Maine Organic Farmers and Gardeners Association

Common Ground Country Fair

November 2012

Organic Farmer Loan Fund

The Maine Organic Farmers and Gardeners Association is accepting applications for the Spring 2013 funding cycle. This fund is intended particularly to help organic farmers working on establishing a credit history for their farms.

Eligibility. Loans are available to:

- MOFGA-certified organic farmers and farmers exempt from certification under the NOP rules*
- Farmers interested in making the transition to organic management
- Current participants in, or graduates of, MOFGA's Journeyperson Program

Permitted Uses, Amounts, Rates & Terms. Funds may be used for working capital or equipment purchases. Loans will generally be in the range of $5,000 - $20,000. In 2009 MOFGA approved loans for 4 farms with an average loan amount of just under $15,000. In 2010, 9 farms received loans averaging $13,700. In 2011, 8 farms received loans averaging $15,000. In 2012, 4 farms received loans averaging $17,500. Loan programs and rates will be determined by Bangor Savings Bank at the time of loan application.

Application Review & Loan Closing. Applications will be reviewed by an advisory board. If there are questions after initial review, there may be follow-up inquiries to the applicant. Final decisions will be made by the advisory board. Bangor Savings Bank will be doing the administrative portion of the program, and your final loan agreement will be guaranteed by MOFGA and held with Bangor Savings Bank. Prior to closing, Bangor Savings Bank will submit a letter of commitment that will detail the closing requirements. In general, all or some of the following documents must be executed: a promissory note for unsecured loans, a security agreement for secured loans and other security instruments.

Repayment Schedule. MOFGA recognizes that due to the seasonal nature of agricultural production, and therefore income, it may be difficult for all applicants to pay back the loans monthly. Although we prefer monthly payments, if requested we will review your case to determine if you are eligible for quarterly payments or a combination therein. MOFGA, as well as the farmer, is at risk in this program. The advisory committee will be reviewing applications with an eye to the potential success of the applicant.

Reporting. At a minimum, MOFGA and Bangor Savings Bank will require annual financial reports. Quarterly cash flow statements may be requested.

Application & Timeline. Applications must be postmarked by Friday, January 25, 2013. Funds for approved loans should be available by the first week of April. Please use the checklist on the next page to submit a complete application. If you need help completing a loan application, please contact the MOFGA office at (207) 568-4142, or loanfund@mofga.org.

* see 7 CFR Part 205 National Organic Program Final Rule Section 205.101 (a)(1)

http://www.mofga.org/mofga/other/usda_regs.html

294 Crosby Brook Road, P. O. Box 170, Unity, Maine 04988 ● ***Phone:*** *(207) 568-4142*
Fax: *(207) 568-4141* ● ***Email:*** *mofga@mofga.org* ● ***Web:*** *www.mofga.org*

MOFGA's Organic Farmer Loan Fund

Application Checklist

A complete application will consist of the following:

- ☐ Bangor Savings Bank Business Loan Application
- ☐ Bangor Savings Bank Customer Identification Policy (CIP) Forms (2) and Questionnaire for Business Entity
- ☐ Bangor Savings Bank Personal Financial Statement Form
- ☐ A projected twelve-month cash flow of gross sales and expenses
- ☐ A projected budget for the upcoming production season of sales and categorized expenses for your business including a breakdown of expenses for the entire project being financed, anticipated additional sources of financing and the total project cost
- ☐ Trade Reference Sheet. If unavailable, please send three letters of reference.
- ☐ Copies of the last two years federal tax forms.

Applications must be received by Friday, January 25, 2013.

If you need help completing a loan application, please contact the MOFGA office at (207) 568-4142, or loanfund@mofga.org.

Special thanks to NOFA-Vermont for pioneering the way!

