

SOAR Agricultural Loan Fund Application

Applicants' Full Legal Name	County of Residence	Co-Applicant's Full Legal Name (if applicable)
Applicant's Address	Applicant's Number of Household Members	Co-Applicant's Address
Applicant's Telephone Number	County or Counties Being Farmed	Co-Applicant's Telephone Number
Applicant's Birth Date	Acres Owned _____	Co-Applicant's Birth Date
Applicant's Social Security Number	Acres Rented _____	Co-Applicant's Social Security Number
Type of Operation: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Trust <input type="checkbox"/> Other (Identify) _____ <input type="checkbox"/> Corporation <input type="checkbox"/> Cooperative <input type="checkbox"/> Limited Liability Co.		
Individual Applicants Only Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Including Single, Divorced and Widowed)		
Name and Address of Applicant's Employer		Name and Address of Co-Applicant's Employer
Applicant's Approximate Annual Income \$		Co-Applicant's Approximate Annual Income \$
PLEASE PROVIDE A BRIEF DESCRIPTION OF THE PROPOSED PROJECT:		

Purpose of Funds

Purposes for which funds will be used:	Amount
	\$
	\$
	\$
	\$
	\$
	\$
Total --->	\$

Proposed Security

Item Description	Estimated Value	Amount of Prior Lien	Collateral Value
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
Total --->	\$	\$	\$

For Business Entity Applicants Only:

The business entity shall provide :

- A: Any Organizational and Operational Documents (e.g. Articles of Incorporation, Bylaws, Partnership or Joint Operation Agreements)
- B. Any evidence of its current registration with relevant state regulatory agencies (good standing).
- C. A duly adopted resolution to apply for and obtain financing.
- D. Tax identification number.
- E. Balance Sheet not more than 90 days old.
- F. Ownership Information as requested

CERTIFICATIONS, RELEASES AND DISCLAIMERS

I/We understand that other items may be required to obtain a final decision on this application. These items will be requested after the preliminary review stage has been completed and eligibility determined.

I/We assure you that all information furnished in this application is complete and correct. You may verify any of this information. I understand that from time to time, you may receive information from others and you will answer questions and request from others seeking credit experience information about accounts. I/We understand I/We may apply for credit in my name alone without my spouse or any other person, regardless of my sex or marital status.

CREDIT CHECK AUTHORIZATION

I/We authorize Kentucky Highlands Investment Corporation to contact credit reporting agencies (Experian, Dun and Bradstreet, etc.) and creditors with regard to the status of any past or outstanding debt, or such other credit information that such agencies normally hold available for credit worthiness evaluation at present or at any time in the future for the purpose of making or monitoring a loan.

AUTHORIZATION TO RELEASE INFORMATION

This is to certify that I/We as an applicant for a loan with Kentucky Highlands Investment Corporation, do hereby authorize the release of any and all information to Kentucky Highlands Investment Corporation from whomever they deem it necessary to make such a request. Such information will include, but not be limited to: credit history, criminal history records, military records, former employer records and educational records or transcripts. I/We also release all persons from any liability, which results from furnishing said information to Kentucky Highlands Investment Corporation. Further, I/We authorize Kentucky Highlands Investment Corporation to copy or otherwise reproduce this original document and let such copied or otherwise reproduced copies act as the original instrument. The original document is to be retained on file with Kentucky Highlands Investment Corporation for no less than two years.

I/We have read and accept the above certifications and disclaimers:

Applicant Signature Date

Co-Applicant Signature (if applicable) Date

**SOAR Agricultural Loan Fund
Personal Financial Statement**

Section 1 - Applicant Information			Section 2 - Co-Applicant Information (if applicable)		
Name			Name		
Date of Birth	Social Security Number		Date of Birth	Social Security Number	
Residence Address			Residence Address		
City, State, Zip			City, State, Zip		
Position or Occupation		Number of Years	Position or Occupation		Number of Years
Employer Name			Employer Name		
Residential Telephone	Cell Telephone		Residential Telephone	Cell Telephone	
e-mail Address			e-mail Address		

Section 3 - Statement of Financial Condition

Indicate "A" (Applicant), "C" (Co-Applicant), or "J" (Jointly Held With Others) beside assets and liabilities to indicate to whom item applies.

