



**REAL ESTATE &
COMMERCIAL LENDING**
501 N Main St., Ste 120
Wasilla, Alaska 99654
907) 745-9165
Fax: (907) 745-9168
www.mvfcu.coop

Member Business Loan Checklist

Thank you for contacting Matanuska Valley Federal Credit Union for your organization's financial needs. In order to expedite your business loan process please gather and submit the following documents at one time.

A completed Matanuska Valley Federal Credit Union Member Business Loan Application.

Your Business Entity Organizational Documents (i.e. Articles of Incorporation, LLC or Partnership Operation Agreement.)

The most recent three years' complete signed business tax returns (including all schedules and K-1s)

Signed (each document) interim, year-to-day internal set of financial statements (Income or Profit & Loss Statement, Balance Sheet, and Cash Flow Statement.)

The most recent three years' complete signed personal tax returns (including all schedules) of all guarantors and owners who own or control 10% or more of the organization.

Signed Personal financial statement of all guarantors and owners who own or control 10% or more of the organization.

A current Business Plan. (If business is less than two years old)

Signed company Financial Projections (Cash Flow) for the next three years. (the first-year month by month and year 2 & 3 totals) (If business is less than two years old)

A break down of the amount requested and how the proceeds will be used.

A pay back plan including when and how you expect to be able to pay the loan off.

Please submit all requested documents at one time to:

Matanuska Valley Federal Credit Union

Attn: Commercial Lending

501 N. Main ST., Suite #120

Wasilla, AK 99654

If you have any questions, please contact us at 907-745-9165



This credit union is federally insured by the National Credit Union Administration.

NMLS 418470





MEMBER BUSINESS LOAN APPLICATION

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MEMBER BUSINESS INFORMATION:

Name of Borrower or Company Name	Address of Borrower or Company

Business Phone Number	Business Fax Number	E-Mail Address

Nature of Business	Date Business Established	Current Owner Since

Type of Business
 Individual Sole Proprietor Partnership Corporation LLC LLP Non Profit Trust

Tax Identification Number	State of Incorporation / Formation / Registration

Business Accounts At	Account Number	Type of Account	Current Balance

OWNER / PRINCIPAL INFORMATION:

Name	% of Ownership	Title

- {Please provide a Personal Financial Statement for each owner or principal}

DISCLOSURES: {Please answer yes or no to the questions below and provide additional details if answered yes}

Yes No

- Does the business or its principals have a pending application at another financial institution?
- Is the business or its principals an endorser, guarantor, or co-maker for another?
- Has the business or its principals ever been declared bankrupt?
- Are there any unsatisfied judgments against the business or its principals?
- Does the business or its principals owe any taxes for years prior to this year?
- Is the business or its principals involved in any claim or lawsuit?
- Are any assets pledged or mortgaged other than those stated on the Business and Personal Financial Statements submitted with this application?
- Other obligations or disclosures not mentioned above?

Additional Details Section: _____



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CREDIT REQUEST INFORMATION:

Credit requested is for the following purpose

- Purchase Refinance Expansion Working Capital Flooring Overdraft Protection Other

Type of collateral offered to secure the proposed member business loan

- Improved Real Estate Land Equipment Titled Vehicle Other _____

Brief Description:

Type of credit requested

- Real Estate Loan Term Loan Single Payment Loan Line of Credit Letter of Credit Other
 Construction Loan MVFCU Business Credit Card (currently not available)

Amount of credit requested _____ Brief explanation of use _____

Automatic Loan Payment: Yes No

MVFCU Account Number	Type of Account	Preferred Payment Date

STATEMENT / AGREEMENT / SIGNATURES:

Statement

- Each signer below certifies that they are authorized to sign on behalf of the business related to this application
- Each signer submits and certifies that the information contained in this application and any other supplemental documents and Personal Financial Statements are full, true and correct statements as of the date stated.
- In conjunction with this application, each signer / owner / principal authorizes the Matanuska Valley Federal Credit Union to verify any information given or obtain a business or personal credit report(s) for the purposes of granting new credit or the extension, modification, renewal, or collection of existing credit.

Agreement

- Each signer / owner / principal of the business agrees to individually and severable guarantee payment to the Credit Union for the credit requested. {Certain non-profit organizations do not require personal guarantees}
- Each signer / owner / principal agrees to notify the Credit Union immediately in writing of any unfavorable material change in the financial condition of the business or their personal financial position. It is also agreed that upon application of further credit, this statement and any other supplemental documents and Personal Financial Statements, shall have the same force and effect as if delivered as an original statement at the time further credit is requested.

