**DEVELOPMENT BANK OF AMERICAN SAMOA**
P.O. Box 9, Pago Pago, American Samoa 96799
Telephone: (684) 633-4031 | Fax: (684) 633-1163 | Website: www.dbas.as

# FISHERS SMALL LOAN

## GUIDELINES

***Program Goal***
"The "Let's Go Fagota" Program is to assist local fishers with capital, necessary equipment and other fishing necessities".

***Program Objectives***
The "Let's Go Fagota" Small Loan Program aims to achieve the following objectives:

- To promote our local fishing and resources
- To target Fishers who utilize our fresh and ocean waters for fishing
- To provide Fishers with financial assistance to enhance catch of the day value
- Encourage local fishers to improve fishing development within our Territory

***Eligible Projects***

- Bait Fishing/Still or Bottom Fishing
- Spear Fishing
- Net Fishing
- Bait Casting
- Crab Fishing
- Improve traditional fishing (kau pa'a, kuikui,akule,fe'e,kuga,etc)

***Eligible Uses of Loan Funds***

- Working Capital
- Purchase of equipment
- Improvements
- Expansion

***Loan Terms and Conditions***

- Max Loan Amount: $3,000.00
- Term: 2 years (24 months)
- Interest Rate: 5.00%
- Security/Collateral: Unsecured
- Application Fee: $50.00 (non-refundable)

***Required Documents Needed:***

- Two Notarized Letters of Witnesses confirming Applicant is a Fisherman or Woman
- All Sources of Income (Incomes if Employed by ASG or Private Sector or Retired and receive SSI or VA Pension)
- 2 Recent Monthly Bank Statement
- Two valid forms of valid identification & SSN Card (*Driver's License, Voter ID, Passport, Birth Certificate*)
- Last 2 years tax returns if self-employed.
- 3 most recent pay stubs
- Valid business license

**Applicants must be US Citizens, Nationals or Permanent Residents**

**DEVELOPMENT BANK OF AMERICAN SAMOA**

Fishers Small Loan Application

| Name: | Tax ID/SSN#: | Telephone: | Date: |
|---|---|---|---|
| | | | |

| Mailing Address: | Village: | County: | District: |
|---|---|---|---|
| | | | |

| Nature of Business: | No. Of Employees: | Established: | Current Mgt: |
|---|---|---|---|
| | | | |

| Amount Requested: | Purpose of Loan: |
|---|---|
| | |

**PRINCIPAL/GUARANTOR:**

| Name: | % of Ownership | Title |
|---|---|---|
| | | |

**BUSINESS REFERENCES:**

| Business/Personal Checking: | Business/Personal Savings: | Loan(s): |
|---|---|---|
| | | |

| Bank Name/Address: | Name of Contact: | Telephone: |
|---|---|---|
| | | |

**SIGNATURE/DATE:**

By signing below, you each agree to the following:

- To the best of your knowledge and belief, all answers to the questions in this application are complete and true
- The Development Bank has the right to verify the accuracy of the information provided in this application
- The Development Bank is authorized to check each person's individual and/or business credit rating and
- The Development Bank is authorized to provide credit information concerning the applicants to others

| | |
|---|---|
| _____ | _____ |
| Authorized Signature | Authorized Signature |
| _____ | _____ |
| Print Name & Title | Print Name & Title |
| _____ | _____ |
| Social Security/Tax ID No. Date | Social Security/Tax ID No. Date |

Guarantor Signature

Print Name & Title

Social Security/Tax ID No. Date

Guarantor Signature

Print Name & Title

Social Security/Tax ID No. Date