

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: Individual Partnership Trust Other (Identify)					
Individual Applicants Only Marital Status Married	Separated	Unmarried (Inc	cluding Single, Divorced and Widowed)		
Name and Address of Applicant's Employer		Name and Address	of Co-Applicant's Employer		
Applicant's Approximate Annual Income \$		\$	pproximate Annual Income		
PLEASE PROVIDE A BRIEF DESCRIPTION OF	F 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			