



# COMPANY PROFILE SHEET

*(All information is confidential)*

## GENERAL INFORMATION

LEGAL NAME OF OPERATING ENTITY:	OWNERSHIP STRUCTURE ( <i>Corporation, LLC, Partnership, Sole Proprietor, etc.</i> ):
DATE FOUNDED:	STATE IN WHICH ORGANIZED ( <i>If Not Sole Proprietor</i> ):

## OWNERSHIP OF OPERATING ENTITY

1. If operating as a **sole proprietorship** or **partnership**; List each individual's name and their percentage of ownership below.\*
2. If operating as an **LP**, **LLC**, **Corporation**, etc.; List the legal name of the operating entity, each principal owner of the entity, and their percentage of ownership below.

Legal Name of Operating Entity:

**DETAILED HISTORY OF OPERATING ENTITY:**

**DETAILED DESCRIPTION OF PRODUCT AND PRIMARY BUSINESS OF OPERATING ENTITY:**

*\*Add additional sheets if necessary.*

Request for Taxpayer  
Identification Number and CertificationGive Form to the  
requester. Do not  
send to the IRS.Print or type  
See Specific Instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.																										
2 Business name/disregarded entity name, if different from above																										
3 Check appropriate box for federal tax classification; check only <b>one</b> of the following seven boxes: <table border="0" style="margin-left: 20px;"> <tr> <td><input type="checkbox"/> Individual/sole proprietor or single-member LLC</td> <td><input type="checkbox"/> C Corporation</td> <td><input type="checkbox"/> S Corporation</td> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> Trust/estate</td> </tr> <tr> <td colspan="5"><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶</td> </tr> <tr> <td colspan="5"><b>Note.</b> For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.</td> </tr> <tr> <td colspan="5"><input type="checkbox"/> Other (see instructions) ▶</td> </tr> </table>							<input type="checkbox"/> Individual/sole proprietor or single-member LLC	<input type="checkbox"/> C Corporation	<input type="checkbox"/> S Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Trust/estate	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶					<b>Note.</b> For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.					<input type="checkbox"/> Other (see instructions) ▶				
<input type="checkbox"/> Individual/sole proprietor or single-member LLC	<input type="checkbox"/> C Corporation	<input type="checkbox"/> S Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Trust/estate																						
<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶																										
<b>Note.</b> For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.																										
<input type="checkbox"/> Other (see instructions) ▶																										
5 Address (number, street, and apt. or suite no.)				Requester's name and address (optional)																						
6 City, state, and ZIP code																										
7 List account number(s) here (optional)																										

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number

or

Employer identification number

**Part II Certification**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶
--------------	-------------------------------	--------

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.*

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.



## CERTIFICATION OF APPLICANT AND OTHER ENTITIES

To be completed by LOAN APPLICANT and ALL ENTITIES which hold a 20% or greater ownership interest in the loan applicant.

### GENERAL INFORMATION

1. FULL LEGAL NAME:	2. PHONE NUMBER:	
3. ADDRESS:		
4. LOAN PROGRAM:		
5. STATE OF ORGANIZATION:	6. FEIN:	7. IF NOT LOAN APPLICANT, GIVE THE PERCENTAGE OF OWNERSHIP IN THE LOAN APPLICANT:

You must initial your responses to questions 8-13.

If you answer "yes" to questions 8-12 or "no" to question 13, furnish details on a separate sheet. For criminal matters, include dates, location, fines, sentences, whether misdemeanor or felony, unpaid fines or penalties, and any other pertinent information. A criminal record will not necessarily disqualify you; however, an untruthful answer will cause your application to be denied and subject you to other penalties as noted below.

8. Is your firm presently subject to an indictment, criminal information, arraignment, or other means by which formal criminal charges are brought in any jurisdiction?

