

City of Tacoma Environmental Services Department

# Conservation Loan Program Fact Sheet Commercial & Multi-family Rental

The City of Tacoma offers low-interest loans to businesses with terms up to 10 years for qualifying sewer or storm water conservation projects.

#### **ELIGIBILITY**

- The project must be located within the City of Tacoma boundaries.
- Loans are available for existing commercial, industrial buildings. New construction is not eligible.
- The project must meet Conservation Sewer Loan underwriting requirements.

#### **TERMS**

- The interest rate for the loan is 2% below the Prime rate on the date the loan agreement is signed, with a minimum rate of 4%.
- Loans may be made for up to 90% of the estimated project cost.
- The minimum loan amount is \$10,000 and the maximum is \$100,000. Loan repayments are made monthly and are not part of the regular utility bill.
- Loans must be secured by a sufficient security interest (lien) in the project property.
- Applicant must apply for the loan before the project is completed. If you install measures before your loan is approved and closed, you may be responsible for the costs incurred if the loan does not go through.
- Loan disbursement will not take place until the project is completed and signed off by Environmental Services staff.

#### **How the Process Works**

- Identify the cost of your project with a contractor.
   We recommend that you get at least two bids.
- Complete and return the application form along with other requested documents and the loan application fee of \$250. This fee is non-refundable, but will be credited against your loan costs if you are approved.

- An independent agency conducts a credit review.
- The Environmental Services Conservation Loan Committee reviews the application and makes a decision on the loan.
- The City notifies the applicant if the loan is approved, and prepares documents for the applicant to sign.

#### **Loan Fees and Costs**

You will be responsible for the fees and expenses identified here. The estimated costs are based on a \$25,000 loan to a oneowner business. Actual costs will vary by situation. All fees must be paid in full when your loan is recorded.

| Title insurance             |             |
|-----------------------------|-------------|
| Loan set-up fees            | \$ 250.00 * |
| Recording fees              |             |
| Credit report               | \$ 10.00    |
| Appraisal fee (if required) |             |

<sup>\*</sup> The loan fee is fixed at \$250., regardless of loan amount.

#### **Contact Information**

If you have questions about Tacoma's Conservation Sewer Loan program, please contact:

Stephanie Seivert Conservation Sewer Loan Program C/O Business Operations 2201 Portland Avenue Tacoma, WA 98421

Email: sseivert@cityoftacoma.org

Phone: 253-502-2255 Fax: 253-502-2295

Hours: Mon-Fri, 9:00 AM to 4:00 PM



### Please provide the following:

Please indicate whether the item is included.

| 1.  | The last 3 years of financial statements, including balance sheet and income statements, for your business. Three years of tax returns may be substituted in lieu of financial statements.                                       | ☐ Yes | □ No | □ N/A |
|-----|--|-------|------|-------|
| 2.  | Interim financial statement, including balance sheet and income statement. Interim statement must be no more than 6 months old.  | ☐ Yes | □ No | □ N/A |
| 3.  | If you have acquired this property within the past 2 years, a projection of the current year's income and expenses.  | ☐ Yes | □ No | □ N/A |
| 4.  | Completed Conservation Loan Application for commercial properties.   | ☐ Yes | □ No | □ N/A |
| 5.  | Aging of Accounts Receivable and Payables. This should be dated the same date as your Interim Financial Statement.   | ☐ Yes | □ No | □ N/A |
| 6.  | Schedule of fixed obligations not outlined on financial statements.  | ☐ Yes | □ No | □ N/A |
| 7.  | Personal financial statements on business principal(s). A form is enclosed for your convenience.   | ☐ Yes | □ No | □ N/A |
| 8.  | If an appraisal has been completed within the past year, please provide a copy of the summary pages.   | ☐ Yes | □ No | □ N/A |
| 9.  | Copy of borrowing authority. Articles of incorporation, certificate of partnership or LLC formation. These documents should detail who is authorized to sign for the business entity.  | ☐ Yes | □ No | □ N/A |
| 10. | Summary of business and its history.   | ☐ Yes | □ No | □ N/A |
| 11. | Copy of project evaluation from Environmental Services or an itemized description of the work to be completed.   | ☐ Yes | □ No | □ N/A |
| 12. | Copy of current property insurance coverage. Alternately, you may provide your insurance agent's name and phone number. If approved, the City of Tacoma will need to be listed as "Additional Insured" on your insurance policy. | ☐ Yes | □ No | □ N/A |
| 13. | \$250.00 application fee. We only accept checks at this time. Please make check payable to City of Tacoma.   | ☐ Yes | □ No | □N/A  |

