

# VSBFA

Virginia Small Business  
Financing Authority

## *Child Care Financing Program*

### APPLICANT'S INFORMATION

Name: \_\_\_\_\_ Tax ID #: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Fax #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Contact: \_\_\_\_\_

County (if applicable): \_\_\_\_\_ E-mail: \_\_\_\_\_

Proposed Address of Business (if different from above) \_\_\_\_\_

Legal Type: C-Corp  S-Corp  LLC  Partnership  Proprietorship  Individual

Date of Organization: \_\_\_\_/\_\_\_\_/\_\_\_\_ NAIC: \_\_\_\_\_

Description of Business: \_\_\_\_\_

Type of Project: Expansion  New Business  Transfer of Ownership  Other

Amount of Request: \_\_\_\_\_

Purpose: \_\_\_\_\_

Collateral: \_\_\_\_\_

Guarantors: \_\_\_\_\_

Child care spaces created as a result of this financing

\_\_\_\_\_  
Year 1

\_\_\_\_\_  
Year 2

Jobs to be Created as a result of this financing

\_\_\_\_\_  
Year 1

\_\_\_\_\_  
Year 2

Average hourly wage rate per FTE \$ \_\_\_\_\_

**Schedule of Applicant's debts, leases, notes and mortgages (attach additional sheet if necessary).**

Creditor	Original Loan Amount	Loan Balance	Date of Loan	Maturity Date	M-Monthly Q-Quarterly A-Annual	Payment Amount	Current? Yes/No	Collateral

**List all owners, officers, directors and general partners of applicant and stockholders or limited partners owning 20% or more of applicant business. Also include persons or corporations that will guarantee loan (attach additional sheet if necessary).**

Name	Address	Office Held	% of ownership

**If the answer to any of the following questions is "yes", please furnish details on an attached sheet.**

1. Have any owners, officers, directors, guarantors, general partners, stockholders or limited partners owning 20% or more of the applicant ever been charged with, or convicted of, any criminal offense, other than minor motor vehicle violations? Yes  No
2. Has the applicant or management of the applicant been informed of any current or on-going investigation of the applicant with respect to possible violations of state or federal securities laws? Yes  No
3. Has the applicant or any owners, officers, directors, guarantors, general partners, stockholders or limited partners owning 20% or more of the applicant been in receivership or adjudicated as bankrupt? Yes  No
4. Is the applicant or any owners, officers, directors, guarantors, general partners, stockholders or limited partners owning 20% or more of the applicant involved in any pending lawsuits? Yes  No
5. Does the applicant or any guarantors owe past due federal, state or local taxes of any nature? Yes  No

**REMINDER** – The Pro-Child Act of 1994 prohibits smoking in certain facilities in which education, library, day care, health care and early childhood development (including WIC and Head Start) services are provided to children.

**The undersigned hereby certifies that all information contained above and all information contained in attachments which make up this loan application are true to her/his best knowledge and belief, and are submitted for the purpose of obtaining financial assistance from the Virginia Small Business Financing Authority.**

Name of Company: \_\_\_\_\_

By: \_\_\_\_\_  
Title

\_\_\_\_\_ Date

**Child Care Financing Program Applicants**  
**Attach the following to complete your application package:**

**Financial Statements:** Three years tax returns and historical income statements and balance sheets (if an existing business), including parents, affiliates and subsidiaries, current (within 90 days) financial statements of applicant business, and 2 years of projected income, balance sheet and cash flow statements supported by a list of assumptions (monthly year one, quarterly year 2).

**Guarantors:** Personal financial statements (not more than 90 days old) and tax returns on all guarantors.

**Copy of Current State License** – A center must include a copy of its state license issued by the Department of Social Services for consideration. Religious-exempt centers must provide documentation that they are in compliance with all “religious-exempt” regulations.

**Statement of licensed capacity** – to include current enrollment and breakdown of enrollment and fees by age group.

**Child Care Regulatory Status** – see form attached.

**Statement of Good Standing** – applicant to submit statement that they are in good standing from the Division of Licensing Programs of the Department of Social Services.

**Articles of Incorporation, Partnership Agreement, Corporate Resolution, or Authority to Transact Business** documenting authorization to borrow in the name of the applicant.

**Certificate of Good Standing or equivalent from the SCC.**

**Copy of driver’s license for each owner with a 20% or greater ownership.**

**Copy of driver’s license for each guarantor if not already included in the category shown above.**

**Application Fee** – Check or money order made payable to VSBFA in the amount of \$100.00

**The VSBFA shall not discriminate against any loan applicant on the basis of race, color, religion (creed), gender, gender identity, age, national origin (ancestry), disability, marital status, sexual orientation, or veteran’s status.**

**The information requested below is voluntary and for statistical purposes only. It will not affect the credit decision of the VSBFA.**

<b>Gender:</b>	<b>Race:</b>	<b>Hispanic:</b>
<input type="checkbox"/> Male	<input type="checkbox"/> Asian	<input type="checkbox"/> Yes
<input type="checkbox"/> Female	<input type="checkbox"/> Black	
<input type="checkbox"/> Male and Female	<input type="checkbox"/> Hawaiian or Pacific Islander	
	<input type="checkbox"/> Native American	
	<input type="checkbox"/> White	

Virginia Small Business Financing Authority  
101 N. 14<sup>th</sup> Street, 11<sup>th</sup> Floor  
Richmond, VA 23219  
Phone: 1-866-248-8814  
Fax: (804) 225-3384

Mailing Address:  
P.O. Box 446  
Richmond, VA 23218-0446

## CHILD CARE REGULATORY STATUS

1) Date your child care facility was

Licensed: \_\_\_\_\_

Certified: \_\_\_\_\_

Registered: \_\_\_\_\_

Approved: \_\_\_\_\_

2) Person who monitors your child care facility:

Individual's Name: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone #: \_\_\_\_\_

3) Has your facility ever been investigated for a child care complaint?