Yes     No    Initials: \_\_\_\_\_

9. Has your firm filed for bankruptcy within the past ten (10) years?

Yes     No    Initials: \_\_\_\_\_

10. Are there any outstanding judgments entered against your firm?

Yes     No    Initials: \_\_\_\_\_

11. Is your firm presently a party to any lawsuits?

Yes     No    Initials: \_\_\_\_\_

12. Are there any local, state or federal tax liens filed against your firm?

Yes     No    Initials: \_\_\_\_\_

13. Is your firm current with all local, state, and federal taxes?

Yes     No    Initials: \_\_\_\_\_

### CERTIFICATION

**CAUTION – PENALTIES FOR FALSE STATEMENTS:** Knowingly making a false statement on this form is a violation of law and could result in criminal prosecution, significant civil penalties, and a denial of your loan.

NAME & TITLE (TYPED OR PRINTED):

SIGNATURE:

DATE:



## CERTIFICATION OF INDIVIDUAL

To be completed by ALL INDIVIDUALS who hold a 20% or greater ownership interest in the loan applicant.

## GENERAL INFORMATION

1. NAME AND ADDRESS OF APPLICANT (Firm Name, Street, City, State and Zip):	2. LOAN PROGRAM:
	3. PERSONAL STATEMENT OF: 3B. MIDDLE NAME: 3C. LAST NAME: 3A. FIRST NAME:
	4. % OF OWNERSHIP IN LOAN APPLICATION: 5. SOCIAL SECURITY #:
6. DATE OF BIRTH (Month, Day and Year):	7. PLACE OF BIRTH (City & State or Foreign Country):
8. U.S. CITIZEN? <input type="checkbox"/> Yes <input type="checkbox"/> No Initials: _____ If No, are you a lawful permanent resident alien? <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. RESIDENCE: From (MM/DD/YY): _____ To (MM/DD/YY): _____ ADDRESS (Street, City, State and Zip):	MOST RECENT PRIOR ADDRESS (omit if over 10 years ago): From (MM/DD/YY): _____ To (MM/DD/YY): _____ ADDRESS (Street, City, State and Zip):
HOME PHONE (Include Area Code):	BUSINESS PHONE (Include Area Code):

You must initial your responses to questions 8 and 10-17.

If you answer "yes" to questions 10-16 or "no" to question 17, furnish details on a separate sheet. For criminal matters, include dates, location, fines, sentences, whether misdemeanor or felony, unpaid fines or penalties, and any other pertinent information. A criminal record will not necessarily disqualify you; however, an untruthful answer will cause your application to be denied and subject you to other penalties as noted below.

10. Are you presently subject to an indictment, criminal information, arraignment, or other means by which formal criminal charges are brought in any jurisdiction? <input type="checkbox"/> Yes <input type="checkbox"/> No Initials: _____
11. Have you been arrested in the past 12 months for any criminal offense? <input type="checkbox"/> Yes <input type="checkbox"/> No Initials: _____
12. For any criminal offense – other than a minor vehicle violation – have you ever: 1) been convicted; 2) pled guilty; 3) pled nolo contendere; 4) been placed on pretrial diversion; or 5) been placed on any form of parole or probation (including probation before judgment)? <input type="checkbox"/> Yes <input type="checkbox"/> No Initials: _____
13. Have you filed for bankruptcy within the past ten (10) years? <input type="checkbox"/> Yes <input type="checkbox"/> No Initials: _____
14. Are there any outstanding judgments entered against you? <input type="checkbox"/> Yes <input type="checkbox"/> No Initials: _____
15. Are you presently a party to any lawsuits? <input type="checkbox"/> Yes <input type="checkbox"/> No Initials: _____
16. Are there any local, state or federal tax liens filed against you? <input type="checkbox"/> Yes <input type="checkbox"/> No Initials: _____
17. Are you current with all local, state, and federal taxes? <input type="checkbox"/> Yes <input type="checkbox"/> No Initials: _____

## CERTIFICATION

**CAUTION – PENALTIES FOR FALSE STATEMENTS:** Knowingly making a false statement on this form is a violation of law and could result in criminal prosecution, significant civil penalties, and a denial of your loan.

NAME &amp; TITLE (TYPED OR PRINTED):

SIGNATURE:

DATE:

## EXHIBIT C

**<IDENTIFY THE LEGAL NAME OF THE ENTITY OR INDIVIDUAL RESPONSIBLE FOR THE BELOW DEBTS>**

**Instructions:** Complete the following form for all installment debts, contracts, notes, and mortgages payable, including shareholder notes. Do not include accounts payable or accrued liabilities. Loan balance entries must all be as of the same date. If additional room is needed please use additional forms.

## CASH FLOW ANALYSIS STATEMENT (Exhibit D)

### Debt-Service Coverage Ratio (DSCR) for Applicant Business Enterprise:

Net Income Before Taxes for Applicant Business Enterprise \$ \_\_\_\_\_

Plus: Interest Expense \$ \_\_\_\_\_

Depreciation & Amortization Expense \$ \_\_\_\_\_

**Total Cash Available for Annual Debt Service** \$ \_\_\_\_\_

**Applicants Total Annual Existing Debt Service Payments Including Principal & Interest** \$ \_\_\_\_\_

**DSCR = Total Cash Available for Annual Debt Service / Total Annual Existing Debt Service**



## PERSONAL FINANCIAL STATEMENT

## SECTION I: GENERAL INFORMATION

Please check appropriate box:

**Individual Credit** – If relying on your own income and assets and not the income and assets of a spouse or another person as a basis for extension or repayment of credit, complete the Financial Statement below only as it applies to you, individually. Do not provide any jointly-held information (income, assets or liabilities) about a spouse or another person. Sign the Financial Statement.

**Joint Credit** – If applying for joint credit or for individual credit relying on income or assets of a spouse or another person for extension and repayment of credit requested, complete the Financial Statement below. Include information about income, assets and liabilities of the spouse or other person. Both Applicant and Spouse or Co-Applicant must sign this Statement.

Please do not leave any questions unanswered. Use "no" or "none" where necessary.

## SECTION II: ASSETS &amp; LIABILITIES AND NET WORTH

ASSETS	<i>In Even Dollars</i>	LIABILITIES AND NET WORTH	<i>In Even Dollars</i>
1. Cash on hand and in Banks—See Schedule A	\$	11. Notes Payable: This Bank—See Schedule A	\$
2. U.S. Government Securities—See Schedule B		12. Notes Payable: Other Institutions—See Schedule A	
3. Listed Securities—See Schedule B		13. Notes Payable—Relatives	
4. Unlisted Securities—See Schedule B		14. Notes Payable—Others	
5. Other Equity Interests—See Schedule B		15. Accounts and Bills Due	
6. Accounts and Notes Receivable		16. Unpaid Taxes	
7. Real Estate Owned—See Schedule C		17. Real Estate Mortgages Payable— See Schedule C or D	
8. Mortgages and Land Contracts Receivable— See Schedule D		18. Land Contracts Payable—See Schedule C or D	
9. Cash Value Life Insurance—See Schedule E		19. Life Insurance Loans—See Schedule E	
10. Other Assets: Itemize		20. Other Liabilities: Itemize	
		<b>TOTAL LIABILITIES</b>	\$
		<b>NET WORTH</b>	\$
<b>TOTAL ASSETS</b>	\$	<b>TOTAL LIABILITIES AND NET WORTH</b>	\$

## SECTION III: SOURCES OF INCOME

SOURCES OF INCOME	<i>In Even Dollars</i>	
1. Salary	\$	6. *Alimony, child support or separate maintenance payments need not be disclosed unless relied upon as a basis for extension of credit. If disclosed, payments received under: <input type="checkbox"/> court order <input type="checkbox"/> written agreement <input type="checkbox"/> oral understanding
2. Bonus and Commissions		
3. Dividends		
4. Real Estate Income		7. Do you anticipate any substantial inheritances? <input type="checkbox"/> No <input type="checkbox"/> Yes
5. *Other Income: Itemize		
		8. If yes, please explain:
<b>TOTAL</b>	\$	

**Schedule A: Banks, Brokers, Savings & Loan Association, Finance Companies or Credit Unions.**

List here the names of all the institutions at which you maintain a deposit account and/or where you have obtained loans.

