



COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS

**ENERGY  
REVOLVING FUND LOAN (RFL)  
PROGRAM**

**APPLICATION FORM**



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**ENERGY REVOLVING FUND LOAN PROGRAM**  
**APPLICATION FORM**

DATE:

**I. Contact Information**

Applicant Name (Last, First, Middle)	E-mail Address
Physical Address	Telephone Number
	Fax Number
Mailing Address	

**II. Project Information and Loan Request**

Amount of Loan Requested	Estimated Total Project Cost (Energy Efficiency Equipment and Fixtures including installation)		
Project Description			
Current Job Positions (Determined at time of energy efficiency equipment/fixtures installation)  Full Time: _____ Part Time: _____		Projected New Job Positions as a Result of this Project (Determined at time of energy efficiency equipment/fixtures installation)  Full Time: _____ Part Time: _____	
Project Type: <input type="checkbox"/> New Construction <input type="checkbox"/> Renovation <input type="checkbox"/> Expansion <input type="checkbox"/> Relocation			
Existing sq. ft. _____	Projected sq. ft. _____	Difference sq. ft. _____	
<b>Proposed Sources of Funding</b>	<b>Amount</b>	<b>Proposed Uses of Funding</b>	<b>Amount</b>
Owner's Equity		Energy Audit	
Other Sources of Cash (specify)		Purchase and Installation of Energy Efficiency Equipment and Fixtures	
Energy Efficiency and Conservation Loan			
Bank Loan/HUD Section 108 Loan			
SBA Loan			
Non-banking Lending			
Line of Credit			
Other (specify)		Other	
<b>TOTAL</b>		<b>TOTAL</b>	

**NOTE 1:** Equipment/Installation jobs are eligible.

**NOTE 2:** If activity receives funds via another federal/local program, which also require job creation, the job creation, the jobs created/retained for those programs must be in addition to the jobs created/retained under this program.

**NOTE 3:** Prior to a closing date being set and the revolving loan funds being issued, applicatings must provide firm evidence that all funds are available.

<b>III. Business Information</b>				
Business Applicant's Name (Exact Legal Name)		Doing Business As (if applicable)		
Business Location		Business Mailing Address		
Owner(s)' Name(s)		Owner's Mailing Address		
Taxpayer Identification Number	Business Website	Business Phone	Business Fax	
NAICS Code / Industry Type		State and Date of Incorporation		
Year Business Established	Years Business Ownership	Annual Sales \$		
<b>Business Type</b>				
<b>INDIVIDUAL</b> <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship	<b>CORPORATION</b> <input type="checkbox"/> Sub-S <input type="checkbox"/> C <input type="checkbox"/> LLC	<b>PARTNERSHIP</b> <input type="checkbox"/> General <input type="checkbox"/> Limited <input type="checkbox"/> LLC	<b>OTHER</b> <input type="checkbox"/> Non-Profit Organization <input type="checkbox"/> CRA <input type="checkbox"/> Municipality <input type="checkbox"/> Franchise <input type="checkbox"/> Other _____	
Description of Products and/or Services				
Has the Applicant or any Guarantor or Co-applicant ever declared bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Is the Business Applicant or any Guarantor or Co-applicant a party to any claim or lawsuit? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Are there any state or federal tax liens filed against the Business Applicant or any Guarantor or Co-applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>Ownership – Management Information</b>				
Name	Title	% Ownership	# Years of Ownership	# Years in the line of business

#### IV. Applicant(s)'s Personal Information

APPLICANT			CO-APPLICANT		
Full Name (First, Middle, Last)			Full Name (First, Middle, Last)		
Social Security Number		DOB	Social Security Number		DOB
Home Phone	Cell Phone	Work Phone	Home Phone	Cell Phone	Work Phone
<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried	Pay Alimony	<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried	Pay Alimony
<input type="checkbox"/> Widowed	<input type="checkbox"/> Divorce	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Widowed	<input type="checkbox"/> Divorce	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No			Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If not, are you a lawful permanent Resident Alien?		Alien Registration #	If not, are you a lawful permanent Resident Alien?		Alien Registration #
<input type="checkbox"/> Yes <input type="checkbox"/> No		Place of Birth (Country)	<input type="checkbox"/> Yes <input type="checkbox"/> No		Place of Birth (Country)
Present Address (Street, City, State, Zip Code)			Present Address (Street, City, State, Zip Code)		
<input type="checkbox"/> Own <input type="checkbox"/> Rent			<input type="checkbox"/> Own <input type="checkbox"/> Rent		
<input type="checkbox"/> # Years at this address _____			<input type="checkbox"/> # Years at this address _____		
Mailing Address if different from Present Address			Mailing Address if different from Present Address		
Previous Address (Street, City, State, Zip Code)			Previous Address (Street, City, State, Zip Code)		
Current Employer <input type="checkbox"/> Self-employed			Current Employer <input type="checkbox"/> Self-employed		
From			From		
To			To		
Job Title and # Years in This Line of Work			Job Title and # Years in This Line of Work		

It is important that the next three questions be answered completely. An arrest or conviction record will not necessarily disqualify applicant, however, an untruthful answer will cause your application to be denied. **If you answer "yes" to any of the questions below, please furnish details on a separate sheet.** Include dates, location, fines, sentences, whether misdemeanor or felony, dates of parole/probation, unpaid fines or penalties, name(s) under which charged. and any other pertinent information. **You will be required to give the Office of the Governor - Office of Grants Management and the Energy Revolving Loan Fund (RLF) program authorization to search for criminal records.**

<p>Are you presently under indictment, on parole or probation?</p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>Have you ever been charged with and/or arrested for any criminal offense other than a minor motor vehicle violation? Include offenses which have been dismissed, discharged, or not prosecuted.</p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>Have you ever been convicted, placed on pretrial diversion, or placed on any form of probation, including adjudication withheld pending probation, for any criminal offense other than a minor vehicle violation?</p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No</p>		<p>Are you presently under indictment, on parole or probation?</p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>Have you ever been charged with and/or arrested for any criminal offense other than a minor motor vehicle violation? Include offenses which have been dismissed, discharged, or not prosecuted.</p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>Have you ever been convicted, placed on pretrial diversion, or placed on any form of probation, including adjudication withheld pending probation, for any criminal offense other than a minor vehicle violation?</p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No</p>
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**V. Property Information**

Subject Property Address (street, city, state & ZIP)		Property Control Number(s)	
<input type="checkbox"/> Lot only <input type="checkbox"/> Lot and building		Current Square Footage: _____ sq ft	
<input type="checkbox"/> Own <input type="checkbox"/> Lease		Is there a lien on the property?	
Property Owner's Name and Telephone Number:		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who holds the lien?	

**VI. Business/ Personal Indebtedness**

Creditor Name	Original Date	Maturity Date	Interest Rate	Original Amount	Current Balance	Monthly Payment	Status Current or Late

# CERTIFICATION

By my signature, I certify that I have read and understand the **Office of the Governor - Office of Grants Management and the Energy Revolving Loan Fund (RLF)** program criteria, including loan fees and program requirements. I further certify that all the information I (we) supplied is correct and accurate. All of the owners of the company/organization (regardless of ownership percentage) are aware of this loan application and are in full agreement with the business securing financing for this project. My (our) signature(s) represent my (our) agreement to comply with the **Office of the Governor - Office of Grants Management and the Energy Revolving Loan Fund (RLF) program** as it relates to this loan request.

Each Proprietor, General partner, Limited Partner and Business Owner, owning 10% or more must sign below. For all eligible Non-Profit Organizations, all guarantors must be approved by the **Office of the Governor - Office of Grants Management and the Energy Revolving Loan Fund (RLF) program**.

Name of Authorized Business Representative:

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Title:

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