



APPLICATION CHECKLIST

Please deliver two (2) original, complete applications and all applicable attachments to:

Texas Community Capital
1524 S IH35, Suite 310
Austin, TX 78704
512-916-0508
Fax: 512-916-0541

Dear Applicant:

In order to process your financing request we require the following applicable supplementary documents:

- Front
Cover Letter (on organization's letterhead, noting the amount and included documents)
This Checklist
Borrower Information completed

- TAB A Professional Capacity:
Corporate or individual resumes of organization management

- TAB B Community Involvement
Area Impact Statement
Letters of community/neighborhood support (if applicable)

- TAB C Organization Financials:
941 Form: Employer's Quarterly Federal Tax Return
Collateral (only list assets and their respective value that the organization owns outright)
Business financial projections for three (3) years (if applicable)

- TAB D Organization Information:
List of current Board members, including professions/affiliations
Good Standing Certificate (from Texas Comptroller)
Certificate of Incorporation
IRS determination letter (if non-profit)

- TAB E Other:
Other items as indicated: (if applicable)



BORROWER INFORMATION

Organization Information				
Legal Name (under which tax returns are filed)		Tax Identification #		Primary Contact (Last, First)
Physical Address	City	State	Zip Code	Business Telephone Number: () -
Mailing Address (if different)	City	State	Zip Code	Email Address
URL				
<input type="checkbox"/> Certified CDFI	<input type="checkbox"/> Certified CHDO	<input type="checkbox"/> 502 Loan Packager	<input type="checkbox"/> Other Non-Profit	

Request for Funding	
Loan Amount Requested:	\$
Term Requested:	
Purpose of Funding:	

CERTIFICATION

I, _____, as applicant hereunder, certify that I have the authority to act on behalf of _____ to submit this application and that all information and representations in this application and all information furnished in support of this application is (i) given for the purpose of obtaining financial assistance under TEXAS COMMUNITY CAPITAL (TCC) and (ii) is true and complete to the best of the applicant’s knowledge and belief.

All applicants to the TCC must prove to the satisfaction of the Board of Directors that they either individually or through prior or current business associations, partnerships, corporations or any other form in which the applicants have conducted business, are not delinquent in payment of any federal, state, or local taxes, or in the filing of any reporting requirements to any government entity.

The applicant shall not in any manner discriminate against any person on the basis of race, color, creed, religion, sex, national origin, age, familial status or handicap.

I acknowledge that verification of any of the information contained in this application may be obtained from any source named herein or any other source with the TCC desires to contact.

The applicant will at all times indemnify and hold harmless the TCC against all losses, costs, damages, expenses, and liabilities of any nature directly or indirectly resulting from, arising out of or relating to the TCC’s acceptance, consideration, approval or disapproval of this request and the issuance or non-issuance of funds herewith.

IN WITNESS WHEREOF, the undersigned, being duly authorized, has caused this document to be executed in its name on this ____ day of _____, _____.

Signature Authority

Title