BANGOR SAVINGS BANK
BUSINESS LOAN APPLICATION AND AGREEMENT

APP ID # _____

BUSINESS INFORMATION *(Please complete all areas of this section)*

Legal Name of Business Applicant or D/B/A	Business Phone Number ( )	Federal Tax ID#

Company Address (No P.O. Boxes)	City	State	Zip
Mailing Address (if different)	City	State	Zip

Type of Organization: ☐ Sole Proprietorship ☐ Partnership ☐ Limited Liability Company ☐ S. Corp. ☐ C. Corp. ☐ Non-Profit

Description of Business

Organized In which State?	Gross Annual Sales	Annual Net Income	Interest Paid YTD	Depreciation
Date Business Established	Date Business Purchased	Number of Employees	Existing Customer with Bangor Savings Bank ☐ Yes ☐ No	

Average Checking Account Balance $	Bank Where Account is Held	Savings Account Balance $	Bank Where Account is Held

Outstanding Business Loans, Including Those With Bangor Savings Bank: (Use Additional Sheets if Needed)

Lender	Type of Loan	Current Balance	Monthly Payment	Secured By

CREDIT REQUEST

☐ Complete Overdraft Protection ($2,500 - $10,000)	$	
☐ Line of Credit (Minimum $10,000)	$	
☐ Term Loan (Minimum $5,000)	$	Term
☐ Commercial Mortgage (Minimum $25,000)	$	Term
☐ Other: _____	$	

COLLATERAL

		Collateral Value	Value Based On	Name Title is held	Secure other loans
☐ All Business Assets	$				
☐ Accounts Receivable/Inventory	$				
☐ Real Estate	$				
☐ Savings/CDs	$				
☐ Other	$				

Please describe collateral for securing loan –

Is the collateral being pledged owned by the business or the owners of the Business? ☐ Yes ☐ No

DECLARATIONS

Are you or is your business a party to, or threatened with any claim or lawsuit?	☐ Yes	☐ No
Have you or has any business that you owned or operated ever declared bankruptcy?	☐ Yes	☐ No
Do you or does your business owe any taxes for years prior to the current year?	☐ Yes	☐ No
Has the business incurred a loss in any of the last 3 years?	☐ Yes	☐ No
Is the business under any agreement that would change the ownership of the business?	☐ Yes	☐ No
Does this Business Applicant have any other credit applications pending?	☐ Yes	☐ No

For loan requests of $50,000 or less, please complete the following personal financial information section. If your request exceeds $50,000 please complete our separate personal financial statement form and provide the following:

For requests less than $250,000, provide two years of financial information listed below. Three years for requests greater than $250,000.

- Year-end Business Tax Returns (All Schedules)
- Year-end Financials (Balance Sheet & Profit & Loss St.)
- Interim Business Balance Sheet and (YTD) Profit & Loss
- Personal Tax Returns (All Schedules)

PERSONAL FINANCIAL INFORMATION – Company Owners 20% or More and Other Guarantors (Use Additional Sheets if Needed)

1	Name	Company Title	% of Business Owned	Home Telephone ( )	Social Security Number	Date of Birth

Physical Street Address (No P.O. Boxes)	City	State	Zip	U.S. Citizen ☐ Yes ☐ No

Drivers License #	State:	Occupation:	Date Issued:	Expiration Date:

Employer	Years With Employer	Will You Continue With This Employment? ☐ Yes ☐ No

Total Annual Income * $	Total other Personal Assets $	Cash and Investments $	Personal Liabilities $	If Homeowner: Market Value $	Total Mortgage Balance $	Mortgage Payment $

**Note*: *Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation*

2	Name	Company Title	% of Business Owned	Home Telephone ( )	Social Security Number	Date of Birth

Physical Street Address (No P.O. Boxes)	City	State	Zip	U.S. Citizen ☐ Yes ☐ No

Drivers License #	State:	Occupation:	Date Issued:	Expiration Date:

Employer	Years With Employer	Will You Continue With This Employment? ☐ Yes ☐ No

Total Annual Income * $	Total other Personal Assets $	Cash and Investments $	Personal Liabilities $	If Homeowner: Market Value $	Total Mortgage Balance $	Mortgage Payment $

*Note: Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation

Purpose of Request:
PURPOSE OF LOAN [To be completed by lender] Review each option below and check appropriately: 1. Purchase – purchase of home or dwelling where the loan is secured by a dwelling ☐ Yes ☐ No 2. Home Improvement – home improvement loan secured or unsecured ☐ Yes ☐ No 3. Refinance – payoff of existing loan secured by a dwelling and new loan also secured by a dwelling ☐ Yes ☐ No

If you have answered Yes to ANY of the above, have the customer read the disclosure and have the customer complete the form below. If the application is taken by telephone, you must read the disclosure below to the applicant and ask for the information. Note the applicant's responses. The applicant may provide multiple race categories. Record each one provided. If the customer chooses not to furnish the information in a face-to-face application, you must note the information based on visual observations or surnames. If a customer chooses not to provide the information in an application taken by telephone, you do not have to provide the information or collect it later. For customers that are not natural persons (e.g., business entities), enter the customer name and application date and write "NA" across the form.

Information for Government Monitoring Purposes

The following information is requested by the federal government for certain types of loans related to a dwelling in order to monitor the lender's compliance with equal credit opportunity, fair housing, and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so. You may select one or more designations for "Race." The law provides that a lender may not discriminate on the basis of this information, or on whether you choose to furnish it. However, if you choose not to furnish the information and you have made this application in person, under federal regulations the lender is required to note ethnicity, race, and sex on the basis on visual observations or surname. If you do not wish to furnish the information, please check below.

APPLICANT:

_____
Name

DATE: _____

☐I do not wish to furnish this information

Ethnicity:
☐Hispanic or Latino
☐Not Hispanic or Latino

Race:
☐American Indian or Alaska Native
☐Asian
☐Black or African American
☐Native Hawaiian or Other Pacific Islander
☐White

Sex:
☐Female
☐Male

CO-APPLICANT:

_____
Name

DATE: _____

☐I do not wish to furnish this information

Ethnicity:
☐ Hispanic or Latino
☐Not Hispanic or Latino

Race:
☐American Indian or Alaska Native
☐Asian
☐Black or African American
☐Native Hawaiian or Other Pacific Islander
☐White

Sex:
☐Female
☐Male

Agreement and Signatures

By signing below, each principal, owner, guarantor, or co-borrower that will be personally liable for the debt ("You" or "I") hereby authorizes Bangor Savings Bank (the "Bank") to make or have made on each and any of them any credit, employment or investigative inquiry that the Bank determines appropriate for the extension of credit or the collection of amounts owed to the Bank. The Bank can furnish information concerning your account to consumer reporting agencies and others who may properly receive that information. Upon request, you will be informed whether or not a consumer report was requested, and if a report was requested, you will be informed of the name and address of the consumer-reporting agency that furnished the report. You further certify that the credit being applied for will be used for business purposes.

If you apply for and are approved for an overdraft protection line of credit, you may be approved up to the maximum amount which is available and for which you qualify. If the line of credit is approved, you will receive from the Bank a welcome letter and a credit line agreement which will set forth the terms and conditions governing the credit line. Your credit limit, finance charges, monthly payment, and other terms pertaining to the credit line will be set forth in the credit line agreement. These terms give the Bank certain rights upon default, including a right of setoff against accounts you may hold with the Bank, the right impose late fees and interest rate increases, the right to seek collection costs, and the right to terminate the credit line, this Agreement, and the credit line agreement. You should carefully review the terms of the credit line agreement before making draws on the credit line. **By making a draw on the credit line, you will be representing and agreeing that you have reviewed and will be bound by the terms of this application and agreement, the credit line agreement, the welcome letter and any other supplemental agreement provided to you. You agree that no further signatures will be necessary to bind you to the credit line agreement and/or any supplemental agreement.** If the line of credit is approved as secured, you may be required to sign additional documents evidencing a security interest before the line of credit is made available to you.

BY SIGNING THIS AGREEMENT, YOU HEREBY EXPRESSLY AND VOLUNTARILY WAIVE THE RIGHT TO ANY JURY TRIAL IN ANY ACTION, PROCEEDING, OR COUNTERCLAIM INVOLVING THE BANK AS TO ANY MATTER, CLAIM OR CAUSE OF ACTION ARISING OUT OF OR IN ANY WAY RELATED TO THIS AGREEMENT OR THE CREDIT AGREEMENT.

If property is used as collateral, it must be insured on the day of closing. The amount of insurance coverage must be equal to the lesser of the insurable value or the loan amount. You have the right of free choice in the selection of the agent and insurer through or by which the insurance is to be placed. If an appraisal is required, you have the right to a copy of the appraisal report used in connection with your application for credit. If you wish a copy, please write to us at P O Box 930, Bangor ME 04402-0930 Attn: Business Underwriting. We must hear from you no later than 90 days after we notify you about the action taken on your credit application or you withdraw your application.

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT: To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institution to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, business documents, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

I represent and warrant that I am duly authorized to execute and enter into this application for the Applicant. Everything that I have stated and all financial information provided as part of this application is correct to the best of my knowledge. By signing below, I agree to be bound by this application and agreement, including, if requested and approved, all obligations hereunder, including the obligation to agree to review and be bound by the terms of the credit line agreement before making draws on a line of credit.

COMPANY AND GUARANTOR SIGNATURES - (Please sign both places)

Company Authorized Signer	Company Title	Date
Company Authorized Signer	Company Title	Date
Guarantor #1	Guarantor #2	Guarantor #3

BANK USE ONLY	**Officer #**	**Branch #**
Lender Name (print or type):	**Date Received by Lender:**	**Lender's Phone Extension:**
Action: ☐ **Approved;** ☐ **Approved with Changes;** ☐ **Denied;** ☐ **Withdrawn**		**HMDA:** ☐ **Yes** ☐ **No**
Reason for Denial: _____		**App. Received** ☐ **Verbal** ☐ **In person**

BANGOR SAVINGS BANK FINANCIAL GROUP
CUSTOMER IDENTIFICATION POLICY (CIP) FORM for BUSINESS ENTITY

(Required for **All** New Business Relationships)

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account or is added to an existing one.

What this means to you: When you open an account, have your name added to an existing one or are an authorized signer on a business account, we will ask you for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see one or more identifying documents.

I acknowledge:
As either an owner on a new account, an additional owner on an existing account, or as an authorized signer on behalf of a business account, I acknowledge reviewing the above notification and certify that all information provided is valid and the identification documents presented by me represents my true identity. I also understand that by signing this document, Bangor Savings Bank may obtain information regarding my identity, credit history, and other banking history from a consumer-reporting agency. **I further understand if information in the credit report results in a decision to either disallow my signing authority on the account or disallow opening the account, Bangor Savings Bank will communicate this fact to owners and/or authorized signers on the (proposed) account. I further authorize Bangor Savings Bank to obtain such information at any time from one or more reporting agencies that it may choose as long as I am an authorized signer on the account.**

Authorized Signer for Business: _____ Date: _____

BUSINESS NAME _____ **TIN/EIN** _____

MAILING ADDRESS _____ **PHONE** _____ **EMAIL** _____

CITY STATE ZIP _____ _____ _____

If Different than Mailing Address:
PHYSICAL ADDRESS _____

CITY STATE ZIP _____ _____ _____

WEBSITE ADDRESS _____

Type of Account: ☐ **Checking** ☐ **Savings** ☐ **Time Deposit/IRA** ☐ **Loan** ☐ **Safe Deposit Box**
☐ **Trust** ☐ **Brokerage** ☐ **Bangor Insurance** ☐ **Bangor Payroll** ☐ **Merchant Services**

Indicate Nature of the Business _____ **NAICS (www.naics.com)** _____

Account # _____ **CIF #** _____

REQUIRED DOCUMENTATION / INFORMATION for BUSINESS **(all fields must be completed for a specific line)**

		Required Documents				
			Business Papers		Resolutions	CIP/Questionnaire
☐	Partnership	☐	Partnership Agreement	☐	Resolution (if auth. signers)	☐ CIP/Q Part. + CIP Auth. Signers
☐	Corporation	☐	Articles of Incorporation	☐	Resolution	☐ CIP Auth. Signers
☐	Limited Liability Company	☐	Articles of Organization	☐	Resolution (if auth. signers)	☐ CIP/Q Owner + CIP Auth. Signers
☐	Not-For-Profit	☐	IRS or Paperwork Indicating NFP Status	☐	Resolution	☐ CIP Auth. Signers
☐	Doing Business As (D/B/A) or Revocable Trust			☐	Resolution (if auth. signers)	☐ CIP/Q Bus. + CIP/Q Ind./Trustees + CIP Auth. Signers (for DBA only)
☐	Legal/Irrevocable Trust	☐	Trust Agreement	☐		☐ CIP/Q Trustee(s)
☐	Estate	☐	Personal Rep. Papers	☐		☐ CIP/Q Per. Rep.(s)
☐	Municipal	☐		☐	Resolution	☐ CIP Auth. Signers
☐	Association	☐	Articles of Org. or Meeting Minutes where Officers are elected	☐	Resolution	☐ CIP Auth. Signers

☐ **Verification of registration & good standing status at www.state.me.us or obtain document listed above.**

For Not-For-Profit organization, if opening a Business NOW account, must have IRS paperwork showing Not-For-Profit status or obtain verification at http://apps.irs.gov/portal/site/pub78 (attach screen print).

LOAN SETTLEMENT ATTORNEY / LOAN CLOSING AGENT: I have reviewed the original, un-expired identification document(s) and believe it reasonably establishes the true identity of the business named.

_____ _____ _____
Printed Name Signature Date

BANK VERIFICATION: I have reviewed the required documents and believe they reasonably establish the true identity of the business named.

Completed By: _____ Officer #: _____ Branch/Dept.: _____ Date : _____

Rev. 03/21/2011

BANGOR SAVINGS BANK FINANCIAL GROUP
CUSTOMER IDENTIFICATION POLICY (CIP) FORM

VERIFICATION OF AN AUTHORIZED SIGNER ON A BUSINESS ACCOUNT

(Required for **All** New Relationships)

BUSINESS ACCOUNT #: _____ **CIF #:** _____

ACCOUNT TITLE: _____

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account or is added to an existing one.

What this means to you: When you open an account, have your name added to an existing one or are an authorized signer on a business account, we will ask you for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see one or more identifying documents.

I acknowledge:
As either an owner on a new account, an additional owner on an existing account, or as an authorized signer on behalf of a business account, I acknowledge reviewing the above notification and certify that all information provided is valid and the identification documents presented by me represents my true identity. I also understand that by signing this document, Bangor Savings Bank may obtain information regarding my identity, credit history, and other banking history from a consumer-reporting agency. **I further understand if information in the credit report results in a decision to either disallow my signing authority on the account or disallow opening the account, Bangor Savings Bank will communicate this fact to owners and/or authorized signers on the (proposed) account. I further authorize Bangor Savings Bank to obtain such information at any time from one or more reporting agencies that it may choose as long as I am an authorized signer on the account.**

NOTE: If you cannot complete this form in the presence of a Bangor Savings Bank employee, then a notary public must verify your identification, document it in the Required Documentation section and complete the specific Notary Attestation box.