Submit application and supporting documents to: City of Tacoma

Conservation Sewer Loan Program 2201 Portland Avenue Building P1

Tacoma WA 98421



| Company Information                              |                                   |                                    |            |                                 |                       |          |      |
|--|-----------------------------------|------------------------------------|------------|---------------------------------|-----------------------|----------|------|
| Legal name (under which tax returns are filed)   |                                   | Business phone n                   | umber      | F                               | Federal tax ID number |          |      |
| Company (or DBA Name)                            | Date business established (MM/YY) |                                    |            | Current owner(s) since: (MMIYY) |                       |          |      |
| Project address City State                       |                                   | Type of ownership O Sole proprieto | or (       | ) Cor                           | poration              |          | LLC  |
| Mailing address (if different)                   |                                   | O Partnership                      | (          | ) Nor                           | nprofit               | 0        | Othe |
| Briefly describe your product or service         | _                                 |                                    |            |                                 |                       |          |      |
| Primary Business Accounts (you may use addition  |                                   | r if necessary)                    |            |                                 |                       |          |      |
| Bank name and branch                             |                                   | Accou                              | ınt number |                                 | Pho                   | one numb | er   |
|  |                                   | _                                  |            |                                 |                       |          |      |
|  |                                   | _                                  |            |                                 |                       |          |      |
| ccountant:                                       |                                   |                                    |            |                                 |                       |          |      |
| surance agent:                                   |                                   |                                    |            |                                 |                       |          |      |
| ttorney:   |                                   | _ Phone Number:                    |            |                                 |                       |          |      |
| Owner/Principal(s) Information                   |                                   |                                    |            |                                 |                       |          |      |
| Name   | Title                             |                                    | <b>%</b>   | of ow                           | rnership              |          |      |
|  |                                   |                                    |            |                                 |                       |          |      |
|  |                                   |                                    |            |                                 |                       |          |      |
| Are you or your business involved in any pending | g lawsuit                         | ?                                  | □Yes       |                                 | □No                   |          |      |
| Have any owners/officers been involved in a bar  | nkruptcy?                         | •                                  | □Yes       |                                 | □No                   |          |      |
| Do you or your business have any past due taxe   | es?                               |                                    | □Yes       |                                 | □No                   |          |      |

If you answered yes to any of the questions above, please attach a detailed explanation on a separate sheet.



| Accounts Rece   | ivable & Payal   | ole Aging  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| Account title 0-30 days   |  | ys 30  | 0-60 days  | 60-90 days   | s 90+ (  | days   | Total  |
| Accounts Payab  | ble:   |  |  |  |  |  |  |
| Taxes payable:  |  |  |  |  |  |  |  |
| Accrued Payroll   | l:   |  |  |  |  |  |  |
| Accounts Receive Note: Totals sh  | vable:<br>nould agree with   | interim financial sta  | tement.  |  |  |  |  |
| {Please provide   | an explanation   | of accounts more th  | an 90 days old.)   |  |  |  |  |
| Schedule of Fix   | xed Obligations  | S  |  |  |  |  |  |
| Payable to  | Original<br>amount   | Origination date   | Maturity<br>Date   | Present<br>balance   | Monthly payment  | Interest<br>rate   | Security   |
| Totals (Pi  | resent balances 8  | monthly payments   | \$   |  | \$   |  |  |
| •   | of Loan Requeste   | , , ,  | , <u> </u>   |  |  | _  |  |
| Credit Request  | t Information A  | Agreement and Po   | ersonal Guarai   | nty  |  |  |  |
| The Signer(s) information an The Signer(s) Services ("Ler any material c information on | certifies that he<br>ad documents s<br>authorizes Tac<br>nder") to obtain<br>change in any s<br>a all accounts re<br>I include their c | e/she is authorize submitted, includir coma Community consumer and/or uch information. Tequiring payoff as orporate title. | d to execute the general incorrection of the second to the | is application fine tax returns at Authority (Urbrts. The Signaurther authoriz granting credit | (if applicable), and (derwriter) and (er(s) further agrees the Lender to If the compan | are true, correctity of Tacoma<br>ees to notify Leo obtain balancy<br>is a corporati | t, and complete.<br>Environmental<br>ender promptly of<br>the and payoff<br>on, all owners |
| Signer  |  |  |  | Ti   | tle  |  | Date   |
| Signer  |  |  |  | i  | tle  |  | Date   |

Applicant:

**Conservation Sewer Loan Commercial Loan Application** 

## **Environmental Questionnaire and Disclosure Statement**

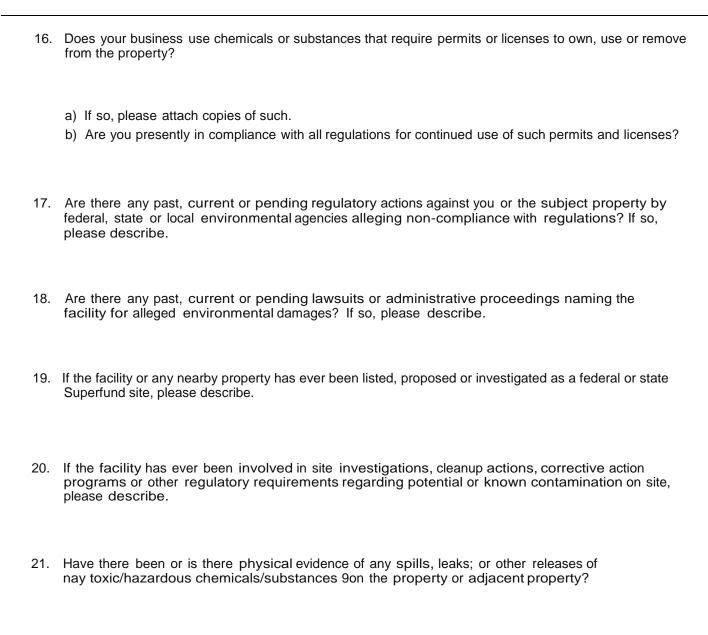
| Projec                              | t address:   |
|-------------------------------------|--|
| real p<br>includ<br>space<br>or fee | urpose of this questionnaire is to provide information about the past and present ownership and uses of the roperty upon which lender will rely in deciding whether to extend credit. Please respond fully to all questions, ing supporting documentary evidence where appropriate. If unable to answer, please respond "unknown." If is inadequate to answer, please attach additional pages as needed. If applicant has an interest (leasehold interest) and conducts business at multiple locations, a separate disclosure statement should be supplied the location. |
| 1.                                  | The present and previous owner(s) of the property:   |
| 2.                                  | The present and previous occupants(s) of the property:   |
| 3.                                  | Date of last transfer of ownership (If a pre-acquisition site assessment or environmental audit was  |
|                                     | required, please provide a copy of the report.)  |
| 4.                                  | The present, proposed and previous use(s) of the property:   |
| 5.                                  | Has the real property or any adjacent property ever been used for industrial, manufacturing, refining,   |
|                                     | processing, landfill or agricultural purposes? If so, please describe.   |
| 6.                                  | If buildings or improvements on premises were constructed before 1978, was asbestos used for   |
|                                     | insulation or other purposes?  |
| _                                   |  |
| 7.                                  | If any asbestos tests or surveys have been performed on site, please attach copies of results.   |

8. Are electrical transformers, switches, capacitors or other comparable devices on or adjacent to the premises? If so, have they been inspected for the presence of PCBs or other hazardous toxic

substances? If inspection reports have been made, include copies.



| 9.  | If there have been any leaks, spills or fires on site involving PCB electrical equipment, please describe. If so, indicate the number of tanks and the contents and age of each tank. |                         |  |  |  |  |  |  |  |
|-----|---|-------------------------|--|--|--|--|--|--|--|
| 10. |   |                         | I, to be underground storage tanks located on or nd the contents and age of each tank. |  |  |  |  |  |  |
| 11. | Have any of the following measures lpiping?   | been provided for the   | underground tanks and their associated   |  |  |  |  |  |  |
|     | ☐ Integrity testing   |                         | ☐ Inventory reconciliation   |  |  |  |  |  |  |
|     | ☐ Leak detection system   |                         | ☐ Overfill spill protection  |  |  |  |  |  |  |
|     | ☐ Secondary containment   |                         | ☐ Other (please describe):   |  |  |  |  |  |  |
|     | ☐ Cathodic protection   |                         |  |  |  |  |  |  |  |
| 12  | Are there any pipelines above or bel chemicals? If so, please describe.   | ow ground on site no    | ow or proposed to be used to transfer  |  |  |  |  |  |  |
| 13. | Have the pipelines been inspected of  | or tested for leaks? If | so, please indicate results.   |  |  |  |  |  |  |
| 14. | Are there chemicals and wastes cur they proposed to be stored on site?  |                         | Have they been stored in the past or are able categories of storage methods:           |  |  |  |  |  |  |
|     | ☐ Integrity testing   | □ Containers            | ☐ Waste piles  |  |  |  |  |  |  |
|     | ☐ Drums   | ☐ Sumps                 | $\square$ Above-ground tanks   |  |  |  |  |  |  |
|     | ☐ Pits  | ☐ Surface impoun        | dments / ponds / lagoons   |  |  |  |  |  |  |
| 15. | If there are disposal facilities or dum to the property, please describe.   | psites, storage or us   | e of hazardous waste/toxic materials, adjacent   |  |  |  |  |  |  |





I am familiar with the real property described in this questionnaire. By signing below, I represent and warrant to City of Tacoma Environmental Services that the answers to the above questions are complete and accurate to the best of my knowledge. I also understand that Tacoma Environmental Services will rely on the completeness and accuracy of my answers in assessing any environmental risks associated with the property.

| Business Name: |   |
|----------------|---|
|                |   |
|                |   |
| BY:            | _ |
| Title:         | _ |
| Date:          | _ |

### **Personal Financial Statement**

| Complete Name: Home Phone #:  |        |           |  |                             |    |  |
|---|--------|-----------|--|-----------------------------|----|--|
| ·   |        |           | Work Phone #:  |                             |    |  |
| Home Address:   |        |           |  |                             |    |  |
| SSN #   |        |           | Date of Birth:   |                             |    |  |
| Business Name &   |        |           |  |                             |    |  |
| Address:  |        |           |  |                             |    |  |
|   |        |           |  |                             |    |  |
| Spouse Name:  |        |           |  |                             |    |  |
| Spouse SSN:   |        |           | Spouse Date of Birth:  |                             |    |  |
| Ass   | sets   |           | Liabi  | ilities                     |    |  |
| Cash in Checking Account (s)  |        | \$        | Credit cards (Please list on second sheet)                     |                             | \$ |  |
| Cash in Savings Account (s)   |        | \$        | Notes payable to banks<br>(Please list on second sheet)        | \$                          |    |  |
| Retirement Account(s) \$ Automobile loans (Please list on second sheet) |        |           |  | \$                          |    |  |
| Stocks or Bonds (including Series E \$ Bonds)                           |        | \$        | Real estate loans (Please list on second sheet)                |                             | \$ |  |
| Real estate   |        | \$        | Unpaid Taxes   |                             | \$ |  |
| Automobiles (Please provide mak<br>model & year on second sheet)        | æ,     | \$        | Unpaid collections or judgmen<br>(Please list on second sheet) | nts                         | \$ |  |
| Other personal property (Please describe on second sheet)               |        | \$        | Other debts (Please list on second sheet)                      |                             | \$ |  |
| Total   | Assets | \$        | Total  | Liabilities                 | \$ |  |
|   |        | Sources ( | of Income  |                             |    |  |
| Type of Income  |        |           |  | unt of Income<br>Each Month |    |  |
| Salary  |        |           |  | \$                          |    |  |
| Investment or real estate income  |        |           |  |                             |    |  |
| Other sources (Please describe on separate sheet)                       |        |           |  |                             |    |  |



|  |                                   |                            | Property                  |                 |                 |                 |  |
|--|-----------------------------------|----------------------------|---------------------------|-----------------|-----------------|-----------------|--|
| Description of Pe  | Description of Personal Property* |                            |                           | Estimated Value |                 |                 |  |
|  |                                   |                            |                           |                 |                 |                 |  |
|  |                                   | Credit C                   | ard Debt                  |                 |                 |                 |  |
| Name of Credit Card  | *                                 |                            | anding Balance Mo         |                 |                 | Payment         |  |
|  |                                   |                            |                           |                 |                 |                 |  |
|  |                                   |                            |                           |                 |                 |                 |  |
|  |                                   |                            |                           |                 |                 |                 |  |
|  |                                   |                            |                           |                 |                 |                 |  |
|  |                                   |                            |                           |                 |                 |                 |  |
|  | N                                 | otes Payable, Autom        | obile and Other Debt      | s*              |                 |                 |  |
|  | Purpose                           | of Loan (Indicate          |                           |                 |                 |                 |  |
| Bank or Finance Co. Name &                                     | make, model & year if             |                            | Total Outstanding Balance |                 | Monthly Payment |                 |  |
| Address  | automob                           | oile debt)                 |                           |                 |                 |                 |  |
|  |                                   |                            |                           |                 |                 |                 |  |
|  |                                   |                            |                           |                 |                 |                 |  |
|  |                                   |                            |                           |                 |                 |                 |  |
|  |                                   | Real Estate                | Schedule*                 | _               | =               |                 |  |
| Address of   |                                   |                            | Mortgage                  |                 |                 |                 |  |
| Property Purcha  | se Price                          | Current Value              | Company                   | Current         | Balance         | Monthly Payment |  |
|  |                                   |                            |                           |                 |                 |                 |  |
|  |                                   |                            |                           |                 |                 |                 |  |
| *If additional space is needed                                 | nlease list                       | deht on a senarate r       | 1200                      | <u>I</u>        |                 | <u> </u>        |  |
| ii additional space is needed                                  | , picase list                     | . acbt on a separate p     | rage.                     |                 |                 |                 |  |
| Please describe any unpaid ta                                  | xes, judgm                        | ents or collections:       |                           |                 |                 |                 |  |
|  |                                   |                            |                           |                 |                 |                 |  |
|  |                                   |                            |                           |                 |                 |                 |  |
|  |                                   |                            |                           |                 |                 |                 |  |
|  |                                   |                            |                           |                 |                 |                 |  |
|  |                                   |                            |                           |                 |                 |                 |  |
| Your signature below certifies the                             | at the inforn                     | nation in this financial s | tatement is accurate. E   | By signing b    | elow, you al    | lso grant the   |  |
| Tacoma Environmental Services form (a photocopied signature is |                                   |                            |                           |                 |                 |                 |  |
| form (a photocopied signature is                               | acceptable                        | permission) and to obta    | ain a credit report on yo | u.              |                 |                 |  |
|  |                                   | / /                        |                           | _               |                 | / /             |  |
| Signature  |                                   | Date Sign                  | ature                     |                 |                 | Date            |  |