Yes \_\_\_\_\_

No \_\_\_\_\_

4) If answer to #3 above is yes, please select the category of the complaint:

\_\_\_ Administration:

\_\_\_ Staff Qualifications and Training/Personnel

\_\_\_ Physical Plant/Physical Environment and Equipment

\_\_\_ Physical Health

\_\_\_ Staffing and supervision

\_\_\_ Programs

\_\_\_ Care of Children

\_\_\_ Record Keeping Responsibility

\_\_\_ Special Care Provisions and Emergencies

\_\_\_ Special Services

5) If answer to #3 above is yes, please provide:

Date of complaint(s): \_\_\_\_\_

Copy(s) of the finding/disposition of the complaint(s).

6) Is your facility on "enforcement watch" or pending closure?

Yes \_\_\_\_\_

No \_\_\_\_\_

7) Please attach a copy of your current license or certificate to provide child care.

# VIRGINIA SMALL BUSINESS FINANCING AUTHORITY

## PERSONAL FINANCIAL STATEMENT

DATE: \_\_\_\_\_

PERSONAL INFORMATION							
APPLICANT				CO-APPLICANT			
Home Address (City, State, Zip) <input type="radio"/> Rent <input type="radio"/> Own <input type="radio"/> Other			Mo. Payment	Home Address (City, State, Zip) <input type="radio"/> Rent <input type="radio"/> Own <input type="radio"/> Other			Mo. Pmt.
Home Phone	Date of Birth	Business Phone		Home Phone	Date of Birth	Business Phone	
Social Security #	Employer/Business			Social Security #	Employer/Business		
Title/Position		# of Years		Title/Position		# of Years	
Name/Address of nearest relative not living with you		Phone Number		Name/Address of nearest relative not living with you		Phone Number	

ASSETS	AMOUNT (\$)	LIABILITIES	AMOUNT (\$)
Cash on Hand and in Banks	\$	Accounts Payable (including credit cards)	\$
Stocks and Bonds (Complete Schedule B)		Notes to Banks and Others (Complete Schedule A)	
Owned Business (Complete Schedule E)		Mortgages on Real Estate (Complete Schedule C)	
Accounts and Loans Receivable		Loans Against Life Insurance (Complete Schedule D)	
Real Estate (Residential and Investment) (Complete Schedule C)		Accrued Taxes Payable	
Cash Value of Life Insurance (Complete Schedule D)		Other Liabilities (Itemize)	
Retirement Accounts (Complete Schedule F)			
Personal Property (including automobiles)		<b>TOTAL LIABILITIES</b>	
Other Assets (Itemize)		<b>NET WORTH (Total Assets-Total Liab.)</b>	
<b>TOTAL ASSETS</b>	\$	<b>TOTAL LIABILITIES AND NET WORTH</b>	\$

Source of Income	Amount (\$)	Contingent Liabilities	Amount (\$)
Salary (Applicant)		As Endorser or Co-Maker (Applicant)	
Salary (Co-Applicant)		As Endorser or Co-Maker (Co-Applicant)	
Net Investment Income		Legal Claims and Judgments	
Real Estate Income		Provision for Federal Income Tax	
Other Income (Describe Below)*		Other Special Debt	

**Description of Other Income listed above.**


\* Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have it count toward total income.

Schedule A. Notes Payable to Banks and Others					
Name and Address of Noteholders	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed Type of Collateral

<b>Schedule B. Stocks and Bonds</b>						
<i># of Shares</i>	<i>Owner</i>	<i>Name of Securities</i>	<i>Cost</i>	<i>Market Value</i>	<i>Total Value</i>	<i>Encumbered</i>

<b>Schedule C. Personal Residence and Real Estate Investments, Mortgage Debt</b>										
<i>Personal Residence Property Address</i>	<i>Legal Owner</i>	<i>Purchase</i>		<i>Market Value</i>	<i>Present Balance</i>	<i>Int. Rate</i>	<i>Maturity Date</i>	<i>Monthly Payment</i>		<i>Lender</i>
		<i>Year</i>	<i>Price</i>							
<i>Investment Property Address</i>	<i>Legal Owner</i>	<i>Purchase</i>		<i>Market Value</i>	<i>Present Balance</i>	<i>Int. Rate</i>	<i>Maturity Date</i>	<i>Mo. Pmt.</i>	<i>Mo. Income</i>	<i>Lender</i>
		<i>Year</i>	<i>Price</i>							

<b>Schedule D. Life Insurance</b>						
<i>Insurance Company</i>	<i>Face Amount</i>	<i>Policy Type</i>	<i>Beneficiary</i>	<i>Cash Surrender</i>	<i>Amount Borrowed</i>	<i>Owner of Policy</i>

<b>Schedule E. Ownership in Other Business Interests</b>					
<i>Type of Investment</i>	<i>Cost</i>	<i>Percent Owned</i>	<i>Property Description (if applicable)</i>	<i>Current Market Value</i>	<i>Partnership Debt</i>
Business/Professional (indicate name):					
Investments (including Tax Shelters):					

<b>Schedule F. Retirement Accounts</b>					
<i>Owner</i>	<i>Type (401k, IRA, etc.)</i>	<i>Custodian</i>	<i>Value</i>	<i>Encumbered?</i>	<i>Investment Type</i>

I authorize VSBFA/Lender to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above and the statements contained herein are true and accurate as of the stated date(s). These statements are made for the purpose of obtaining a loan or guarantying a loan. I understand false statements may result in forfeiture of benefits and possible prosecution.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_