Signature: _____ Date: _____

AUTHORIZED SIGNER'S INFORMATION

NAME _____ **SSN/EIN** _____ **DOB** _____

HOME MAILING ADDRESS _____ **PHONE** _____ **EMAIL** _____

CITY STATE ZIP _____ _____ _____ **OCCUPATION** _____

If Different than Mailing Address: **EMPLOYER** _____

HOME PHYSICAL ADDRESS _____ **MOTHER'S MAIDEN NAME** _____

CITY STATE ZIP _____ **SEX M F**

REQUIRED DOCUMENTATION for AUTHORIZED SIGNER (all fields must be completed for a specific line)

(Government Issued, Unexpired Picture ID, if applicable)

	Identification #	Date Issued	Exp. Date	Issued By
☐ ME Driver's License				N/A
☐ ME State Issued Identification				N/A
☐ Military ID				
☐ Other U. S. Driver's License				
☐ Canadian Driver's License				
☐ Passport				
☐ Elderly or Disabled – Utility Bill +		Utility bill **must** be w/in 3 months and list St. Addr.		
☐ Elderly or Disabled – Medical Ins. Card			N/A	
☐ SSN Card + Birth Certificate +			N/A	
☐ Utility Bill for Address Verification		Utility bill **must** be w/in 3 months and list St. Addr.		

NOTARY ATTESTATION: I have reviewed the original, un-expired identification document(s) and believe it reasonably establishes the true identity of the individual named.

County of _____ Date: _____

State of _____ Notary Public Signature _____

My Commission Expires: _____ Notary Public Printed Name _____

BANK VERIFICATION: I have reviewed the required documents and believe they reasonably establish the true identity of the individual named.

Completed By: _____ Officer #: _____ Branch/Dept.: _____ Date : _____

Rev. 10/16/2012

QUESTIONNAIRE for BUSINESS ENTITY

(Required for **All** New Business Relationships)

NAME _____ CIF# _____

ACCOUNT #_____ COUNTY OF BUS. ADDRESS _____

	YES	NO
# of Years in Business in Maine		
Less than one year ……..	☐	☐
1 to 5 years …….	☐	☐
> 5 years ……..	☐	☐
Other Locations		
Does this business have any other locations, affiliated offices, etc. located outside the state of Maine? ……..	☐	☐
Does this business have any foreign locations (includes Canada)? …...	☐	☐
Bank		
Is the customer a financial institution? …….	☐	☐
If yes, is it a foreign bank? ……	☐	☐
Wires/Automated Clearing House (ACH)		
Does customer plan on initiating wires? ……..	☐	☐
If yes, international wires? ……	☐	☐
Will customer originate ACH transactions? …….	☐	☐
Cash Transactions/Monetary Instruments		
If ATM on site, is the customer responsible for the cash replenishment servicing (as opposed to having a third party vendor responsible for the cash replenishment)? ……..…	☐	☐
Does the business generally handle large volumes of cash (defined as over $5,000 cash deposited or withdrawn at bank per week)?..	☐	☐
Does the business offer currency exchange to their customers? …..	☐	☐
Does the business issue, sell or redeem monetary instruments (i.e., traveler's checks, any official checks, money orders, etc.) or stored value cards? ……	☐	☐
Are money transfer services (like Western Union) provided in any amount, **OR** are checks cashed, currency exchanged, or monetary instruments sold in amounts greater than $1,000 for any one person on any day in one or more transactions? ……..……	☐*	☐
Account Opening		
Was the account opened by mail/internet/messenger? ……	☐	☐
Does the customer plan on having more than five authorized signers on their accounts? ……	☐	☐
Will the customer be opening multiple accounts at this time? …..	☐	☐
Internet		
Does the customer conduct business, i.e. sales, using the Internet?..	☐	☐
If yes, does it prohibit transactions in connection with unlawful Internet gambling?.....	☐	☐*

*Answering these questions with the answer noted by a red asterisk requires further discussion prior to opening the account. Please contact Risk Management, Compliance or Retail Operations **prior** to opening the account.

Bank Use Only:
Form Received Br. #:_____ By: _____ Officer #:_____ Date: _____

Dept. Use Only: _____ _____ _____ _____
Rev. 04/07/2011

Bangor Savings Bank

You matter more.

Personal Financial Statement as of: _____

Date

Personal Information		
Applicant Name:		
Employer:		
Employer Address:		
# Years with Employer:	Business Phone #:	Position/Title:
Name of Previous Employer & Position:		# of Years:
Home Address:		
Social Security #:	Date of Birth:	Home Phone #:
Legal Counsel & Address:		
Accountant & Address:		
Insurance Agent & Address:		
Broker (Securities) & Address:		
Trust Services & Address:		
Payroll Services & Address:		

Co-Applicant Name:		
Employer:		
Employer Address:		
# Years with Employer:	Business Phone #:	Position/Title:
Name of Previous Employer & Position:		# of Years:
Home Address:		
Social Security #:	Date of Birth:	Home Phone #:
Legal Counsel & Address:		
Accountant & Address:		
Insurance Agent & Address:		
Broker (Securities) & Address:		
Trust Services & Address:		
Payroll Services & Address:		

Cash & Income Expenditure Statement for the Year Ended_____

Annual Income	**Amount ($)**	**Annual Expenditures**	**Amount ($)**
Salary (applicant)		Federal Income & Other Taxes	
Salary (co-applicant)		State Income & Other Taxes	
Bonuses & Commissions (a)		Rental Payments, Co-op, or Condo Maintenance	
Bonuses & Commissions (a)		Mortgage Payments Residential	
Rental Income		Mortgage Payments Investment	
Interest Income		Property Taxes Residential	
Dividend Income		Property Taxes Investment	
Capital Gains		Interest & Principal payments on loans	
Partnership Income		Insurance	
Other Investment Income		Alimony / Child Support	
Other Income (list)**		Tuition	
		Other Living expenses	
		Medical expenses	
		Other expense (list)	
Total Income $		**Total Expenditures $**	

Any significant changes expected in the next 12 months? ☐ Yes ☐ No
(If yes attach information)
****Income form alimony, child support, or separate maintenance income need not be revealed if the applicant or co-applicant does not wish to have it considered as a basis for repaying this obligation.**

Applicant Name: _____

Balance Sheet as of: _____
Date

Assets	Amount ($)	Liabilities	Amount ($)
Cash in Bangor Savings Bank (include all accounts)		Notes Payable to Bangor Savings Bank	
Cash in Other Financial Institutions (include all accounts). Please list:		*Secured*	
		Unsecured	
		Notes Payable to other Financial Institutions (Schedule E)	
		Secured	
		Unsecured	
Readily Marketable Securities (Schedule A)		Credit Cards	
Non-Readily Marketable Securities (Schedule A)		Notes Due Partnership (Schedule D)	
Accounts & Notes Receivable		Taxes Payable	
Net Cash Surrender Value of Life Insurance (Schedule B)		Mortgage Debt (Schedule C)	
Residential Real Estate (Schedule C)		Life Insurance Loans (Schedule B)	
Real Estate Investments (Schedule C)		Other Liabilities (Please List):	
Partnerships/PC Interests (Schedule D)			
Retirement Accounts			
Deferred Income (# Years Deferred___)			
Personal Property			
Other Assets (Please List):			
		Total Liabilities	$
Total Assets	$	**Net Worth**	$

Schedule A (All Securities)							
# of Stocks or Bonds	Owner (s)	Description	Cost	Where Held	Current Market Value	Pledged YES	NO
Readily Marketable Securities:							
Non-Readily Marketable Securities:							

Schedule B (Insurance)						
Insurance Company	Type of Policy	Face Amount of Policy	Amount Borrowed	Ownership	Cash Surrender Value	Beneficiary

