

ALASKA COMMERCIAL FISHING AND AGRICULTURE BANK
P. O. Box 92070
Anchorage, Alaska 99509
(907) 276-2007
(907) 279-7913 (Fax)
(800) 544-2228 (Outside Anchorage)

Below is a summary of CFAB's general requirements and practices. Most of them will be addressed in more detail during the processing of your loan application, and a CFAB Loan Officer will be available to discuss any of them with you.

1. CFAB can lend money only to Alaska residents. In most cases this requires one year residency.
2. CFAB is a cooperative, which means it is owned by its customers. Each first-time borrower must purchase one share of membership stock (\$100). This provides voting and other ownership rights to the borrower.
3. In addition to the single share of membership stock, each borrower makes an investment in CFAB by purchasing Class B Preferred Stock equal to two percent of the total loan or \$2,500 whichever is less!
4. In the case of a married borrower, it is usually required that the spouse be a co-signer on the loan.
5. **CFAB's loans** are made using a variable rate of interest. This means the interest rate may increase or decrease (or both) during the term of the loan, although the changes are usually infrequent.
6. Like most lenders, CFAB charges an initial loan fee which varies with the type and amount of loan.
7. The information you provide to CFAB is very important, and CFAB will rely heavily on it. It is your responsibility to provide CFAB the most complete and most accurate information available to you.
8. Make sure the Application Authorization and Federal Tax Information Request forms are properly signed. **These forms are required for each application.**

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AGRICULTURE
LOAN APPLICATION CHECK-OFF LIST

The following information is necessary in order to process your application in a timely manner. Please use this list to make sure all information is submitted and signed.

- Summary of Loan Request
- Application for Commercial Loan
- Financial Statement Worksheet
- Financial Statement
- Income and Expense Information—Most Recent Year
- Projected Income and Expenses
- Personal Resume
- Sale or Purchase Agreement
- Authorization Form – Attachment A
- Authorization Form – IRS – Attachment B
- Information for Account Verification and References – Attachment C
- Photocopy of each applicant's driver's license or state ID
- Tax Returns – Most Recent 3 Years
- Many kinds of loans involve additional requirements. When a borrower is a partnership, corporation, joint venture, etc. (anything other than a sole proprietorship), CFAB will need separate financial information on that entity, as well as personal financial information on the owners. A CFAB loan officer will advise you or any additional requirements after your application is received. You may also wish to call CFAB to discuss additional requirements before submitting your application.

Upon completion, mail to:

CFAB
P. O. Box 92070
Anchorage, Alaska 99509

Or deliver in person to:

3040 Lakeshore Drive
Anchorage, Alaska 99517

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APPLICATION FOR COMMERCIAL AGRICULTURE LOAN

Application is hereby made by the undersigned (hereinafter call "Applicant", whether one or more natural persons or legal entities) to Alaska Commercial Fishing and Agriculture Bank (CFAB) for a loan amount of \$ _____ for the purpose of _____ to be paid over a term of _____ year(s) in (circle one) monthly, quarterly, semi-annual, or annual payment(s), based upon the representations, terms and conditions set forth below, an in the supplemental documents forming a part of this application. Applicant is a bona fide harvester or processor or marketer or supplier of agriculture products for economic gain.

I propose that the loan be secured by the following collateral: (Including legal description(s), etc.

I have been a resident of Alaska since month _____ year _____

PERSONAL DATA

Name of Applicant _____ and/or IRS Identification _____

Social Security# _____ # _____

Birthdate _____ Place of Birth (city and state) _____

Residence Address _____ Residence Phone _____

City _____ State _____ Zip _____ How Long? _____ Rent Own

Mailing Address _____ Business or Contact Phone _____

City _____ State _____ Zip _____

Physical Addresses of all prior residences during the past three years and dates occupied.

Address _____ from _____ to _____

Address _____ from _____ to _____

Address _____ from _____ to _____

Address _____ from _____ to _____

Do you own an interest in residential real property in any other state? Yes No

If yes, specify _____

HOUSEHOLD DATA

Married Unmarried (including single, divorced or widowed) Number of dependents _____

State the name of your spouse _____

Does she/he permanently live at your present address? Yes No

If no, in what state does she/he live? _____

List the name, relationship and complete address of each dependent claimed on your latest Federal income tax return:

Name	Address	Relationship

EMPLOYMENT

Name of current employer _____

Address _____

Supervisor _____ Gross Monthly Salary \$ _____

Date of Hire _____ If less than one year, name of most recent previous employer:

Employer _____

Address _____ Telephone _____

Inclusive dates of employment from _____ to _____

RESIDENCY

Are you licensed to drive in Alaska? Yes No ADL # _____

Are you licensed to drive in any other state? Yes No

Are you registered to vote in Alaska? Yes No Voter Registration # _____

Have you received any Permanent Fund Dividend checks? Yes No

If yes, for which year(s)? _____

Do you possess a resident Alaska sport fishing, hunting or trapping license? Yes No

Type and License # _____

In what year did you first qualify for a resident Alaska sport fishing, hunting or trapping license? _____

Please provide the name, mailing address and telephone number of three adults in Alaska whom CFAB may contact to verify your residency:

Name	Address	Telephone

CO-APPLICANT (INCLUDING SPOUSE)

Name _____ Social Security # _____

Address _____ Telephone _____

Previous Address _____

Birthdate _____ Place of Birth (city and state) _____

Relationship to Applicant _____

Employer _____ Occupation _____

Employer Address _____ Phone _____

Date of Hire _____ Supervisor _____ Gross Monthly Salary \$ _____

GENERAL INFORMATION (Please use additional paper if necessary for explanation.)

1. Are any parts of your operation carried out on a partnership basis or by a corporation? _____

If so, explain _____

2. Have all required income tax returns been filed? _____ Any unpaid deficiencies? _____ Any returns under dispute? _____

If so, explain _____

3. Liability:

Partnership loans \$ _____; or for others as endorser or guarantor
\$ _____; as surety \$ _____

If so, explain _____

4. Do you, a co-applicant, or businesses any of you are owners in, have any judgements, suits, or pending litigation outstanding? _____

If so, explain _____

5. Are you obligated to pay child support? _____ If so, list the amount you owe \$ _____ and the frequency of payment _____ . Are you current? _____

6. Have you, a co-applicant, or any business any of you were owners in, ever filed bankruptcy? _____

If so, explain _____

7. Have you ever applied for a CFAB loan before? _____

If yes, approximately when? _____

I CERTIFY that I have been an Alaska resident for a continuous period of _____ year(s) immediately proceeding this date and intend to remain an Alaska resident.

The undersigned hereby certifies that the information contained in this application is true and correct to the best of his/her knowledge.

Applicant's Signature _____ Date _____

Co-Applicant's Signature _____ Date _____

Applicant(s) _____

INDIVIDUAL FINANCIAL STATEMENT AS OF _____

(Date)

ASSETS	<u>Totals</u>	LIABILITIES	<u>Totals</u>
Current Assets		Current Liabilities	
1. Cash on hand	_____	26. Fixed Equipment (see Schedule F) . . .	_____
2. Cash in Banks (see Schedule A)	_____	27. Movable Equipment (see Schedule G) .	_____
3. Listed Stocks and Bonds (see Schedule B)	_____	28. Real Estate (see Schedule H).	_____
4. Due from Processors/Canneries (see Schedule C)	_____	29. Due to Processors/Canneries (see Schedule I)	_____
5. Notes and Accounts Receivable (see Schedule D)	_____	30. Other Notes Payable (see Schedule J) . .	_____
6. Other Current Assets (specify) _____	_____	31. Credit Cards Payable (see Schedule K) .	_____
7. Other Current Assets (specify) _____	_____	32. Other Current Liabilities (specify) _____	_____
8. TOTAL CURRENT ASSETS	_____	33. Other Current Liabilities (specify) _____	_____
Other Assets (Fixed)		34. TOTAL CURRENT LIABILITIES	_____
9. Vested Profit Sharing or Pension Benefits	_____	Other Liabilities (Term)	
10. Notes and Accounts Receivable (see Schedule D)	_____	35. Fixed Equipment (see Schedule F) . . .	_____
11. Unlisted Stocks and Bonds (see Schedule E)	_____	36. Movable Equipment (see Schedule G) .	_____
12. Fixed Equipment (see Schedule F) . . .	_____	37. Real Estate (see Schedule H).	_____
13. Movable Equipment (see Schedule G) .	_____	38. Other Notes Payable (see Schedule J) . .	_____
14. Real Estate (see Schedule H).	_____	39. Credit Cards Payable (see Schedule K) .	_____
15. Livestock (see Schedule L)	_____	40. Other Term Liabilities (specify) _____	_____
16. _____	_____	41. Other Term Liabilities (specify) _____	_____
17. _____	_____	42. TOTAL OTHER LIABILITIES (Term) (add Lines 35 through 41)	_____
18. _____	_____	43. TOTAL LIABILITIES (add Line 34 and Line 42)	_____
19. _____	_____	44. NET WORTH	_____
20. Automobile _____	_____	45. TOTAL LIABILITIES AND NET WORTH (Add Line 43 and Line 44 — should equal Total Assets)	_____
21. Personal Property.	_____		
22. Other (specify) _____	_____		
23. Other (specify) _____	_____		
24. TOTAL OTHER ASSETS (add Lines 9 through 23)	_____		
25. TOTAL ASSETS (add Line 8 and Line 24)	_____		

The undersigned hereby certifies the information contained herein represents their full, true and correct financial condition as of the date stated. The undersigned also agrees to notify CFAB immediately of any materially unfavorable change in their financial condition. The undersigned hereby authorizes any financial institution to release credit information concerning them to CFAB.

Date _____ Signature _____ Signature _____

INDIVIDUAL FINANCIAL STATEMENT WORKSHEET

NOTE: Please complete in detail, then transfer the information to the attached Financial Statement as indicated by line number.

Name of Applicant(s) _____ Date _____

A. Bank Accounts:

Please list all accounts—checking, savings, certificates of deposit, etc. Identify which accounts have restrictions such as IRAs, Keogh plans, etc.

Name and Address of Bank	Account Name	Account Number	Deposit Balance
			\$
Total			\$
			Line No. 2

B. Listed (readily saleable) Stocks and Bonds:

List here any investments such as stocks, bonds, mutual funds, etc., which can be sold on an exchange or over the counter; investments which you could definitely turn into cash within a few days.

Name of Stocks/Bonds	Number of Shares	Market Value	
		per Share	Total
		\$	\$
Total			\$
			Line No. 3

C. Due From Processors/Canneries:

List here any amounts which are due to you from products which have already been delivered. Be sure to show the date at which payment has been promised.

Processor/Cannery	Address	Date Due	Amount Due
			\$
Total			\$
			Line No. 4

D. Notes and Accounts Receivable:

List here any amounts that are owed to you by anyone other than canners or processors. If you are holding a note, put "N" beside the name. Under "payments due in 12 months," include both the principal and interest portions of the payment. But, under "payments due after 12 months," show only the principal balance portion of the loan(s).

Name	Date Due	Payments Due		
		in 12 Mos.	after 12 Mos.	
		\$	\$	
Are payments current? _____		Totals	\$	\$
			Line No. 5	Line No. 10

E. Unlisted (not readily saleable) Stocks and Bonds:

List here other stocks and bonds, those for which you might have to search to find a buyer. Do *not* list here investments which have limited transfer rights (such as CFAB stock or stock in an ANCSA corporation or stock in a corporation you have formed to carry on your own business) — those should be listed under "other assets" on the Financial Statement itself.

Name of Stocks/Bonds	Number of Shares	Estimated Value		
		per Share	Total	
		\$	\$	
			Total	\$
				Line No. 11

F. Fixed Equipment

The following section requests information about fixed equipment you own or in which you have an interest. Totals from three of the columns are to be transferred to the Financial Statement. Under "payments due in 12 months," include both the principal and interest portions of the payment. But, under "payments due after 12 months," show only the principal balance portion of the loan(s).

	Type	Serial No.	Description	Year Bought	Purchase Price
1					
2					
3					
4					
5					

	Lienholder	Date Of Lien	Int. Rate	Payments Due		Market Value
				in 12 Mos.	after 12 Mos.	
1				\$	\$	\$
2						
3						
4						
5						
Totals				\$	\$	\$
				Line No. 26	Line No. 35	Line No. 12

G. Movable Equipment

The following section requests information regarding movable equipment you own, and about obligations related to that equipment. Totals from three of the columns are to be transferred to the Financial Statement. Under "payments due in 12 months," include both the principal and interest portion of the payment. But under "payments due after 12 months," show only the principal portion of the loan(s).

	Type/Model	Serial Number	Year Acquired	Original Cost
1				\$
2				
3				
4				
5				

	Lienholder	Date Of Lien	Int. Rate	Payments Due		Market Value
				in 12 Mos.	after 12 Mos.	
1				\$	\$	\$
2						
3						
4						
5						
Totals				\$	\$	\$
				Line No. 27	Line No. 36	Line No. 13

H. Real Estate Owned:

The following section requests information about real estate you own or in which you have an interest, and about obligations related to those properties. Totals from three of the columns are to be transferred to the Financial Statement. Under "payments due in 12 months," include both the principal and interest portions of the payment. But, under "payments due after 12 months," show only the principal balance portion of the loan(s).

	Description	Titleholder	Year Acquired	Purchase Price
1				\$
2				
3				
4				
5				

	Lienholder	Date Of Lien	Market Value	Payments Due	
				in 12 Mos.	after 12 Mos.
1			\$	\$	\$
2					
3					
4					
5					
Totals			\$	\$	\$
			Line No. 14	Line No. 28	Line No. 37

I. Due to Canneries/Processors:

In this section, show any amounts of credit which have been advanced to you by processors.

Name	Address	Due Date	Amount
			\$
Total			\$
			Line No. 29

J. Other Notes Payable:

The following section requests information about any other notes that you may owe and about collateral related to those notes. Totals from the two columns are to be transferred to the Financial Statement. Under "payments due in 12 months," include both the principal and interest portions of the payment. But, under "payments due after 12 months," show only the principal balance portion of the loan(s).

	Name	Address	Purpose of Debt
1			
2			
3			
4			
5			

	Collateral Description	Date of Lien	Int. Rate	Payments Due	
				in 12 Mos.	after 12 Mos.
1				\$	\$
2					
3					
4					
5					
Totals				\$	\$
				Line No. 30	Line No. 38

K. Credit Cards Payable:

Issuing Bank or Company	Card Number	Monthly Payment	Payments Due	
			in 12 Mos.	after 12 Mos.
		\$	\$	
Totals			\$	\$
			Line No. 31	Line No. 39

INCOME AND EXPENSE INFORMATION — MOST RECENT YEAR

For the period beginning _____ and ending _____

SALES:

Product	Date of Sale	Quantity	Unit Price	Total Value
			\$	\$
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
			Total Income	\$ _____

EXPENSES:

	(Dollars)
Labor	_____
Seed/Feed	_____
Fuel	_____
Fertilizer	_____
Utilities	_____
Veterinary	_____
Repairs	_____
Taxes and Licenses	_____
Storage	_____
Insurance	_____
Professional Fees	_____
Travel	_____
Vehicle(s)	_____
Interest	_____
Supplies	_____
Equipment Lease/Rental	_____
Other	_____
.....	_____
.....	_____
Depreciation	_____
	Total Expenses \$ _____

PERSONAL AND LIVING EXPENSES:

MONTHLY OR ANNUAL (circle one)
(Dollars)

Food _____
Utilities..... _____
Insurance..... _____
Medical Expenses..... _____
Child Support/Alimony..... _____
Rent/House Payments..... _____
Income Taxes..... _____
Other Purchases..... _____
Other Payments..... _____
Total Personal and Living Expenses \$ _____

ADDITIONAL INCOME (i.e., Permanent Fund, Interest Income, Government Payments, Wages etc...)

Total Additional Income \$ _____

(Signature) (Date)

(Signature) (Date)

**PROJECTED INCOME AND EXPENSES
(For First Year After Receiving Loan)**

Year _____

SALES:

Product	Date of Sale	Quantity	Unit Price	Total Value
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
			Total Income	\$ _____

EXPENSES:

	(Dollars)
Labor.....	_____
Seed/Feed.....	_____
Fuel.....	_____
Fertilizer.....	_____
Utilities.....	_____
Veterinary.....	_____
Repairs.....	_____
Taxes and Licenses.....	_____
Storage.....	_____
Insurance.....	_____
Professional Fees.....	_____
Travel.....	_____
Vehicle(s).....	_____
Interest.....	_____
Supplies.....	_____
Equipment Lease/Rental.....	_____
Other.....	_____
.....	_____
.....	_____
.....	_____
Depreciation.....	_____
Projected Total Fishing Expenses	\$ _____

PERSONAL AND LIVING EXPENSES:

MONTHLY OR ANNUAL (circle one)
(Dollars)

Food
Utilities.....
Insurance.....
Medical Expenses.....
Child Support/Alimony.....
Rent/House Payments.....
Income Taxes.....
Other Purchases.....
Other Payments.....

Total Projected Personal and Living Expenses \$ _____

ADDITIONAL INCOME (i.e., Permanent Fund, Interest Income, Government Payments, Wages etc...)

Total Projected Additional Income \$ _____

(Signature) (Date)

(Signature) (Date)

Alaska Commercial Fishing and Agriculture Bank (CFAB)

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APPLICATION AUTHORIZATION

To Whom it May Concern:

I/We hereby authorize Alaska Commercial Fishing and Agriculture Bank (CFAB) to verify my past and present employment records, account records, stock holdings and any other information that is needed to process my loan application. I further authorize the lender to order a credit report and verify other credit information, including past and present mortgage and landlord references. It is understood that a photocopy of this will also serve as authorization.

Applicant

Co-Applicant

X

X

Signature

Signature

Print Name

Print Name

Address

Address

City, State, Zip

City, State, Zip

Social Security Number

Social Security Number

Date

Date

ATTACHMENT A

Alaska Commercial Fishing and Agriculture Bank (CFAB)

P. O. 92070

Anchorage, Alaska 99509

(907) 276-2007

(907) 279-7913 (FAX)

(800) 544-2228 (Outside Anchorage)

Authorization to Request Federal Tax Information

All Applicants Must Complete This Form

I/We hereby authorize Alaska Commercial Fishing and Agriculture Bank (CFAB) to obtain return information from the Internal Revenue Service concerning my/our federal tax returns for the tax years _____ from any/all filing centers. The following information may be released by the Internal Revenue Service to Alaska Commercial Fishing and Agriculture Bank (CFAB).

- Whether I am/we are currently in compliance with federal individual income tax filing requirements.
- Whether I/we have failed to file individual income tax returns for which returns are currently due.
- Whether Notices of Federal Tax Liens have been filed against me/us in any recording district.
- Whether I/we currently have a formal payment arrangement for any amounts owed to the IRS.
- The amount of any currently outstanding balance due, whether or not secured by any recorded Notice of Federal Tax Lien.

Applicant

Co-Applicant

X

X

Signature

Signature

Name (Please Print)

Name (Please Print)

Address

Address

City, State, Zip

City, State, Zip

Social Security Number

Social Security Number

Date

Date

REPLY (To Be Completed by the IRS)

- Federal Tax Arrearage: Years: _____ Amount: _____
- Notice(s) of **Federal Tax Lien** Recorded: District: _____ State: _____
Lien Tax Years: _____ Balance Due: _____
- Federal Tax Lien(s) may be released for payment of : \$ _____ by _____
- No recorded Notice of Federal Tax liens against the above taxpayer(s) have been located.
- Taxpayer has not filed for the following years: _____
- Taxpayer is in compliance with federal income tax filing requirements.

FOR INTERNAL REVENUE SERVICE: _____
Title: _____
Date: _____

ATTACHMENT B

Authorization to Verify Child Support Information

Date: _____

Faxed: _____

To: **Child Support Services Division
State of Alaska**

From: **Alaska Commercial Fishing and
Agriculture Bank (CFAB)**

P. O. Box 92070
Anchorage, Alaska 99509
Tel: 907-276-2007
Fax: 907-279-7913

Attn: _____

I (We) grant permission to disclose the amount of my (our) **obligation(s)** to the Alaska Commercial Fishing and Agriculture Bank (CFAB).

Applicant: _____ SSN: _____

Co-Applicant: _____ SSN: _____

Address: _____

X _____
Signature

X _____
Signature

REPLY (To be Completed by CSSD)

Child Support Information (Check box if applicable):

1. No record
2. Monthly child support **Obligation** amount: _____
3. Arrearage Amount: _____
 - a. Arrearage subject to approved repayment schedule
 - b. Payment amount: _____ (in addition to 2).
 - c. Payment current under approved repayment schedule
4. Lien File: Amount: _____ Date: _____
Recording District: _____

Comments: _____

Information verified by: _____ Date _____
Alaska Child Support Services Division

ATTACHMENT C

INFORMATION FOR ACCOUNT VERIFICATION AND REFERENCES

Financial Accounts. Please list information requested for all institutions you have a depository or loan account with. (Example: Banks, Credit Unions, IRA's, Savings, Checking, Mortgage, Mortgage Lenders, etc.) Add a second sheet if necessary.

1. Name of Institution _____
 Address _____
Mailing City State Zip
 Type of Account _____ Account Number _____
(Checking, Savings, Mortgage, Commercial/Personal Loan, etc.)

2. Name of Institution _____
 Address _____
Mailing City State Zip
 Type of Account _____ Account Number _____
(Checking, Savings, Mortgage, Commercial/Personal Loan, etc.)

3. Name of Institution _____
 Address _____
Mailing City State Zip
 Type of Account _____ Account Number _____
(Checking, Savings, Mortgage, Commercial/Personal Loan, etc.)

4. Name of Institution _____
 Address _____
Mailing City State Zip
 Type of Account _____ Account Number _____
(Checking, Savings, Mortgage, Commercial/Personal Loan, etc.)

5. Name of Institution _____
 Address _____
Mailing City State Zip
 Type of Account _____ Account Number _____
(Checking, Savings, Mortgage, Commercial/Personal Loan, etc.)

Trade References. Please list four persons/firms, at least one of which should be a processor, with whom you conduct business. (Example: Ship Chandlers, welders, engine suppliers/service, electronic sales and service, etc.)

a. Name of Company _____
 Address _____
Mailing City State Zip
 Contact Person _____ Telephone _____

b. Name of Company _____
 Address _____
Mailing City State Zip
 Contact Person _____ Telephone _____

c. Name of Company _____
 Address _____
Mailing City State Zip
 Contact Person _____ Telephone _____

d. Name of Company _____
 Address _____
Mailing City State Zip
 Contact Person _____ Telephone _____