENT
DIVISION OF INVESTMENTS

AUTHORIZATION TO VERIFY FINANCIAL INFORMATION

I, _____, of _____,
(Print Full Name) (City and State)

authorize the following named financial institution to divulge to the Department of Commerce and Economic Development, State of Alaska, any and all information concerning the nature of my account balances and loan balances with them, including, but not limited to, the amount of credit extended, the terms and conditions of the transactions and the current balance, if any is outstanding.

I understand that the information is of a confidential nature and will be used for the sole purpose of evaluating an application which I have submitted to the State.

Name of Financial Institution _____

Checking Account Number _____ Savings Account Number _____

Loan Number _____ Loan Number _____

Address _____

City _____ State _____ Zip _____

Applicant's Signature _____ Date _____

This form should be returned with the application package. The division will forward all authorizations to the creditors.

BANK VERIFICATION OF FINANCIAL INFORMATION
(For Bank Use Only)

Checking Account Balance	Savings Account Balance	Other Account Balance
Date Account was opened	Date Account was opened	Date Account was opened

Loans	Date	Original Balance	Payments	Current Balance	Rating
Secured					
Unsecured					

The information provided above is essentially correct as of this date and accurately reflects the individual's financial dealings with this institution.

Remarks _____

Signature of Bank Official

Title

Date

Please return to:

Division of Investments
Pouch D
Juneau, Alaska 99811
Telephone: 465-2510

Division of Investments
3601 "C" St., Suite 740
Anchorage, Alaska 99503
Telephone: 562-3779

Division of Investments
675 7th Ave., Station A
Fairbanks, Alaska 99701
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Division of Investments
P.O. Box 370
Dillingham, Alaska 99576
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STATE OF ALASKA
DEPARTMENT OF COMMERCE AND ECONOMIC DEVELOPMENT
DIVISION OF INVESTMENTS

EMPLOYMENT VERIFICATION

Applicant _____

Employer _____

Address _____

Applicant's Signature _____ Date _____

This form should be returned with the application package. The division will forward all verifications to your employer.

EMPLOYER'S VERIFICATION
(For Employer's Use Only)

The above-named applicant has applied for a loan from the State. To assist us in evaluating the application, we would appreciate the information you can give us regarding our applicant's employment.

Present Position _____

Employed From/To _____

Probability of Continued Employment _____

Present Base Salary _____

Approximate additional earnings, if any, from overtime, bonuses, etc. _____

Remarks

Signature of Employer

Title

Date

Please return to:

☐ Division of Investments
Pouch D
Juneau, Alaska 99811
Telephone: 465-2510

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3601 "C" St., Suite 740
Anchorage, Alaska 99503
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Dillingham, Alaska 99576
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STATE OF ALASKA
DEPARTMENT OF COMMERCE AND ECONOMIC DEVELOPMENT
DIVISION OF INVESTMENTS

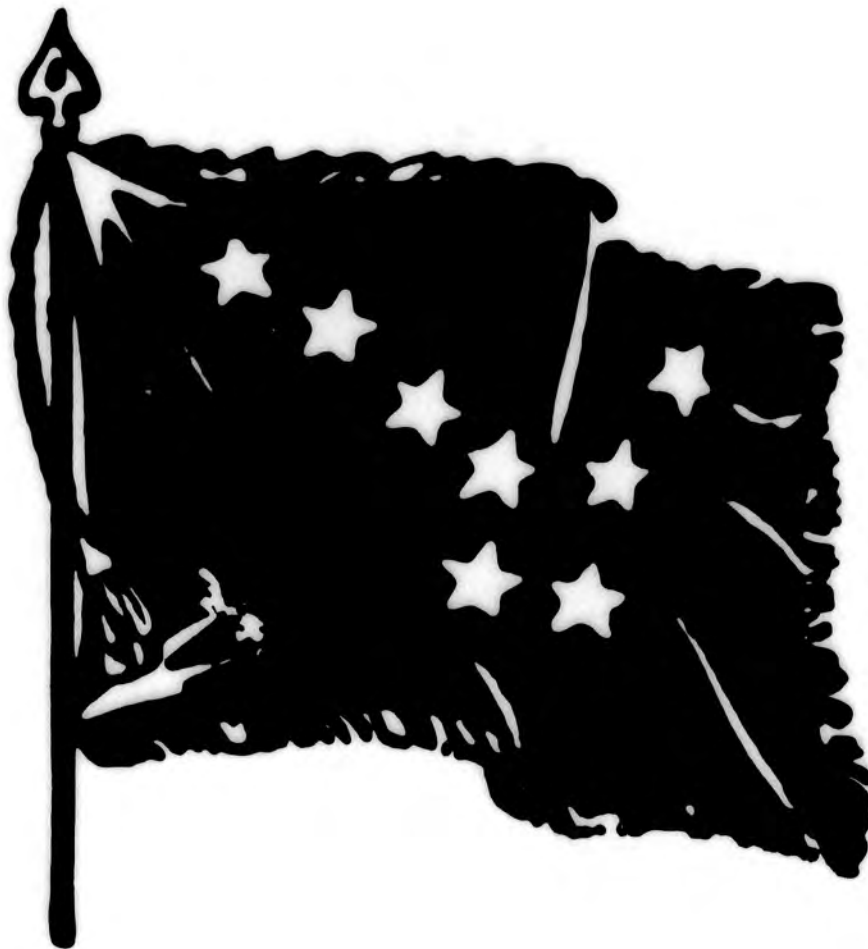
**RESIDENTIAL ENERGY CONSERVATION
PHOTOGRAPHS OF RESIDENCE
(Residence Being Improved)**

Applicant's Name _____

Street Address of Residence _____

NORTH FACE	SOUTH FACE
EAST FACE	WEST FACE

veterans assumptions



Loan
Application

State of Alaska
Department of
Commerce and
Economic
Development
Division of
Investments

FIELD OFFICES

All applications must be submitted to the Department of Commerce and Economic Development, Division of Investments, at one of the following offices:

Division of Investments
Pouch D
Juneau, Alaska 99811
Telephone Number: 465-2510

Division of Investments
3601 "C" Street, Suite 740
Anchorage, Alaska 99503
Telephone Number: 562-3779

Division of Investments
675 7th Avenue, Station A
Fairbanks, Alaska 99701
Telephone Number: 452-8182

Division of Investments
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Dillingham, Alaska 99576
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STATE OF ALASKA
DEPARTMENT OF COMMERCE AND ECONOMIC DEVELOPMENT
DIVISION OF INVESTMENTS

**LOAN POLICIES AND PROCEDURES
VETERANS' ASSUMPTIONS
AS 26.15.010-.170**

LOAN PURPOSES

In accordance with AS 26.15.040(e) as amended by the 1982 Legislature, existing single family, multiple dwelling, and small business loans approved under AS 26.15 may be assumed by qualified applicants at the existing interest rate.

All assumptions are without release of the original borrower; assumption of a loan does not release the original borrower from liability under the original note.

ELIGIBILITY

Qualified applicants who are 18 years old or older may assume existing veterans' loans. Veterans' personal loans are not assumable.

LOAN TERMS

Existing veterans' loans are assumable at the original rate of interest and under the original loan terms.

FEES

1. An application fee (nonrefundable) in the form of a check or money order for \$50 made payable to the Division of Investments must accompany the application.
2. If your application is approved, an assumption fee of $\frac{1}{2}$ of 1% of the assumable balance will be due at closing.

PURCHASE

An Original Signed Earnest Money Agreement, showing terms of purchase, legal description, location of property, and full names of sellers and buyers must be included with this application.

LOAN CLOSING

All approved assumptions must be closed by a title insurance company.

LOAN APPROVAL

Authority for approval of all assumptions rests with the loan committee appointed by the Commissioner of the Department of Commerce and Economic Development. The loan committee will independently evaluate all relevant information before taking action on assumption applications. The committee may also consider, but is not bound by, the recommendations of the loan examiner assigned to process the application. No assumption will be granted without approval of a majority of the loan committee.

LOAN COSTS

The borrower shall pay all direct costs incurred by the State in processing the application for an assumption, including, but not limited to, the cost of credit reports, title insurance, inspection expenses, or other direct costs. The State is not liable for any costs incurred by the borrower during the application process.

REGULATIONS

The Department of Commerce and Economic Development has adopted administrative regulations governing loan policies and procedures, and public disclosure of information in an individual loan file. Copies of these regulations may be obtained by contacting the Division of Investments.

STATE OF ALASKA
DEPARTMENT OF COMMERCE AND ECONOMIC DEVELOPMENT
DIVISION OF INVESTMENTS

**VETERANS' ASSUMPTION APPLICATION
CHECK-OFF LIST**

The following information **is required** in order to process your application. Please use this list to make sure all information is submitted (incomplete applications will not be accepted). Please retain a copy of this application for your records.

- _____ 1. **Application for Veterans' Assumption:** Be sure that the form has been completed and signed. (pages 3 and 4)
- _____ 2. **Application Fee:** You must include a check or money order for \$50.00. If applying as a partnership, each partner must include \$50.00.
- _____ 3. **Individual Financial Statement.** (pages 5 and 6)
- _____ 4. **Business Financial Statement.** (pages 7 and 8)
- _____ 5. **Credit Authorization:** Each form must be completed and signed. (page 9)
- _____ 6. **Authorization to Verify Financial Information.** (page 10)
- _____ 7. **Employment Verification.** (page 11)
- _____ 8. **Original Earnest Money Agreement:** The agreement must explain all terms and conditions of the transaction and be signed by all parties.
- _____ 9. **Federal Tax Returns:** You must include complete copies of your last three years' Federal Income Tax Returns. You must also submit tax returns for individuals owning 10% or more of the corporation, as well as the corporation's returns. Do not send original documents as they will not be returned.

STATE OF ALASKA
DEPARTMENT OF COMMERCE AND ECONOMIC DEVELOPMENT
DIVISION OF INVESTMENTS

APPLICATION FOR VETERANS' ASSUMPTION LOAN

Applicant: Name (Last, First, M.I.)			Current Date
			Social Security Number
Mailing Address (Street/P.O. Box, City, State, Zip Code)			Applicant's Telephone Number ()
			Date of Birth
			Place of Birth (city and state)
Applicant's Employer	Occupation/Position	How Long? Yrs. Mos.	Employer's Telephone Number ()
☐ Married (including separated) ☐ Unmarried (including single, divorced, widowed)	Number of Dependents (excluding Applicant)		Gross Monthly Salary (before deductions)

Applicant: Business Name	☐ Individual ☐ Business ☐ Partnership ☐ Corporation	Taxpayer Identification Number
Mailing Address (Street/P.O. Box, City, State, Zip Code)		Business Telephone Number ()

Spouse/Co-Applicant: Name (Last, First, M.I.)			Social Security Number
			Date of Birth
Mailing Address (Street/P.O. Box, City, State, Zip Code)			Place of Birth (City and State)
			Gross Monthly Salary (before deductions)
Spouse/Co-Applicant's Employer	Occupation/Position	How Long? Yrs. Mos.	Employer's Telephone Number ()

Nearest Relative not living with you/Contact Person: Name (Last, First, M.I.)		Telephone Number ()
Mailing Address (Street/P.O. Box, City, State, Zip Code)		Put your nearest relative not living with you or a contact person who knows how to reach you when your current mailing address or telephone number may have changed.
Title Company		Telephone Number ()
Mailing Address (Street/P.O. Box, City, State, Zip Code)		Please list the title company you wish to close the loan if this application is approved.
I wish to assume a loan presently in the name of		
Loan Number		Estimated Loan Balance

I certify under penalty of perjury that all of the information contained in this application and any attachments to it is true, accurate and complete. I am aware that the maximum penalty for perjury, a Class B felony under AS 11.56.200(c), is a fine of up to \$50,000 (AS 12.55.035(b)(2)) and imprisonment for up to 10 years (AS 12.55.125(d)).

I agree that if any information contained in this application and attachments is false, inaccurate or incomplete, the division will deny the application. I also agree that if I receive a loan based on this application and attachments and any information contained in this application and attachments is later determined to be false, inaccurate or incomplete, then the loan will be cancelled and I will be immediately liable to repay the total I owe. I further agree that if any application submitted to the division is denied or if a loan that has been made is cancelled due to false, inaccurate, or incomplete information, I will no longer be eligible for any future benefits under the Veterans' Assumption Program.

Date

Signature

Date

Signature

Corporate Applicants Must Complete the Following Section

MANAGEMENT OF CORPORATION

- (1) Names of all officers, directors and their annual compensation, including salaries, bonuses, fees, withdrawals, etc.
 (2) Stockholders not otherwise listed—(five largest).
 (3) For each stockholder owing 10% or more of the stock include a current financial statement and three (3) credit authorizations.

Name and Address	Annual Compensation	Office Held	Percent Ownership

On behalf of the corporation, I certify under penalty of perjury that all of the information contained in this application and any attachments to it is true, accurate and complete. I am aware that the maximum penalty for perjury, a Class B felony under AS 11.56.200(c), is a fine of up to \$50,000 (AS 12.55.035(b)(2)) and imprisonment for up to 10 years (AS 12.55.125(d)).

I agree that if any information contained in this application and attachments is false, inaccurate or incomplete, the division will deny the application. I also agree that if I receive a loan based on this application and attachments and any information contained in this application and attachments is later determined to be false, inaccurate or incomplete, then the loan will be cancelled and I will be immediately liable to repay the total I owe. I further agree that if any application submitted to the division is denied or if a loan that has been made is cancelled due to false, inaccurate, or incomplete information, I will no longer be eligible for any future benefits under the Veterans' Assumption Program.

The State is authorized to obtain any and all credit reports and verification needed to evaluate this application, and the cost of obtaining these reports will be paid by the applicant.

Name of Corporate Applicant

Date

Authorized Signature

STATE OF ALASKA
DEPARTMENT OF COMMERCE AND ECONOMIC DEVELOPMENT
DIVISION OF INVESTMENTS

**VETERANS' ASSUMPTION
FINANCIAL STATEMENT (Individual)**

Name		Social Security Number	Date	
Mailing Address		City	State	Zip
The undersigned makes the following statement of financial condition as of _____ day of _____, 19____				
ASSETS		LIABILITIES	Monthly Payments	Balance Owning
Cash in Bank	\$	Real Estate (Schedule 3)	\$	\$
Cash on hand		Notes Payable (Schedule 4)		
Notes/Accounts receivable (Schedule 1)		Accounts payable		
U.S. bonds or notes		Other Liabilities		
Mortgages and contracts (Schedule 1)				
Securities (Schedule 2)				
Value of Real Estate Owned (Schedule 3)				
Automobile		Credit Cards		
Personal Property				
Other assets (itemize)				
		TOTAL MONTHLY PAYMENTS	\$	
		TOTAL LIABILITIES		\$
TOTAL ASSETS	\$	NET WORTH		\$

CONTINGENT LIABILITIES		
☐ Yes	Are you a co-maker, endorser, or guarantor on any loan or contract?	Amount \$ _____
☐ No	If "yes" to whom?	
☐ Yes	Are there any unsatisfied judgments against you?	Amount \$ _____
☐ No		
☐ Yes	Have you been declared bankrupt in the last 14 years?	Year _____
☐ No		
Other Obligations: Child Support, Alimony, etc.		

MONTHLY BUDGET		
Total Salary (Applicant and Co-Applicant) After Deductions	\$	
Other Income	\$	
Total Installment Payments (See Liability Section Above)	\$	
Utilities	\$	
Food Allowance	\$	
Auto Expense	\$	
Insurance	\$	
Medical Expenses	\$	
Other (describe)	\$	
TOTAL MONTHLY EXPENSES	\$	
SURPLUS MONTHLY INCOME	\$	

SCHEDULE NO. 1: NOTES RECEIVABLE/ACCOUNTS RECEIVABLE, MORTGAGES AND CONTRACTS OWNED

Description	Name of Debtor	Original Balance	Present Balance	Monthly Payment	Amount Past Due

SCHEDULE NO. 2: SECURITIES

Number of Shares	Description	To Whom Pledged	Market Value	Cost	Income Received Last Year

SCHEDULE NO. 3: REAL ESTATE OWNED

Description and Location (Street, City, State)	Date Acquired	Cost	Current Assessed Value	Mortgages					
				Name and Address of Bank	Current Market Value	Original Balance	Present Balance	Payment Amount	
								Monthly	Annual

Is any real estate being purchased on a contract of sale? _____ If so, which one? _____
From whom? _____

SCHEDULE NO. 4: NOTES PAYABLE (Do not include mortgages listed in Schedule 3)

Name and Address of Bank	Collateral	Date Incurred	Original Amount	Present Amount	When Due	Payment Amount	
						Monthly	Annual

Have you ever received a loan from the State? ☐ Yes ☐ No

If yes, please complete the following:

Loan Number	Loan Type	Date Received	Paid in Full (Yes or No)

In submitting the foregoing statement the undersigned applicant guarantees its accuracy with the intent that it be relied upon by the division in extending credit to the applicant and warrants that information has not knowingly been withheld that might affect the applicant's credit risk; and that the applicant agrees to notify the division immediately in writing of any material change in the applicant's financial condition.

Signature _____

Date _____

Signature _____

Date _____

STATE OF ALASKA
DEPARTMENT OF COMMERCE AND ECONOMIC DEVELOPMENT
DIVISION OF INVESTMENTS

**VETERANS' ASSUMPTION
FINANCIAL STATEMENT (Business)**

Name		Taxpayer Identification No.	Date	
Mailing Address		City	State	Zip
The undersigned makes the following statement of financial condition as of _____ day of _____, 19_____.				
ASSETS		LIABILITIES	Monthly Payments	Balance Owning
Cash in Bank	\$	Real Estate (Schedule 3)	\$	\$
Cash on hand		Notes Payable (Schedule 4)		
Notes/Accounts receivable (Schedule 1)		Accounts payable		
Less: Reserve for bad debts		Employer taxes payable		
U.S. bonds or notes		Other taxes payable		
Mortgages and contracts (Schedule 1)		Other liabilities (itemize)		
Securities (Schedule 2)				
Value of Real Estate Owned (Schedule 3)				
Machinery, furniture and fixtures		TOTAL LIABILITIES	\$	\$
Less: Depreciation		Capital Stock		
Prepaid expenses		Paid-in Surplus		
Other assets (itemize)		Retained Earnings		
TOTAL ASSETS	\$	NET WORTH		\$

CONTINGENT LIABILITIES		
☐ Yes	Are you a co-maker, endorser, or guarantor on any loan or contract?	Amount \$ _____
☐ No	If "yes" to whom?	
☐ Yes	Are there any unsatisfied judgments against you?	Amount \$ _____
☐ No		
☐ Yes	Have you been declared bankrupt in the last 14 years?	Year _____
☐ No		
Other Obligations		

SCHEDULE NO. 1: NOTES RECEIVABLE/ACCOUNTS RECEIVABLE, MORTGAGES AND CONTRACTS OWNED

Description	Name of Debtor	Original Balance	Present Balance	Monthly Payment	Amount Past Due

SCHEDULE NO. 2: SECURITIES

Number of Shares	Description	To Whom Pledged	Market Value	Cost	Income Received Last Year

SCHEDULE NO. 3: REAL ESTATE OWNED

Description and Location (Street, City, State)	Date Acquired	Cost	Current Assessed Value	Mortgages					
				Name and Address of Bank	Current Market Value	Original Balance	Present Balance	Payment Amount	
								Monthly	Annual

Is any real estate being purchased on a contract of sale? _____ If so, which one? _____
From whom? _____

SCHEDULE NO. 4: NOTES PAYABLE (Do not include mortgages listed in Schedule 3)

Name and Address of Bank	Collateral	Date Incurred	Original Amount	Present Amount	When Due	Payment Amount	
						Monthly	Annual

Have you ever received a loan from the State? ☐ Yes ☐ No

If yes, please complete the following:

Loan Number	Loan Type	Date Received	Paid in Full (Yes or No)

In submitting the foregoing statement the undersigned applicant guarantees its accuracy with the intent that it be relied upon by the division in extending credit to the applicant and warrants that information has not knowingly been withheld that might affect the applicant's credit risk; and that the applicant agrees to notify the division immediately in writing of any material change in the applicant's financial condition.

Signature _____ Title _____ Date _____

Signature _____ Title _____ Date _____

STATE OF ALASKA
DEPARTMENT OF COMMERCE AND ECONOMIC DEVELOPMENT
DIVISION OF INVESTMENTS

CREDIT AUTHORIZATION

I, _____, of _____,
(Print full name) (City and State)

authorize the following named creditor to divulge to the Department of Commerce and Economic Development, State of Alaska, any and all information concerning the nature of my credit transactions with them, including, but not limited to, the amount of credit extended, the terms and conditions of the transactions, the current balance, if any is outstanding, and the repayment record.

I understand that the information is of a confidential nature and will be used for the sole purpose of evaluating an application which I have submitted to the State.

NAME OF CREDITOR _____

ACCOUNT NUMBER _____

ADDRESS _____

CITY _____ STATE _____

ZIP CODE _____

APPLICANT'S SIGNATURE _____ DATE _____

This form should be returned with the application package. The division will forward all authorizations to the creditors.

Creditor Verification
(For creditor use only)

The above named applicant has applied for benefits from the State. To assist us in evaluating this application, we would appreciate any information you can give us regarding our applicant's credit rating. Information received will be considered confidential.

Date Account Opened	Maximum Credit Extended	Present Balance	Payments	Rating

Remarks _____

Signature of Creditor

Title

Date

Please return to:

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Division of Investments
Pouch D
Juneau, Alaska 99811
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Telephone: 842-1087

STATE OF ALASKA
DEPARTMENT OF COMMERCE AND ECONOMIC DEVELOPMENT
DIVISION OF INVESTMENTS

CREDIT AUTHORIZATION

I, _____, of _____,
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authorize the following named creditor to divulge to the Department of Commerce and Economic Development, State of Alaska, any and all information concerning the nature of my credit transactions with them, including, but not limited to, the amount of credit extended, the terms and conditions of the transactions, the current balance, if any is outstanding, and the repayment record.

I understand that the information is of a confidential nature and will be used for the sole purpose of evaluating an application which I have submitted to the State.

NAME OF CREDITOR _____

ACCOUNT NUMBER _____

ADDRESS _____

CITY _____ STATE _____

ZIP CODE _____

APPLICANT'S SIGNATURE _____ DATE _____

This form should be returned with the application package. The division will forward all authorizations to the creditors.

Creditor Verification
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The above named applicant has applied for benefits from the State. To assist us in evaluating this application, we would appreciate any information you can give us regarding our applicant's credit rating. Information received will be considered confidential.

Date Account Opened	Maximum Credit Extended	Present Balance	Payments	Rating

Remarks _____

Signature of Creditor

Title

Date

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