



Development Bank of American Samoa
 P.O. Box 9 Pago Pago, American Samoa 96799
 Office: (684) 633-4031 | Fax: (684) 633-1163 | Website: www.dbas.as

**ECONOMIC DEVELOPMENT REVOLVING LOAN FUND
 (EDRLF)GOOD FOOD BUSINESS LOAN APPLICATION**

APPLICANT (S) NAME: _____
 (Please Print)

DATE: _____

Documents Required Checklist

	Applicant	DBAS
1. Business Plan to include Owner, Partners & Officers Incomes (Sole Proprietor, Partnership or Corporation)	_____	_____
2. Business Tax Returns-last 2 years <u>if existing</u>	_____	_____
3. Business Financial Statements-last 2 years <u>if existing</u>	_____	_____
4. Valid Business License(s) and Business EIN verification <u>if existing</u>	_____	_____
5. Individual Tax Returns and W2 form-last 2 years <u>if new</u>	_____	_____
6. Monthly Bank Statements (most recent 3 months) <u>if existing</u>	_____	_____
7. ASG 303 Form or Employment Verification Letter and 3 most recent pay stubs	_____	_____
8. 2 Valid Photo Identification cards locally issued and Social Security Number card <i>Must be a U.S. Citizen, U.S. National or a Permanent Resident of American Samoa</i>	_____	_____
9. Application Processing Fee of \$100.00 if approved	_____	_____

Loan Amount:

- Minimum Loan Amount \$1,000.00
- Maximum Loan Amount is \$10,000.00

Interest Rate:

- 3%-8.5%

Loan Term:

- Up to 5 years



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**ECONOMIC DEVELOPMENT REVOLVING LOAN FUND (EDRLF)
GOOD FOOD BUSINESS LOAN PROGRAM APPLICATION**

Date: _____

I. BUSINESS INFORMATION

Name of Business: _____

Trade Name, if different: _____

Address: _____
Street City State Zip

Phone Number: _____ Date Business Established: _____

Type of Business: _____

_____ Corporation Year Chartered: _____ State: _____

_____ Partnership Number of Partners: _____

_____ Sole Proprietorship

Type of Business (product produced or service provided): _____

Employer ID Number: _____

Name of Principal in Charge: _____ Title: _____

List all Owners, Partners, Stockholders with 25% or more interest and/or

Name Address Social Security #

Name Address Social Security #

Name Address Social Security #

Number of Employees: _____

II. Business Background

Name of Affiliated Firms: _____

History: Start-Up Date: _____ Number of Years of Continuous Operation: _____



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Change in Products or Services: _____

Other Information: _____

Acknowledgement

I/We authorize the DBAS, ASG/DOC and its agents to conduct a credit investigation for the purpose of this loan.

I/We certify that financing is not otherwise available at terms that would reasonably assure the success of business project.

I/We certify that the business is not relocating outside of the Territory of American Samoa.

I/We certify that the information in this application, and all attached statements, is true and correct to the best of our knowledge.

Borrower:

Date:

Borrower:

Date:

Borrower:

Date:

Personal Financial Statement

(EDRLF) for Good Food Business Loan Application



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This statement applies as indicated by the following checked box:

- I am applying for separate individual credit in my name only and will be relying on my own income or assets and not the income or assets of another person to repay the credit requested. Only Sections 1, 3, and the reverse will be completed.
- We are voluntarily applying jointly for credit and are providing information on all of our separate and jointly owned assets and income. If we are the spouses of each other, we will complete all Sections including personal information about both spouses in Sections 1 and 2 and our separate and jointly owned assets and income in Section 3 and the reverse. If we are not the spouses of each other, each of us will complete Sections 1, 3 and the reverse of separate Personal Financial Statement forms.
- This Statement relates to my separate individual guaranty of other person(s) or corporation and I will complete only Sections 1, 3 and the reverse.
- This Statement relates to our joint guaranty, which will be signed voluntarily by me and my spouse, guarantying the indebtedness of other person(s), partnership(s) or corporation(s) and all sections will be completed including personal information about my spouse in Section 2 and our separate and jointly owned assets and income in Section 3 and the reverse. If this Statement relates to a joint guaranty, which will be signed voluntarily by me and another person other than my spouse, guarantying the indebtedness of other person(s), each of us will complete Sections 1, 3 and the reverse of separate Personal Financial Statement forms.

Note: The "Assets" portion of this Statement normally lists only that property that is owned entirely by the person(s) signing the Statement. If I include assets co-owned with others, I will indicate the name(s) of the co-owner(s) and the type of co-ownership, that is joint tenancy, tenancy in common or tenancy by the entirety. My spouse will sign only when he/she is also completing this form.

SECTION 1 - PERSONAL INFORMATION - Applicant/Guarantor		SECTION 2 - PERSONAL INFORMATION - Co-Applicant	
Name:		Name:	
Address:		Address:	
Position or Occupation:	How Long:	Position or Occupation:	
Business Name:		Business Name:	
Business Address:		Business Address:	
Social Security No:	Age:	Social Security No:	Age:
Home No:		Home No:	
Business No:	Business/Cell:	Business/Cell:	
Fax No:	Email:	Fax No:	Email:

SECTION 3 - STATEMENT OF FINANCIAL CONDITION AS OF: _____

ASSETS		LIABILITIES	
Cash with ANZ:		Loans Payable - Secured & Unsecured:	
Cash with BOH:			
Cash with Other Banks:			
Accounts & Notes Receivable:		Accounts Payable:	
Marketable Securities:		Charge Accounts:	
Investment in Own Business:		Other:	
Life Insurance-Cash Value:		Unpaid Taxes:	
Value of Residence:		Residence Mortgages Payable:	
Other Real Estate:		Other Real Estate Mortgage Payable:	
		Installment Accounts:	
Automobiles: Make, Model & Year:		Loans on Life Insurance:	
Make, Model & Year:		Other Liabilities:	
Title in the name of:			
Other Personal Property & Furniture:			
Other Assets:		TOTAL LIABILITIES:	
		NET WORTH (Total Assets less Total Liabilities):	
TOTAL ASSETS:		TOTAL LIABILITIES NET WORTH:	



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MONTHLY INCOME		MONTHLY PAYMENTS	
Applicants Gross Salary:		Rent or Mortgage:	
Overtime (constant & regular recurring):		Note Payments:	
Bonus or Commissions:		Charge Accounts:	
Dividends & Interest:		Installment Loan:	
Rents:		Loans on Life Insurance:	
Other (detailed):		Local Income Taxes:	
		Insurance Premiums:	
SUBTOTAL - APPLICANT:		Alimony, Child Support, etc:	
SPOUSE'S GROSS SALARY (optional)		Other Fixed Monthly Payments:	
OTHER (detailed):			
SUBTOTAL - SPOUSE:			
TOTAL INCOME:		TOTAL PAYMENTS:	

SCHEDULE A. REAL ESTATE RESIDENCE (Title to all real estate listed is in my name solely and unencumbered, except as noted)

Location and Description:	Title Held in Name of:	Date Acquired:	Original Purch Price:	Market Value:	Monthly Payment:	Balance of Mortgage:	Loan Number:	To Whom Estate is Payable To:

SCHEDULE B. LIFE INSURANCE

Company Name:	Agent Name:	Policy Number:	Amount of Policy:	Cash Value:	Loan Against Policy:	Beneficiary:	To Whom Policy is Assigned:

SCHEDULE C. LOAN'S PAYABLE

Name & Address of Holder/Note:	Loan Number:	Original Loan Amt:	Current Balance:	Terms of Repayment:	Maturity Date:	Description of Assets Pledged:



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General Information

The assets listed in this statement which are pledged include: _____
Partnership in any joint venture or partnership include: _____
All Federal, State income taxes, real estate gross income, withholding taxes are paid except (name & amount): _____
Legal action against me/us include: _____
Personal Bankruptcy was filed (date and details): _____
References where other credit has been obtained: _____
Personal References: _____

The information contained in this statement is provided for the purpose of obtaining, or maintaining credit with you on behalf of the undersigned or persons, partnerships, or corporations on whose behalf the undersigned may, either individually, or jointly and severally with others, execute a guaranty in your favor. Each undersigned understands that you are relying on the information provided herein (including the designation made as to ownership of property) in deciding to grant or continue credit. Each undersigned represents and warrants that the information provided is true and complete and that you may consider this statement as continuing to be true and correct until a written notice of a change is given to you by the undersigned. You are authorized to make all inquiries you deem necessary to verify the accuracy of the statements made here, and to determine my/our creditworthiness.

Borrower Signature

Date

Co-Borrower Signature

Date