Name of Institution	Name on Account	Balance on Deposit	High Credit	Amount Owing	Monthly Payment	Secured by What Assets
<b>TOTAL:</b>		<b>TOTAL:</b>				

**Schedule B: U.S. Governments, Stocks (Listed & Unlisted), Bonds (Gov't & Comm.), and Partnership Interests (General & Ltd.)**

Number of: Shares, Face Value (Bonds), or % of Ownership	Indicate: 1. Agency or name of company issuing security or name of partnership 2. Type of investment or equity classification 3. Number of shares, bonds or % of ownership held 4. Basis of valuation*	In Name of	*Market Value	Pledged	
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>TOTAL:</b>					

\*If unlisted security or partnership interest, provide current financial statements to support basis for valuation.

Schedule C: Real Estate Owned (and related debt, if applicable)							
Description of Property or Address	Title in Name of	Date Acquired	Cost + Improvements	Present Market Value	Mortgage or Land Contract Payable		
					Bal. Owing	Mo. Pmt.	Holder
<b>TOTAL:</b>							

Schedule D: Real Estate: Mortgages & Land Contracts Receivable (and related debt, if applicable)							
Property Address	Legal Owner	Year Acquired	Purchase Price	Market Value	Loan Balance	Mo. Pmt.	Lender
<b>TOTAL:</b>							

Schedule E: Life Insurance Carried				
Name of Company	Face Amount	Cash Surrender Value	Amount Borrowed	Beneficiary
<b>TOTAL:</b>				

**SECTION IV: CERTIFICATION**

I/we have carefully read and submitted the foregoing information provided on all three pages of this statement to the Pennsylvania Industrial Development Authority. The information is presented as a true and accurate statement of my/our financial condition on the date indicated. This statement is provided for the purpose of obtaining and maintaining credit with the Authority. I/we agree that if any material change(s) occur(s) in my/our financial condition that I/we will immediately notify the Authority of said change(s) and unless the Authority is so notified it may continue to rely upon this financial statement and the representations made herein as a true and accurate statement of my/our financial condition.

I/we authorize the Authority to make whatever credit inquiries it deems necessary in connection with this financial statement. I/we authorize and instruct any person or consumer-reporting agency to furnish to the Authority any information that it may have or obtain in response to such credit inquiries.

**I/we also hereby certify that no payment requirements listed herein are delinquent or in default except as follows; if "NONE" please state.**

**I/we fully understand that it is a federal crime punishable by fine or imprisonment or both to knowingly make any false statements concerning any of the above facts, pursuant to 18 U.S.C. Section 1014.**

1. APPLICANT'S SIGNATURE:	2. DATE SIGNED:	3. SOCIAL SECURITY #:	4. DATE OF BIRTH:
5. SPOUSE'S OR CO-APPLICANT'S SIGNATURE:	6. DATE SIGNED:	7. SOCIAL SECURITY #:	8. DATE OF BIRTH:
9. YOUR HOME ADDRESS			
10. CITY:		11. STATE:	12. ZIP:
13. HOME PHONE NUMBER:	14. HOME EMAIL:		
15. YOUR ACCOUNTANT'S NAME:	16. ACCOUNTANT'S PHONE NUMBER:		
17. YOUR ATTORNEY'S NAME:	18. ATTORNEY'S PHONE NUMBER:		

## PIDA CWCA - PROJECT NARRATIVE

Economic Growth Connection

### PROJECT NARRATIVE

NAME OF COMPANY:

COMPANY ADDRESS:

AMOUNT OF LOAN REQUESTED: \$	TEMPORARILY CLOSED DUE TO COVID-19?: YES or NO	IF SO, DATE OF CLOSURE AND DATE OPERATIONS RESUME: DATE OF CLOSEURE _____ DATE OPERATIONS RESUME _____
---------------------------------	---	--

BRIEF DESCRIPTION OF ADVERSE FINANCIAL IMPACT CASUSED TO DATE BY COVID-19:

BRIEF DESCIRPTION OF HOW THE WORKING CAPITAL LOAN PROCEEDS WILL BE USED TO FINANCE BUSINESS OPERATIONS: