

THANK YOU FOR YOUR INTEREST IN APPLYING FOR A SMALL BUSINESS LOAN FROM NEWCORP, INC. IN ORDER FOR US TO PROCESS YOUR APPLICATION AND GIVE FULL CONSIDERATION TO YOUR LOAN REQUEST, PLEASE SUBMIT THE FOLLOWING:

GENERAL MATERIAL

- 1. COMPLETED AND SIGNED NEWCORP LOAN APPLICATION
- 2. \$25 LOAN APPLICATION FEE (CHECK MADE PAYABLE TO "NEWCORP, INC.")

GENERAL INFORMATION

- 1. CORPORATE DOCUMENTS (CERTIFICATE OF ARTICLES OF ORGANIZATION)
- 2. COPY OF DBE/SLDBE CERTIFICATION.....
- 3. COPY OF CITY OF NEW ORLEANS OCCUPATIONAL LICENSE.....
- 4. COMPLETED CITY OF NEW ORLEANS TAX CLEARANCE FORM.....
- 5. LAST 3 YEARS OF BUSINESS TAX RETURNS.....
- 6. INTERIM BUSINESS FINANCIAL STATEMENTS (WITHIN 90 DAYS)
- 7. LAST 3 YEARS OF PERSONAL TAX RETURNS (ALL OWNERS)
- 8. PERSONAL FINANCIAL STATEMENTS (ALL OWNERS)
- 9. GENERAL LIABILITY INSURANCE POLICY (DECLARATION PAGE)
- 10. EVIDENCE OF BONDING CAPACITY (INCLUDE CONTACT INFORMATION FOR BONDING AGENCY)
- 11. WORKERS COMPENSATION POLICY (DECLARATION PAGE)
- 12. PERSONAL RESUME AND/OR CORPORATE CAPABILITY STATEMENT.....
- 13. COPY OF OFFICIAL PHOTO IDENTIFICATION (ALL OWNERS)

CONSTRUCTION INFORMATION

- 1. COPY OF CONSTRUCTION CONTRACT
- 2. GENERAL CONTRACTOR CONTACT INFORMATION.....
- 3. BID BUDGET & PRICING WORKSHEET (INCLUDING LABOR, MATERIAL, OVERHEAD & PROFIT)
- 4. BID TAB, INCLUDING PLANS AND SPECIFICATIONS (INCLUDING ADDENDUMS)

UPON LOAN APPROVAL, THE FOLLOWING INFORMATION WILL BE REQUESTED

CONSTRUCTION INFORMATION FOR 3rd PARTY ADMINISTRATION SERVICES

- 1. LIST OF ALL EMPLOYEES, INCLUDING PAYROLL FORMS W-4, L-4 AND I-9's.
- 2. LIST OF ALL SUB-CONTRACTOR/VENDORS, INCLUDING W-9
- 3. PROOF OF GENERAL LIABILITY AND WORKERS COMPENSATION INSURANCE FOR ALL SUB-CONTRACTORS/VENDORS
- 4. FEDERAL, STATE AND LA. WORKFORCE COMMISSION ACCOUNT NUMBERS, INCLUDING UNEMPLOYMENT RATE
- 5. BANK ACCOUNT ROUTING AND ACCOUNT NUMBERS (COPY OF VOIDED CHECK)

NEWCORP STAFF MAY REQUEST ADDITIONAL INFORMATION DURING THE LOAN REVIEW PROCESS. COMMONLY-REQUESTED MATERIALS INCLUDE BUT ARE NOT LIMITED TO: MONTHLY BANK STATEMENTS, ACCOUNTS RECEIVABLE AND ACCOUNTS PAYABLE AGING REPORTS; FINANCIAL PROJECTIONS; COPIES OF CONTRACTOR BID(S) OR CONTRACT (FOR LEASEHOLD IMPROVEMENTS/CONSTRUCTION PROJECTS).

PLEASE SEND MATERIALS TO:
 NEWCORP, INC.
 2533 COLUMBUS ST. SUITE 204

THE APPLICATION WILL BE REVIEWED ONCE THE APPLICATION FEE HAS BEEN PROCESSED.

IF YOU HAVE ANY QUESTIONS OR NEED ASSISTANCE COMPLETING THE FORMS, PLEASE CONTACT US (504)208-1700.
WE LOOK FORWARD TO WORKING WITH YOU.



MOBILIZATION LOAN APPLICATION

Section 1: Business Information

Business Legal Name: _____ Federal Tax ID/EIN: _____

DBA (if applicable): _____ District (Orleans Parish Only): _____

Proprietor Name: _____ Contact Phone #: _____

Business Website: _____ Email Address: _____

Business Address: _____ Business Phone: _____

City: _____ State: _____ Zip: _____ Fax #: _____

Legal Entity: C-Corp S-Corp LLC Partnership Sole Proprietors 501(C)(3) Other: _____

Industry: Service Retail Food/Restaurants Manufacturing Construction Other: _____

Brief Description of Business: _____

Primary Products or Services: _____

of Employees (Current): _____ # of Employees (after financing): _____ Year Business Established: _____

Section 2: Loan Request/Project Summary (Please attach additional details if necessary.)