ASSETS	A, C or J	\$ Amount	LIABILITIES	A, C or J	\$ Amount	
Cash on hand & in banks-Schedule A			Notes payable to Banks or Finance Companies for Term Loans, Equity Lines and/or Credit Cards, and/or Due to Brokers for Margin Loans Schedule E			
IRAs, 401K & Retirement Assets						
U.S. Gov't & Marketable Securities-Schedule B						
Securities held by broker in margin accounts						
Restricted or Control Stocks (Public Co. only)				Amounts payable to others-secured		
Real Estate Owned-Schedule C				Unpaid Taxes (Income, Property, etc.)		
Loans Receivable				Real estate mortgages payable-Schedule C		-
Cash value - life insurance-Schedule D				Other Debts - Itemize		
Value of Closely Held Business						
Automobiles and other personal property						
Other Assets - Itemize						
			TOTAL LIABILITIES			
			NET WORTH			
TOTAL ASSETS			TOTAL LIABILITIES AND NET WORTH			

INCOME FOR YEAR ENDED	Applicant	Co-Applicant	EXPENSES (Monthly Payment)	Applicant	Co-Applicant
Salary			Mortgage Payment		
Bonuses and Commissions			Rent Payment		
Interest and Dividends			Alimony		
Rental Income			Child Support		
Other Income (Alimony or child support need not be revealed if you do not wish to have it considered as a basis for repaying this obligation)			Tuition		
			PERSONAL INFORMATION (both Applicant and Co-Applicant)		
			Are you a U. S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		
TOTAL INCOME		\$ -	Do you have a will? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, name of executor		
CONTINGENT LIABILITIES					
Do you have any contingent liabilities? If so, describe:	Applicant	Co-Applicant	Are you a partner or officer in any other venture? If so, describe:		
			income tax settled through (date)		
As endorser, co-maker or guarantor?			Are any assets pledged other than as described on schedules? If so, describe:		
On leases or contracts?					
Legal claims?			Are you a defendant in any suits or legal actions? If so, describe:		
Other special debt?					
Amount of contested income tax liens?			Have you or your business ever been declared bankrupt? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Complete Schedules and Sign on Page 2

SCHEDULE A - Cash and Investments					
Type of Account	Name of Bank or Broker	In Name Of	Are These Pledged?		Current Balance
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
TOTAL					\$ -

SCHEDULE B - U. S. Government & Marketable Securities						
Number of Shares	Description	In Name Of	Are These Pledged?		Date of Value	Value
			<input type="checkbox"/> Yes	<input type="checkbox"/> No		
			<input type="checkbox"/> Yes	<input type="checkbox"/> No		
			<input type="checkbox"/> Yes	<input type="checkbox"/> No		
TOTAL					\$ -	

SCHEDULE C - Real Estate Owned				
Address of Property	Property Description Type: Commercial=C, Residential=R, Agricultural=A Use: Office, Warehouse, Home, Lot. Size: Sq Ft	Cost	Date Acquired	Current Market Value
		\$ -	TOTAL	\$ -

Name of Lender	Title in Name Of	Mortgage Balance	Monthly Payment	Monthly Rental Income	Ownership %
		TOTAL	\$ -	\$ -	\$ -

SCHEDULE D - Life Insurance Carried, Including Whole Life and Group Insurance					
Name of Insurance Company	Owner of Policy	Beneficiary	Face Amount	Policy Loans	Cash Surrender Value
			TOTAL	\$ -	\$ -

Each of the undersigned certify that everything stated on the first page and second page of this Personal Financial Statement and any other documents or information submitted in connection with this Personal Financial Statement is true and complete. Each of the undersigned understands that Lender will retain this Personal Financial Statement. Each of the undersigned hereby authorize Lender to verify at any time any information submitted to Lender by or on behalf of the undersigned; obtain further information concerning the credit standing of the undersigned, including without limitation, credit and employment history; and exchange credit information concerning the undersigned with other individuals or entities, including, without limitation, any affiliate, subsidiary or other entity related to Kentucky Highlands Investment Corporation. Each of the undersigned authorize Lender to consider this Personal Financial Statement as a continuing statement of financial condition until replaced by a new Personal Financial Statement or until the undersigned specifically notifies Lender in writing of any change in such financial condition.

This Personal Financial Statement, including the consent to obtain consumer credit report contained above is executed by the undersigned(s) on the date(s) listed below.

Customer Signature (Applicant) _____
 Printed Name (Applicant) _____
 Date Signed _____

Customer Signature (Co-Applicant) _____
 Printed Name (Co-Applicant) _____
 Date Signed _____