Signatures

Name	Signature	Title	Date

FINANCIAL ATTACHMENTS:

- Personal Financial Statement {Owners / Principals}
- Personal Tax Returns {Last 3 years, full copies}
- Current Balance Sheet and Profit and Loss Statement
- Business Tax Returns {Last 3 years, full copies}
- Pro-forma projections for new or expanded operations
- Business Plan for new or expanded operations
- Other _____
- Other _____

OTHER ATTACHMENTS {When applicable}:

- Articles of incorporation or organization with By-laws
- Copy of Business License(s)
- Copy of corporate minutes adopting request for credit
- Legal descriptions or property tax cards
- Schedule of business debts and assets
- Aged accounts receivable and accounts payable list
- Other _____
- Other _____



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N. Main St., Ste. 120 Wasilla,
Alaska 99645 Phone: (907)
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SCHEDULE OF BUSINESS DEBT

Company Name _____ Date _____

Creditor	Collateral Description	Original Balance	Current Balance	Note Date	Maturity Date	Interest Rate	Monthly Payment
		\$	\$			%	\$
TOTAL		\$	\$				\$

SCHEDULE OF BUSINESS ASSETS

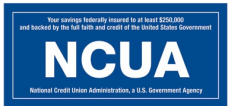
Description of Asset	Date of Acquisition	Original Purchase Price	Current Market Value
		\$	\$
TOTAL		\$	\$

Authorized Signers _____ / _____ / _____



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PERSONAL FINANCIAL STATEMENT

APPLICANT		LAST NAME	FIRST NAME	MIDDLE INITIAL	ACCT NO.
E-MAIL ADDRESS		CELL PHONE	HOME PHONE	WORK PHONE	
PHYSICAL ADDRESS		CITY	STATE	ZIP CODE	<input type="checkbox"/> OWN <input type="checkbox"/> RENT
MAILING ADDRESS		CITY	STATE	ZIP CODE	
CO-APPLICANT		LAST NAME	FIRST NAME	MIDDLE INITIAL	ACCT NO.
E-MAIL ADDRESS		CELL PHONE	HOME PHONE	WORK PHONE	

SOURCE OF INCOME

Alimony, child support, or public assistance Income need not be revealed if you do not want it considered for this loan application.

Applicant Gross Monthly Salary	\$
Co-Applicant Gross Monthly Salary	
Bonus and Commissions	
Net Monthly Real Estate Income	
Dividends	
Other Income (Please Itemize)	
TOTAL INCOME	\$

PERSONAL INFORMATION: APPLICANT

CURRENT EMPLOYER	NUMBER OF YEARS
CURRENT OCCUPATION	NO. OF DEPENDENTS
SOC. SEC. NUMBER	DATE OF BIRTH
PREVIOUS ADDRESS	NUMBER OF YEARS
FORMER EMPLOYER	OCCUPATION
	NUMBER OF YEARS

PERSONAL INFORMATION: CO-APPLICANT

CURRENT EMPLOYER	NUMBER OF YEARS
CURRENT OCCUPATION	NO. OF DEPENDENTS
SOC. SEC. NUMBER	DATE OF BIRTH
PREVIOUS ADDRESS	NUMBER OF YEARS
FORMER EMPLOYER	OCCUPATION
	NUMBER OF YEARS

PERSONAL FINANCIAL SUMMARY

(Complete worksheet on back FIRST, then transfer total amounts to this summary)

ASSETS	CURRENT VALUES (omit cents)
Cash in MVFCU Account(s)	\$
Cash in other Financial Institutions	
Other Cash on hand	
Ret. Accts./Sec./Stocks/ Bonds (worksheet box 1)	
Mortgages/Contracts Owned (worksheet box 2)	
Real Estate Owned (worksheet box 3)	
Insurance Cash Value (worksheet box 5a)	
Accounts and Notes Receivable	
Automobiles Year Model	
1.	
2.	
3.	
Personal Property (estimated value)	
Other Assets	
1.	
2.	
TOTAL ASSETS	\$

LIABILITIES	MONTHLY PAYMENTS	BALANCES (omit cents)
Notes Payable to MVFCU	\$	\$
Notes Payable to other banks		
Notes Payable to relatives		
Notes payable to others		
Rent (if applicable)		
Real Estate Owed (worksheet boxes 4)		
Life Ins. Loans (worksheet box 5b)		
Credit Card Debt (worksheet box 6)		
Other Misc. Debt (worksheet box 7)		
Accounts and Bills Payable		
Taxes Payable/Accrued Taxes		
TOTAL MONTHLY PAYMENTS	\$	\$
TOTAL LIABILITIES (Total Owing)	\$	
NET WORTH (Total Assets-Total Liabilities)	\$	
TOTAL LIABILITIES + NET WORTH	\$	



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PERSONAL FINANCIAL STATEMENT

- 1. Yes No Are you relying on Property located in a Community Property State for this application?
- 2. Yes No Are you relying on your Co-Applicant's income for this application?
- 3. Yes No Are you a cosigner or guarantor for another?
- 4. Yes No Have you ever been adjudicated bankrupt?
- 5. Yes No Is there any unsatisfied judgment against you or tax liens against your property?
- 6. Yes No Are you a defendant in any suit or legal action?

If the answer to questions 3 - 6 are Yes, please provide details on a separate sheet.

READ BEFORE SIGNING

For the purpose of procuring and maintaining credit, in any form whatsoever, with MVFCU from time to time, the undersigned submits the foregoing and following statement and information contained on both pages of this statement both written and printed and including supplemental statements as being a full, true and correct statement of my financial condition on the date stated. The undersigned agrees to notify MVFCU in writing of any materially unfavorable change in my financial condition, and in the absence of such notice, or of a new and full written statement, this may be considered as a continuing statement and substantially correct; and it is hereby expressly agreed that upon application for further credit, this statement shall have the same force and effect as if delivered as an original statement of my financial condition at the time such further credit is requested. Verification may be obtained from any source named in this application and from any credit reporting agency. I understand that MVFCU will keep this application whether or not it is approved. CAUTION: It is a federal crime to give false information or forge a document to induce a federal credit union to grant a loan (title 18 Sec. 1014 of the U.S. Code).

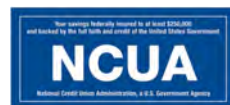
Date Applicant Signature

Date Co-Applicant Signature



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ASSETS AND LIABILITIES WORKSHEET

Fill in the worksheet as completely as possible. The TOTAL blocks that will be transferred to the front are numbered and referenced on the front for your convenience. If you have any questions, please don't hesitate to call 907-745-4891 or 694-4891, Monday through Friday between 8:00 a.m. and 5:00 p.m.

SCHEDULE A: RETIREMENT ACCOUNTS, SECURITIES, STOCKS AND BONDS OWNED

NO. OF SHARES OR PAR VALUE	DESCRIPTION OF SECURITIES, STOCKS AND BONDS, BOTH LISTED AND UNLISTED	REGISTERED IN THE NAME OF	MARKET PRICE	TOTAL MARKET VALUE
			\$	\$
TOTAL RETIREMENT ACCOUNTS, SECURITIES, STOCKS AND BONDS OWNED				¹ \$

SCHEDULE B: MORTGAGES OR CONTRACTS OWNED

(Mortgages/Contracts that you receive payments on)

DESCRIPTION OF PROPERTY	NAME OF DEBTOR	MONTHLY PAYMENTS	AMOUNT PAST DUE	ORIGINAL BALANCE	PRESENT BALANCE
		\$	\$	\$	\$
TOTAL MORTGAGES OR CONTRACTS OWNED					² \$

SCHEDULE C: REAL ESTATE OWNED/OWED

Unless otherwise noted, titles stand in name of:

DESCRIPTION OF PROPERTY/IMPROVEMENTS (PHYSICAL ADDRESS/LEGAL DESCRIPTION)	YEAR ACQUIRED	MONTHLY RENTAL INCOME (IF ANY)	LAND AND BUILDINGS VALUE	TO WHOM INDEBTED (IF APPLICABLE)	MONTHLY PAYMENT	CURRENT BALANCE
		\$	\$		\$	\$
TOTAL REAL ESTATE OWNED				³ \$	TOTAL R. E. OWED	^{4a} \$ ^{4b} \$

SCHEDULE D: LIFE INSURANCE CARRIED

NAME OF INSURANCE COMPANY	POLICY AMOUNT	NAME OF BENEFICIARY	CASH SURRENDER VALUE	LOANS AGAINST POLICY
			\$	\$
TOTAL LIFE INSURANCE CARRIED			^{5a} \$	^{5b} \$