Schedule C (Real Estate Investments, Mortgage Debt & Personal Residence)						
Personal Residence:						
Property Address	Legal Owner	Present Loan Bal.	Market Value	Loan Maturity Date	Monthly Payment	Lender
Investment:						
Property Address	Legal Owner	Present Loan Bal.	Market Value	Loan Maturity Date	Monthly Payment	Lender

Schedule D (Partnerships)						
Type of Investment	Cost	Date of Initial Investment	Balance Due on Partnership	% Owned	Current Market Value	Final Contribution Date
Business:						
Investments:						

Schedule E (Notes Payable)						
Due To	Amount of Line	Type of Facility	Unpaid Balance	Interest Rate	Monthly Payment	Collateral

Please answer the following questions:

	YES	NO	AMOUNT
What would be your total estimated tax liability if you were to sell your major assets?			$
Are you a guarantor, co-maker or endorser for any debt of an individual, partnership or corporation?			
Are any of your tax obligations past due?			
Do you have any outstanding letters of credit or surety bonds?			
Are you contingently liable on any lease or contract?			
Are there any legal actions pending against you?			
Income tax returns filed through (date)_____. Are any returns currently being audited? If yes, what years?			
Have you drawn a will? If yes, please give the name of the executor(s) and the year drawn.			
Do you have a line of credit or unused credit facility at any other institution(s)? If yes, please indicate where, name of banker and how much?			
Did you include two years of federal and state tax returns?			
Do you anticipate any substantial inheritances? If yes, please explain:			
Have you ever had a financial plan prepared for you?			
Have you or any firm in which you were a major owner ever declared bankruptcy? If yes, please explain:			
Number of dependents (exclude self) and relationship to applicant:			

Representations and Warranties

The information contained in this document is provided to induce you to extend or to continue the extension of credit to the undersigned or to others upon the guarantee of the undersigned. The undersigned acknowledge and understand that you are relying on the information provided herein in deciding to grant or continue credit or to accept a guarantee thereof. Each of the undersigned represents, warrants and certifies that all financial information provided is true, correct and complete. Each of the undersigned agrees to notify you immediately and in writing of any changes in name, address or employment and of any material adverse change (1) in any of the information contained in this statement of (2) in the financial condition of any of the undersigned or (3) in the ability of any of the undersigned to perform its (or their) obligations to you. In the absence of such notice or a new and full written statement, this should be considered as a continuing statement and substantially correct. If the undersigned fail to notify you as required above, or if any of the information herein should prove to be inaccurate or incomplete in any material respect, you may declare the indebtedness of the undersigned or the indebtedness guaranteed by the undersigned, as the case may be, immediately due and payable. You are authorized to make all inquiries you deem necessary to verify the accuracy of the information contained herein and to determine the credit-worthiness of the undersigned. The undersigned authorize any person or consumer-reporting agency to give you any information it may have on the undersigned. Each of undersigned authorizes you to answer questions about your credit experience with the undersigned. As long as any obligation or guarantee of the undersigned to you is outstanding, the undersigned shall supply annually an updated financial statement. This personal financial statement and any other financial or other information that the undersigned give you shall be your property.

Date	**Your Signature**
Date	**Your Signature**

MOFGA's Organic Farmer Loan Fund

Trade References
(accounts you market to)

Your market outlets are a key reference for us. If you don't have existing accounts, please explain the marketing strategy for your farm.

Your Farm Name:

1. Account:

Contact person: Title:

Address:

City: State: Zip:

Phone

2. Account:

Contact person: Title:

Address:

City: State: Zip:

Phone

3. Account:

Contact person: Title:

Address:

City: State: Zip:

Phone

You are authorized to make all inquires necessary to verify my/our trade relationship with the above listed trade reference(s). You are authorized to answer any questions about my credit experience with your company.

Authorized Signature: Date: