FSM DEVELOPMENT BANK LOAN APPLICATION
[ ] Micro & Small [ ] Regular BLDF [ ] Surety Bond
(The Loan Officers can assist if there is any question)

PART A: PERSONAL INFORMATION	
1. Name of Applicant: 2. Gender _____	3. Citizen of:
4. Date of Birth:	5. Social Security No:
6. Physical Address:	7. E-mail Address.
8. Mailing Address:	9. Home Phone: Office Phone: Cell Phone:
10. Present Occupation:	11. Previous Occupation:
12. No. of Years in Current Business:	13. Number of Years in Previous Occupation:
14. Highest Educational Attainment:	15. ID Forms Provided? ☐ Social Security ☐ Passport ☐ Driver License
16. Have You Borrowed Money Before? ☐ YES ☐ NO	17. From Whom? 18. Amount Borrowed? $_____
19. Bank where you maintain your Accounts:	

PART B: CO-APPLICANT/CO-OBLIGOR INFORMATION	
1. Name of Co-Applicant: 2. Gender _____	3. Citizen of:
4.Date of Birth:	5. Social Security No:
6. Physical Address:	7. E-mail Address:
8. Mailing Address:	9. Home Phone: Office Phone: Cell Phone:
10. Present Occupation:	11. Previous Occupation:
12. No. of Years in Current Business:	13. Number of Years in Previous Occupation:
14. Highest Educational Attainment:	15. ID Forms Provided? ☐ Social Security ☐ Passport ☐ Driver License
16. Have You Borrowed Money Before? ☐ YES ☐ NO	17. From Whom? 18. Amount Borrowed? $_____
19. Bank where you maintain your Accounts:	

PART C: FAMILY INFORMATION	
1. Name of Spouse:	2. Date of Birth:
3. Spouse's Involvement in Business:	4. Social Security No.

5. Children / Other Relatives Involved in the Business

Name	Relationship	Age	Role in Business

PART D: THE PROPOSED LOAN	
1. Brief Project Description:	2. Location of Project:

3. Estimate of Financial Requirements			
Item to be Financed	Total Estimate	Proposed Sources of Financing	
		Bank Loan	Own Contribution

PART E: BUSINESS INFORMATION

1. Nature of Business: [ ] Subsistence [ ] Start-up [ ]Expansion	2. Legal Structure: _____ 3. Years of Operation: _____
3. Project Type:	
5. Number of Jobs Created: Local: Male _____ Female _____ Foreign: Male _____ Female _____	

PART F: COLLATERALS OFFERED

Type Of Assets	Location	Purchase Year/Amount	Value
Land			$
Machinery/Equipment			
Vehicle/Boat			
Other (Specify)			

PART G: DECLARATION

	Primary Applicant	Co-Applicant
Are you a guarantor on anyone's debt?	[ ] Yes [ ] No	[ ] Yes [ ] No
Do you have involvement in any other businesses?	[ ] Yes [ ] No	[ ] Yes [ ] No
Are there any court cases/judgment against you?	[ ] Yes [ ] No	[ ] Yes [ ] No
Have you filed a petition in court for bankruptcy relief or compromised a debt?	[ ] Yes [ ] No	[ ] Yes [ ] No
Have you previously defaulted on a debt/loan?	[ ] Yes [ ] No	[ ] Yes [ ] No

(Please give detail for "YES" answers)

PART H: CERTIFICATION

I/WE HEREBY CERTIFY THAT:

All the information written and supporting documents submitted are true and correct to the best of my/our knowledge and belief, to support my/our loan application submitted to FSM Development for consideration.

_____ _____

Primary Applicant Name/ Signature Date

_____

Title

_____ _____

Co-Applicant Name/Signature Date

_____

Title

FEDERATED STATES OF MICRONESIA
DEVELOPMENT BANK
Corporate Office
P.O. Box M
Pohnpei, FM 96941

AUTHORIZATION TO RELEASE AND OBTAIN INFORMATION AND DOCUMENTS

The undersigned hereby authorizes the Federated States of Micronesia Development Bank and its staff to obtain from and for, and to disclose to the Bank all types of information and provide copies of documents in conjunction with my request for financial assistance. This authorization applies to any and all persons, businesses and government entities. This authorization shall remain in effect during the processing of the loan application, and if the loan is approved, this authorization shall remain in effect so long as there is any amount outstanding on the loan.

_____	_____
Print Name	Print Name
Primary Applicant	Co-Applicant
_____	_____
Signature	Signature

Subscribed and sworn to before me this _____ day of _____ 20____.

_____
Notary Public

My commission expires: _____

FEDERATED STATES OF MICRONESIA
DEVELOPMENT BANK
P.O BOX M
KOLONIA, POHNPEI FM 96941

REQUEST FOR CREDIT INFORMATION

Date: _____

Information Provider: BANK OF GUAM
Address: _____
_____

Applicant: _____ SSN: _____

Co-Applicant: _____ SSN: _____

The above applicant(s) has/have granted FSM Development Bank authorization to obtain information from your lending institution. Please provide us with the following information:

Credit Information: **Active Loans only**

Individual or Joint	Account Number	Opened Date	Principal Amount	Current Balance	Term	Monthly Payment	Last Payment	Next Payment	Credit Rating

Credit Information**: Fully Paid Loans**

Individual or Joint	Account Number	Opened Date	Principal Amount	Current Balance	Term	Monthly Payment	Last Payment	Next Payment	Credit Rating

The undersigned hereby authorizes the Federated States of Micronesia Development Bank and its staff to obtain from for, and to disclose to the Bank all types information and provide copies of documents in conjuction with my request for financial assistance. This authorization applies to any and all persons, offices and entities, credit reporting agencies, businesses, lenders, banks, government entities and tax authorities. This authorization shall remain in effected during the processing of the loan application, and if the loan is approved, this authorization shall remain in effect so long as there are is amount outstanding on the loan.

_____ _____
Applicant's Signature Co-Applicant's Signature

I am authorized representative of the address and attest to the accurancy of the information provided herein.

Creditor's Signature _____ Title: _____

Print Name: _____

FEDERATED STATES OF MICRONESIA
DEVELOPMENT BANK
P.O BOX M
KOLONIA, POHNPEI FM 96941

REQUEST FOR CREDIT INFORMATION

Date: _____

Information Provider: BANK OF THE FSM
Address: _____
_____

Applicant: _____ SSN: _____

Co-Applicant: _____ SSN: _____

The above applicant(s) has/have granted FSM Development Bank authorization to obtain information from your lending institution. Please provide us with the following information:

Credit Information: **Active Loans only**

Individual or Joint	Account Number	Opened Date	Principal Amount	Current Balance	Term	Monthly Payment	Last Payment	Next Payment	Credit Rating

Credit Information**: Fully Paid Loans**

Individual or Joint	Account Number	Opened Date	Principal Amount	Current Balance	Term	Monthly Payment	Last Payment	Next Payment	Credit Rating

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_____ _____
Applicant's Signature Co-Applicant's Signature

I am authorized representative of the address and attest to the accurancy of the information provided herein.

Creditor's Signature _____ Title: _____

Print Name: _____

FEDERATED STATES OF MICRONESIA
DEVELOPMENT BANK
P.O BOX M
KOLONIA, POHNPEI FM 96941

REQUEST FOR CREDIT INFORMATION

Date: _____

Information Provider: RURAL DEVELOPMENT
Address: _____
_____

Applicant: _____ SSN: _____

Co-Applicant: _____ SSN: _____

The above applicant(s) has/have granted FSM Development Bank authorization to obtain information from your lending institution. Please provide us with the following information:

Credit Information: **Active Loans only**

Individual or Joint	Account Number	Opened Date	Principal Amount	Current Balance	Term	Monthly Payment	Last Payment	Next Payment	Credit Rating

Credit Information**: Fully Paid Loans**

Individual or Joint	Account Number	Opened Date	Principal Amount	Current Balance	Term	Monthly Payment	Last Payment	Next Payment	Credit Rating

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_____ _____
Applicant's Signature Co-Applicant's Signature

I am authorized representative of the address and attest to the accurancy of the information provided herein.

Creditor's Signature _____ Title: _____

Print Name: _____

FEDERATED STATES OF MICRONESIA
DEVELOPMENT BANK
P.O BOX M
KOLONIA, POHNPEI FM 96941

REQUEST FOR CREDIT INFORMATION

Date: _____

Information Provider: HOUSING AUTHORITY
Address: _____
_____

Applicant: _____ SSN: _____

Co-Applicant: _____ SSN: _____

The above applicant(s) has/have granted FSM Development Bank authorization to obtain information from your lending institution. Please provide us with the following information:

Credit Information: **Active Loans only**

Individual or Joint	Account Number	Opened Date	Principal Amount	Current Balance	Term	Monthly Payment	Last Payment	Next Payment	Credit Rating

Credit Information**: Fully Paid Loans**

Individual or Joint	Account Number	Opened Date	Principal Amount	Current Balance	Term	Monthly Payment	Last Payment	Next Payment	Credit Rating

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_____ _____
Applicant's Signature Co-Applicant's Signature

I am authorized representative of the address and attest to the accurancy of the information provided herein.

Creditor's Signature _____ Title: _____

Print Name: _____

FEDERATED STATES OF MICRONESIA
DEVELOPMENT BANK
P.O BOX M
KOLONIA, POHNPEI FM 96941

REQUEST FOR CREDIT INFORMATION

Date: _____

Information Provider: FSM DEVELOPMENT BANK
Address: _____
_____

Applicant: _____ SSN: _____

Co-Applicant: _____ SSN: _____

The above applicant(s) has/have granted FSM Development Bank authorization to obtain information from your lending institution. Please provide us with the following information:

Credit Information: **Active Loans only**

Individual or Joint	Account Number	Opened Date	Principal Amount	Current Balance	Term	Monthly Payment	Last Payment	Next Payment	Credit Rating

Credit Information**: Fully Paid Loans**

Individual or Joint	Account Number	Opened Date	Principal Amount	Current Balance	Term	Monthly Payment	Last Payment	Next Payment	Credit Rating

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_____ _____
Applicant's Signature Co-Applicant's Signature

I am authorized representative of the address and attest to the accurancy of the information provided herein.

Creditor's Signature _____ Title: _____

Print Name: _____

FEDERATED STATES OF MICRONESIA
DEVELOPMENT BANK
P.O BOX M
KOLONIA, POHNPEI FM 96941

REQUEST FOR CREDIT INFORMATION

Date: _____

Information Provider: PACIFIC ISLANDS DEVELOPMENT BANK
Address: _____
_____

Applicant: _____ SSN: _____

Co-Applicant: _____ SSN: _____

The above applicant(s) has/have granted FSM Development Bank authorization to obtain information from your lending institution. Please provide us with the following information:

Credit Information: **Active Loans only**

Individual or Joint	Account Number	Opened Date	Principal Amount	Current Balance	Term	Monthly Payment	Last Payment	Next Payment	Credit Rating

Credit Information**: Fully Paid Loans**

Individual or Joint	Account Number	Opened Date	Principal Amount	Current Balance	Term	Monthly Payment	Last Payment	Next Payment	Credit Rating

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_____ _____
Applicant's Signature Co-Applicant's Signature

I am authorized representative of the address and attest to the accurancy of the information provided herein.

Creditor's Signature _____ Title: _____

Print Name: _____

FEDERATED STATES OF MICRONESIA
DEVELOPMENT BANK
P.O BOX M
KOLONIA, POHNPEI FM 96941

REQUEST FOR CREDIT INFORMATION

Date: _____

Information Provider: MESENIENG CREDIT UNION
Address: _____
_____

Applicant: _____ SSN: _____

Co-Applicant: _____ SSN: _____

The above applicant(s) has/have granted FSM Development Bank authorization to obtain information from your lending institution. Please provide us with the following information:

Credit Information: **Active Loans only**

Individual or Joint	Account Number	Opened Date	Principal Amount	Current Balance	Term	Monthly Payment	Last Payment	Next Payment	Credit Rating

Credit Information**: Fully Paid Loans**

Individual or Joint	Account Number	Opened Date	Principal Amount	Current Balance	Term	Monthly Payment	Last Payment	Next Payment	Credit Rating

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_____ _____
Applicant's Signature Co-Applicant's Signature

I am authorized representative of the address and attest to the accurancy of the information provided herein.

Creditor's Signature _____ Title: _____

Print Name: _____

FEDERATED STATES OF MICRONESIA
DEVELOPMENT BANK
P.O BOX M
KOLONIA, POHNPEI FM 96941

REQUEST FOR CREDIT INFORMATION

Date: _____

Information Provider: SMALL BUSINESS GUARANTEE & FINANCE CORP.
Address: _____
_____

Applicant: _____ SSN: _____

Co-Applicant: _____ SSN: _____

The above applicant(s) has/have granted FSM Development Bank authorization to obtain information from your lending institution. Please provide us with the following information:

Credit Information: **Active Loans only**

Individual or Joint	Account Number	Opened Date	Principal Amount	Current Balance	Term	Monthly Payment	Last Payment	Next Payment	Credit Rating

Credit Information**: Fully Paid Loans**

Individual or Joint	Account Number	Opened Date	Principal Amount	Current Balance	Term	Monthly Payment	Last Payment	Next Payment	Credit Rating

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I am authorized representative of the address and attest to the accurancy of the information provided herein.

Creditor's Signature _____ Title: _____

Print Name: _____