Total Requested: \$ _____ Short Term Loan Line of Credit Term Loan (6- 60 Months)

Use of Loan Proceeds	Amount Requested
<input type="checkbox"/> Purchase/develop real estate	\$ _____
<input type="checkbox"/> Perform leasehold improvements/renovation	\$ _____
<input type="checkbox"/> Purchase equipment/inventory	\$ _____
<input type="checkbox"/> Marketing/Sales Initiatives	\$ _____
<input type="checkbox"/> Finance hiring activity	\$ _____
<input type="checkbox"/> Working Capital (general operating expenses)	\$ _____
<input type="checkbox"/> Other (specify): _____	\$ _____
Briefly Describe Loan Request:	

Section 3: Business Certifications: (Please check all that apply)

- MBE- Minority Owned Business Enterprise DVBE – Disadvantaged Veteran Business Enterprise
 WBE: Women Business Enterprise SLDBE – State and Local Disadvantaged Business Enterprise
 Other: _____



Section 4: Credit & Financial History (Please attach an explanation for any question answered “Yes”)

- Have you ever filed for personal bankruptcy? No Yes If yes, Type and Date Filed: _____
 Has the Business ever filed for bankruptcy? No Yes If yes, Type and Date Filed: _____
 Do you have any accounts in collection, judgments or unpaid taxes filed against you personally? No Yes
 Have any Federal or State tax liens ever been filed against your business? No Yes
 Has your business ever been sued or is it currently being sued? No Yes
 Have you or your Business defaulted on any loans? No Yes
 Have you ever been convicted, charged, or indicted for a felony? No Yes

Section 5: Business Debt Schedule

EXISTING BUSINESS DEBT						
Please supply the following information for all term loans, lines of credit, mortgages, credit cards, equipment leases, etc. Attach additional sheets with further detail if necessary.						
Name of Creditor	Date Opened	Original Amount	Present Balance	Interest Rate	Maturity Date	Monthly Payment
		\$	\$	%		\$
		\$	\$	%		\$
		\$	\$	%		\$
		\$	\$	%		\$

Section 6: Demographic & Impact Data

This information is used to record the demographics and measure impact of assistance provided by NewCorp, Inc.

Business Ownership: Please list each individual owning 20% or more of the Business.

Name	% Ownership	Race/Ethnicity	Gender	Veteran Status?
	%	<input type="checkbox"/> Asian-Pacific <input type="checkbox"/> Hispanic <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Native American <input type="checkbox"/> Other: _____	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Yes <input type="checkbox"/> No

		<input type="checkbox"/> Asian-Pacific <input type="checkbox"/> Hispanic <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Native American <input type="checkbox"/> Other: _____	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Section 6: Demographic & Impact Data (continued)

Name	% Ownership	Race/Ethnicity	Gender	Veteran Status?
	%	<input type="checkbox"/> Asian-Pacific <input type="checkbox"/> Hispanic <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Native American <input type="checkbox"/> Other: _____	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Yes <input type="checkbox"/> No
	%	<input type="checkbox"/> Asian-Pacific <input type="checkbox"/> Hispanic <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Native American <input type="checkbox"/> Other: _____	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Yes <input type="checkbox"/> No

BUSINESS STAFFING

Number of Employees (including self) Full-Time: _____ Part-Time: _____ Independent Contractors: _____

- Jobs Created: Project New Employees in the Next 12 Months if financing is received:

Full-Time: _____ Part-Time: _____ Independent Contractors: _____

- Jobs Retained: Projected Employees Retained if financing is received:

Full-Time: _____ Part-Time: _____ Independent Contractors: _____

Section 7: Authorization and Certification

I/We authorize NewCorp, Inc. to make any investigations of credit either directly or through any agency, lender, governmental entity or other third-party which has credit or related information. I/We agree that this application and any attachments shall remain NewCorp Inc.'s property whether or no the loan is granted. I/We hereby certify that all information contained in this document and any attachments are true and correct to the best of my/our knowledge. In addition, it is understood that neither NewCorp, Inc. nor its agents will directly benefit from this relationship. NewCorp does not warrant or guarantee in any manner that its assistance will result in business success. I/We specifically waive and release any claims now or in the future regarding the assistance provided by NewCorp, Inc. and/or its agents.

Name of Individual Completing Application Signature Date

Name of Owner with $\geq 20\%$ Ownership

Signature

Date

Name of Owner with $\geq 20\%$ Ownership

Signature

Date



MOBILIZATION LOAN APPLICATION

Section 8: Personal/Joint Financial Statement

This form helps to demonstrate your personal financial situation. Because you will be asked to personally guarantee the loan, NewCorp, Inc. will review your assets, liabilities, and ability to handle additional debt. If you are married, include all joint assets and include the signature of your spouse.

