



State of Hawaii
 Department of Agriculture
 Agricultural Loan Division
 1428 South King Street
 Honolulu, Hawaii

APPLICATION FOR AGRICULTURAL LOAN - MICRO LOAN PROGRAM

FULL NAME (PRINT): (FIRST/MIDDLE/LAST)			
SOCIAL SECURITY NUMBER:	DATE OF BIRTH:	U.S. CITIZEN: <input type="checkbox"/> YES <input type="checkbox"/> NO	HAWAII RESIDENCY: _____ YEARS
NAME OF BUSINESS:		FEDERAL I. D. NUMBER:	HAWAII G.E. TAX NUMBER:
PRESENTLY FARMING: <input type="checkbox"/> YES <input type="checkbox"/> NO	IF NO, LAST DATE FARMED: _____	FARMING EXPERIENCE (YEARS): PART-TIME _____ FULL TIME _____	
SPOUSE'S FULL NAME (PRINT): (FIRST/MIDDLE/LAST)			
SOCIAL SECURITY NUMBER (Spouse):	SPOUSE'S DATE OF BIRTH:	U.S. CITIZEN: <input type="checkbox"/> YES <input type="checkbox"/> NO	HAWAII RESIDENCY: _____ YEARS
MAILING ADDRESS: (COMPLETE):			TELEPHONE NUMBER:
LOAN AMOUNT REQUESTED: (Cannot exceed \$25,000)		Purpose of Loan:	

PERSONAL FINANCIAL STATEMENT			
ASSETS		LIABILITIES	
Cash in Savings Account(s)		Notes Payable	
Cash in Checking Account(s)		Accounts Payable	
Accounts & Notes Receivable		Unpaid Taxes	
Stocks & Bonds		Mortgages Payable	
Cash Value of Life Insurance		Auto Loans	
Real Estate		Other Loans	
Farm Equipment/Machinery		Other Liabilities	
Inventory & Cash Invested in Farm			
Personal Property/Furniture		TOTAL LIABILITIES	
Other Assets		NET WORTH (Assets less Liabilities)	
TOTAL ASSETS		TOTAL LIABILITIES & NET WORTH	

The foregoing is submitted for the purpose of procuring, establishing and maintaining credit with you in behalf of the undersigned persons, firms, or corporations in whose behalf the undersigned may, either severally or jointly with others, execute a guaranty in your favor. The undersigned warrants that this financial statement is true and correct and that you may consider this statement as continuing to be true and correct until a written notice is given to you by the undersigned. The undersigned warrants that ownership of any assets listed herein will not be transferred, either into joint tenancy or otherwise, to another person while amounts are still owing to the State.

In addition to the foregoing, I authorize the State to make any inquiries about my finances, income, employment, credit and personal references as they feel are necessary from time to time.

Signature _____

Date _____

The following documentation may be required as part of the application:

1. Current Balance Sheet & Income/Expense Statements (past two years).
2. Three year cash flow projection of income & expenses (including income assumptions).
3. Aging schedules for Accounts Payable & Accounts Receivable.
4. Personal Financial Statements (for sole proprietors, partners & guarantors).
5. Income Tax Returns (last three years).
6. Letters of decline.
(Agricultural Loans - 2 declinations from private lenders, Farm Credit Bank(s) and/or USDA -FSA)
(Aquaculture Loans - 3 declinations from two private lenders, and the appropriate Farm Credit Bank)
7. Copy(s) of Deed or Lease for farm.
8. Marketing/Purchasing contracts (if applicable).
9. Hawaii State Tax Clearance.
10. Narrative describing your business (i.e. location, size, employees, crops, markets, etc.)

For Sole Proprietorships, include the following:

1. Verification of education/experience in agriculture or aquaculture*.
2. Name of Spouse, Social Security Number, Date of Birth, & off-farm employment (if applicable).

For Partnerships and Limited Liability Company, include the following:

1. Partnerships: Partnership Agreement
2. LLC: Articles of Organization, Operating Agreement, Resolution to Borrow, List of Members

For Corporations & Cooperatives, include the following:

1. Copy of Charter or Articles of Incorporation with all amendments thereto.
2. Copy of By-laws properly adopted and now in force.
3. Resolution to Borrow (including minutes authorizing resolution).
4. List of stockholders or members, and amounts of shares owned by each.
(Include name, address, citizenship status, state residency status & years, education/experience in agriculture or aquaculture)*
5. List of Board of Directors.
(Include name, address, citizenship status, state residency status & years, education/experience in agriculture or aquaculture)*
6. List of Officers (include name, address, Social Security Number and Date of Birth).

* Education verification will require either college transcripts or diploma.
Experience verification will require tax returns.

PROJECTED ANNUAL SUMMARY OF INCOME AND EXPENSES

Name of Applicant: _____

INCOME	Year _____	Year _____	Year _____
CROP #1			
CROP #2			
CROP #3			
CROP #4			
TOTAL FARM INCOME			
FARM EXPENSES			
Labor Hired			
Machinery Repair			
Building & Fence Repair			
Rent or Lease			
Feed Purchased			
Seeds/Plants Purchased			
Fertilizers/Lime			
Chemicals			
Livestock Expense			
Custom Hire (machine work)			
Gas/Fuel/Oil			
Taxes			
Insurance			
Utilities			
Supplies			
Other: _____			
Other: _____			
Other: _____			
TOTAL FARM EXPENSES			
LIVING/PERSONAL EXPENSES			
Food			
Clothing			
Health care & insurance			
House Repair			
School/Recreation			
Charitable Contributions			
Personal Taxes			
Transportation			
Utilities			
Other: _____			
Other: _____			
TOTAL PERSONAL/LIVING EXPENSES			
TOTAL EXPENSES			
NET INCOME			
DEBT SERVICING			
CASH BALANCE			

Signature _____

Date _____