SCHEDULE E: CREDIT CARD DEBT

NAME AND CITY/STATE OF CREDIT CARD COMPANY	CREDIT CARD COMPANY PHONE NUMBER	CREDIT LIMIT	CURRENT VALUE	MINIMUM MONTHLY PAYMENT
		\$	\$	\$
TOTAL CREDIT CARD DEBT			⁶ \$	\$

SCHEDULE F: OTHER MISCELLANEOUS DEBT OR OTHER CREDIT REFERENCES

NAME AND CITY/STATE OF CREDIT ISSUER	COMPANY/LENDER PHONE NUMBER	CREDIT LIMIT	CURRENT VALUE	MINIMUM MONTHLY PAYMENT
		\$	\$	\$
TOTAL OTHER MISCELLANEOUS DEBT			⁷ \$	\$



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Name:	Date of Birth:
Name:	Date of Birth:
Mailing Address:	
Physical Address:	

AUTHORIZATION TO OBTAIN CREDIT and/or PAYOFF INFORMATION

I hereby grant permission to MATANUSKA VALLEY FEDERAL CREDIT UNION (MVFCU) to obtain any and all information deemed necessary to process my real estate or mortgage loan application. This information includes, but is not limited to, my present and past employment status, my deposit accounts, my present and past consumer credit record, my mortgage and/or rent payment records, and payoff information on any of my existing loans.

I also authorize my creditors and employers to release to any credit bureau and/or to any employee or representative of the MATANUSKA VALLEY FEDERAL CREDIT UNION telephonically, as well as in writing, any information they may require, including data on my current and previous credit history, employment and income, and payoff information. My authorization to release payoff information (including but not limited to the principal balance, interest owed, per diem, and additional charges due upon payoff) extends to any title company. I/we authorize a fax fee and/or other charges as necessary to produce a requested payoff statement.

I also grant permission to accept a photographic copy of this form containing my signature to obtain or provide any information regarding the items mentioned above.

Borrower's Signature	Social Security Number	Date
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Co-Borrower's Signature	Social Security Number	Date
-------------------------	------------------------	------

EQUAL CREDIT OPPORTUNITY ACT: The federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (with certain limited exceptions); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning MVFCU is the:

NATIONAL CREDIT UNION ADMINISTRATION (NCUA)
Office of Examination and Insurance
Alexandria, VA. 22314-3428



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ELECTRONIC COMMUNICATIONS AGREEMENT

We may send you information and documents by email related to your loan or in reference to other inquiries if you so choose to receive them in said way. If required by law, and unless you have provided us with consent to receive electronic communications as required by the Electronic Signatures in Global and National Commerce Act (ESIGN Act), such information may also be provided in hard copy. Note that this document does not provide actual e-sign consent. If you would like to receive email from us, please provide your preferred email address below. We will never request personal or sensitive information via email from you.

I would like to receive emails from Matanuska Valley Federal Credit Union at the following email address:

(e-mail address)

I understand that I am not required to consent to the electronic delivery of information or documents and separate ESIGN Act consumer consent to electronic delivery may be required for certain types of communications.

BORROWER:

X _____

_____ Date



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(e-mail address)

I understand that I am not required to consent to the electronic delivery of information or documents and separate ESIGN Act consumer consent to electronic delivery may be required for certain types of communications.

BORROWER:

X _____

_____ Date



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Individual(s) Taxpayer Consent to the Use of Tax Return Information

Lender: Matanuska Valley Federal Credit Union

I understand and agree that Lender may obtain, use and share my state and/or federal tax return information for purposes of: 1) reviewing and responding to my loan application; 2) originating the loan; 3) servicing the loan; 4) selling or transferring all or a part of the loan or any interest in it; and (5) internal marketing analysis, marketing to me, and other marketing as permitted by law. I understand to accomplish these purposes Lender may need to share this information with Third Parties, including loan servicers, actual or potential purchasers or investors in loans, government agency loan guarantors, mortgage insurers, marketing companies, etc., depending on the type of loan I have applied for, and I agree to such information sharing for these purposes. For the purpose of this consent to sharing tax return information, Lender and Third Parties includes the affiliates, agents, and any successors or assigns of Lender and Third Parties.

I declare that I am either a taxpayer whose name is shown on the return(s), or a person authorized to obtain and release said tax information. If the request applies to a joint return, at least one spouse's signature is required.

_____	_____
Primary Taxpayer	Date
_____	_____
Joint Taxpayer	Date



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Organizational Taxpayer Consent to the Use of Tax Return Information

Lender: Matanuska Valley Federal Credit Union

On behalf of _____, I understand and agree that Lender may
(Name of Organization/Entity)

obtain, use and share the said named organization/entity's state and/or federal tax return
information for the purposes of: 1) reviewing and responding to the loan application; 2)
originating the loan; 3) servicing the loan; 4) selling or transferring all or a part of the loan or any
interest in it; and (5) internal marketing analysis, marketing to said named organization/entity
and other marketing as permitted by law. I understand to accomplish these purposes Lender may
need to share this information with Third Parties, including loan servicers, actual or potential
purchasers or investors in loans, government agency loan guarantors, mortgage insurers,
marketing companies, etc., depending on the type of loan applied for, and I agree to such
information sharing for these purposes on the said named organization/entity's behalf. For the
purpose of this consent to sharing tax return information, Lender and Third Parties includes the
affiliates, agents, and any successors or assigns of Lender and Third Parties.

I declare that I am a person authorized to obtain and release tax information on behalf of the
named organization/entity. If signed by a corporate officer, 1 percent or more shareholder,
partner, managing member, guardian, tax matters partner, executor, receiver, administrator,
trustee or other party, I certify that I have the authority to execute consent on behalf of the named
organization/entity.

_____/_____
Authorized Signer / Title

Date

_____/_____
Authorized Signer/ Title

Date





ENVIRONMENTAL CONCERNS QUESTIONNAIRE

REAL ESTATE & COMMERCIAL LENDING
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 Wasilla, Alaska 99654
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This Environmental Questionnaire is used to assist in the loan process. Review and complete the form in its entirety. Should you need additional space to complete any question, please attached additional sheets as necessary.

BORROWERS NAME: _____ PROPERTY OWNER: _____

PROPERTY ADDRESS: _____ PAST PROPERTY USE: _____

LEGAL DESCRIPTION: _____ CURRENT PROPERTY USE: _____

Has an environmental assessment ever been completed? YES NO If "yes" please attach a copy

Are you aware of any citations, claims, complaints, notices of violations, correspondence with governmental agencies, or internal correspondence regarding or relating to the release, threatened release, or cleanup of hazardous substances, or any other environmental violation or problem at this property past or present? YES NO UNKNOWN

If yes explanation your knowledge of such notices and/or correspondence: _____

Do any of the following potential environmental currently exist, or have existed, on the property?

- | | | | |
|------------------------------|-----------------------------|----------------------------------|---|
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN | Discarded Batteries |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN | Stained or Oiled Soil, Sheen on Surface Water |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN | Containers, Drums, Tanks |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN | Underground Storage Tanks |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN | Evidence of Spills, Leaks or Discharge |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN | Commercial Pesticides / Herbicides |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN | PCB's (Transformers, Capacitors, Etc) |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN | Landfills, Pits Lagoons, Dumping |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN | Suspected Asbestos Containing Materials |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN | Lead Paint, Solvents |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN | Distressed or Damaged Vegetation |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN | Oil / Grease Separators |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN | Urea Formaldehyde Foam Insulation |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN | Unusual Odors |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN | Other: _____ |

If yes to any of the above, explain: _____

Is the property being used for, or has the property been used for, any of the following high risk activities?

- | | | | |
|------------------------------|-----------------------------|----------------------------------|---|
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN | Pesticide / Herbicide Use |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN | Transportation of Hazardous Materials |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN | Oil / Petroleum Related Use |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN | Metal Manufacturing / Tooling |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN | Paint Shop / Manufacturer |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN | Heavy Equipment Repair |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN | Chemical Manufacturing / Storage |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN | Storage Tanks, Derelict Tanks or Containers |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN | Junkyard / Landfill |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN | Laundry / Dry Cleaning |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN | Other: _____ |

MVFCU STAFF COMPLETION ONLY:
 DEC Contaminated Site Search Completed Date: _____ Initials: _____



ENVIRONMENTAL CONCERNS QUESTIONNAIRE

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If yes to any of the above, explain: _____

Does any of the following pertain to the surrounding region?

YES NO UNKNOWN Within 500 yards of this property, are there any high risk sites?

YES NO UNKNOWN Do activities on nearby properties pose an environmental risks to the subject property?

If yes to any of the above, explain: _____

Borrower signature: _____ Date: _____

Owner signature: _____ Date: _____

MVFCU STAFF COMPLETION ONLY:

DEC Contaminated Site Search Completed

Date: _____ Initials: _____