Instructions

1. Each person owning 20% or more of the Business should complete a separate Personal/Joint Financial Statement.
2. Be sure to include any business assets or debt on this form. Business information should be included in Section 5 of this application and in financials provided separately as part of the application package.
3. Be sure to include complete detailed information on all open accounts as this statement will be cross-referenced with your credit report. Incomplete information typically holds up the application review process.

Individual Name: _____ Social Security #: _____

Percent Ownership of Business: _____ % Home Phone: _____ Cell Phone #: _____

Spouse's Name (if married): _____ Spouses Social Security #: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

ASSETS		LIABILITIES	
Checking accounts/Cash on hand	\$ _____	Notes Payable <i>(See section 2)</i>	\$ _____
Savings accounts & CDs	\$ _____	Auto Loans/Leases <i>(See section 2)</i>	\$ _____
Vehicles (estimate current market value)	\$ _____	Credit Cards <i>(See section 2)</i>	\$ _____
Yr/Make _____	\$ _____	Student Loans <i>(See section 2)</i>	\$ _____
Yr/Make _____	\$ _____	Other Installment Loans <i>(See section 2)</i>	\$ _____
Yr/Make _____	\$ _____	Mortgages on Real Estate <i>(See section 3)</i>	\$ _____
Tax Refund <i>(See section 3)</i>	\$ _____	Loans on Life Insurance	\$ _____
Real Estate <i>(See section 4)</i>	\$ _____	Unpaid Taxes <i>(See section 8)</i>	\$ _____
Stocks & Bonds <i>(See section 5)</i>	\$ _____	Accounts Payable	\$ _____

Other Assets & Personal Property <i>(See section 5)</i>	\$ _____	Other Liabilities <i>(See section 9)</i>	\$ _____
Accounts/Notes Receivable <i>(See section 6)</i>	\$ _____		\$ _____
IRAs/Retirement accounts <i>(See section 6)</i>	\$ _____	TOTAL LIABILITIES	
Life Insurance-Cash Value only <i>(See section 7)</i>	\$ _____	NET WORTH	
TOTAL ASSETS	\$ _____	Total Assets - Total Liabilities	\$ _____



MOBILIZATION LOAN APPLICATION

Section 8: Personal/Joint Financial Statement (continued)

SECTION 1: INCOME AND LIABILITIES

SOURCES OF INCOME	Self	Spouse	CONTINGENT LIABILITIES	
Annual Salary/Wages	\$ _____	\$ _____	As guarantor or co-maker	\$ _____
Real Estate Income	\$ _____	\$ _____	Legal claims and judgments	\$ _____
Net Investment Income	\$ _____	\$ _____	Income/Self employment tax	\$ _____
Other Income	\$ _____	\$ _____	Other special debt	\$ _____
TOTAL	\$ _____	\$ _____	TOTAL	\$ _____

SECTION 2: NOTES PAYABLE, AUTO LOANS/LEASES, CREDIT CARDS, STUDENT LOANS & OTHER INSTALLMENT LOAN *(Use attachments if necessary. Each attachment must be identified as part of this statement and signed.)*

Name & Address of Noteholder	Original Balance	Current Balance	Payment Amount	Terms (Monthly, etc.)	How Secured or Endorsed and Type of Collateral

SECTION 3: REAL ESTATE OWNED *(Use attachments if necessary. Each attachment must be identified as part of this statement and signed.)*

Name & Address of Property	Title is in Name of	Date Purchased	Original Cost	Present Value	Mortgage Balance(s)	Amount of Payment	Status of Mortgage

SECTION 4: STOCKS & BOND *(Use attachments if necessary. Each attachment must be identified as part of this statement and signed.)*

Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

SECTION 5: OTHER ASSETS & PERSONAL PROPERTY (List and describe items.)



MOBILIZATION LOAN APPLICATION

Section 8: Personal/Joint Financial Statement (continued)

SECTION 6: IRA'S, RETIREMENT ACCOUNTS & NOTES RECEIVABLES (Describe in detail.)

SECTION 7: LIFE INSURANCE HELD (Give face amount of policies-name of company and beneficiaries.)

SECTION 8: UNPAID TAXES (Describe in detail, as to type, to whom payable, when due, amount and what, if any property the tax lien attached to.)

SECTION 9: OTHER LIABILITIES (Describe in detail.)

The undersigned certifies that the above facts are true and accurate statements of FINANCIAL CONDITIONS AS OF _____ (date) and further agrees to advise NewCorp, Inc. immediately if there are material changes in my/our financial condition. I/We further authorize NewCorp, Inc. to make any verification of the above information it deems necessary in order to approve this loan.

Applicant Signature Date

Spouse Signature (if married) Date