



APPLICATION for ASSISTANCE

DISASTER RELIEF LOAN

SMALL BUSINESS

CHECK LIST

To avoid any delay in the processing of your application, please complete the following checklist.

Have you included:

The last 3 years balance sheets and Financial Statements of your business enterprise. (These include Profit and Loss Statements, Trading account & Depreciation schedules)

The last 3 years individual Taxation Returns and a current listing of all Assets & Liabilities held by each: Individual Director(s)/Shareholder(s) of all companies. Individual members of partnerships/Firm & Family Trusts

(Note: In each of the above, each Director/Shareholder etc. is to provide details including source of income, if they are not primarily dependent on the business for their livelihood).

(Taxation Assessment Notices are not acceptable)

Monthly Cash Flow Budget for next 12 months.

Copy of Current Certificate of Registration from Dept of Fair Trading

Have all questions been answered?

Is all financial information completed as required?

Have all parties (applicants) to the application signed the declaration?

1. NAME of APPLICANT(S)

(Name of who is actually applying:- e.g. Sole Trader, Partnership, Firm, Company, Trust etc.)

Trading Name	
ABN	ACN

FULL NAME(S) of OWNERS	Position (Director, Trustee, Partner etc)	Date of Birth
		/ /
		/ /
		/ /
		/ /
		/ /
		/ /

Business Address		
Postcode		
Contact Numbers:		
Phone	Mobile	Fax
E-mail		

Postal Address <i>[If different to business address]</i>	
Postcode	

How many employees does your business have? (Please note a full time employee is one working at least 35 hours per week)	Permanent	(Full Time Equivalent)
	Casual	(Full Time Equivalent)
	TOTAL	(Full Time Equivalent)

Briefly detail the nature of your business:

What is your business experience? (not necessarily this business)

Have you previously applied for assistance from the NSW Rural Assistance Authority? Yes / No
If YES give details:-

4. DETAIL ALL LOSSES SUSTAINED

Date	Losses (Stock, plant, fixtures & fittings, damage to premises etc).	(A) Pre-Disaster Value	(B) Cost of Replacement	Insurance/ Compensation Received or Due

What is the estimated cost of losses to your enterprise?	\$
What is the estimated cost of repair to bring your enterprise back to pre-disaster level?	\$

Were any of the losses suffered covered by insurance?	YES / NO	
If YES give full details of insurance cover:		
Name of Agent:	Phone No:	Fax No:

What are your recovery plans in the short term (<i>next 6 -12 months</i>)?

What are your recovery plans in the longer term (<i>next 2 to 3 years</i>)?

What arrangements have you made with your bank, finance company and creditors?

Please provide an age listing of all your creditors and debtors

5. DETAILS OF SECURITY OFFERED

It is **most important** that this information is completed accurately.

Please attach a copy of latest Council rate notice for each property

Property A

Property Address				
Registered Proprietor/s				
Date Purchased		Current Market Value \$		Amount Owing \$
Title Reference	Plan Reference (DP No.)	Portion/ Lot No.	Parish	County
Deeds Held By:-				

Property B

Property Address				
Registered Proprietor/s				
Date Purchased		Current Market Value \$		Amount Owing \$
Title Reference	Plan Reference (DP No.)	Portion/ Lot / Section No.	Parish	County
Deeds Held By:-				

Other Property Held offered/ not offered as security.

Property Address				
Registered Proprietor/s				
Date Purchased		Current Market Value \$		Amount Owing \$
Title Reference	Plan Reference (DP No.)	Portion/ Lot / Section No.	Parish	County
Deeds Held By:-				

*****PLEASE STATE HOW YOU ARRIVED AT THE ABOVE PROPERTY(S) MARKET VALUE(S)*****

Are any of your assets encumbered by way of mortgage or charge, bill of sale, or hire purchase agreements?
Yes / No
If so provide full details:

6. MONTHLY CASH FLOW

For the next 12 months from the date of the disaster. (Your own computerised schedule is preferable)

INCOME	Past 12 Months													Total
Cash Sales														
Trade Debtors														
Other Income														
Total Cash Inflow														
EXPENDITURE														
Trade Creditors														
Salaries & Wages														
Stock Purchases														
Operating Expenses														
Interest														
Lease Rentals														
Other														
Other														
Other														
Personal Drawings														
Loan Repayment														
Hire Purchase Repayment														
Lease Repayment														
<i>Disaster Repairs</i>														
Total Expenditure														
Surplus (Deficit)														
Opening Bank Balance														
Closing Bank Balance														

7. DETAILS OF ALL BORROWINGS

PART 'A'

Enter information on *Overdraft, Term Loans, Fixed Rate Loans, Commercial Bill facilities, Investment Loans or Family Loans or Private Loan Facilities, Credit Cards etc.* (Indicate if interest is a 'V' Variable or 'F' Fixed in the appropriate column).

(* Indicate:- [M] – monthly, [H] – half yearly, [A] – annually)

Financier	Type	Term in Years	Limit	Balance Owing (Dr/Cr)	Interest Rate	V or F	Instalment \$	** Due	Expiry / Review Date
TOTALS									

PART 'B'

Lease Arrangements

Lease Company	Contract Amount	Term in Years	Balance Owing	Interest Rate	Instalment \$	** Due	Residual Value	Due Date
TOTALS								

PART 'C'

Hire Purchase Arrangements

Finance Company	Term in Years	Balance Owing	Interest Rate	Instalment \$	** Due	Expiry Date
TOTALS						

SUMMARY OF BORROWINGS

		Balance Owing	Annual Instalments
PART A	TOTAL		
PART B	TOTAL		
PART C	TOTAL		
TOTALS			

8. STATEMENT OF FINANCIAL POSITION OF ALL APPLICANTS

(If individual partners of directors hold assets or liabilities that are not shown below please provide a separate statement)

LIABILITIES (Show present debts)	\$	ASSETS (Show present fair market value)	\$
Total Borrowings (from previous page)		<u>Real Estate</u>	
		Residential Property	
		Investment Property(s) (Detail)	
Trade Creditors			
Current			
30-60 days		<u>Business</u>	
60 days +		Business Premises	
		Business – Stock	
Council Rates		Business – Plant & Equipment	
		Business – Fixtures & Fittings	
Sundry Creditors (List those \$1000 +)		Trade Debtors	
		Current	
		30-60 days	
		60 days +	
		Motor Vehicle(s)	
		Cash at Bank	
		Share Portfolio	
		Other Investments (Detail)	
		Superannuation	
		Other Assets	
TOTAL		TOTAL	

Contingent liabilities Guarantees for loans etc.

Have you ever been bankrupt, assigned a liquidator, or are there any unsatisfactory judgements against you in court?
YES / NO
If YES give details.

9. CONTACT DETAILS

<u>Solicitor's Details</u>		
Firm Name:		
Contact Name:		
Address:		Postcode:
Phone:	Mobile:	Fax:
E-mail:		

<u>Accountant's Details</u>		
Firm Name:		
Contact Name:		
Address:		Postcode:
Phone:	Mobile:	Fax:
E-mail:		

<u>Financier's Details</u>		
Bank or Company Name:		
Contact Name:		
Address:		Postcode:
Phone:	Mobile:	Fax:
E-mail:		

<u>Rural Counsellor's Details</u>		
Counselling Service Name:		
Contact Name:		
Address:		Postcode:
Phone:	Mobile:	Fax:
E-mail:		

10. DECLARATION

I/We hereby give approval to the NSW Rural Assistance Authority to obtain and provide information relevant to this application from my/our banker(s), accountant or any other nominated person.

I/We solemnly declare that this is a true and correct statement of all my/our affairs and I/We make this solemn declaration subject to punishment by law provided for any wilful false statement

Signed Applicant: _____ Applicant: _____
Date: ____ / ____ / _____ Date: ____ / ____ / _____

Signed Applicant: _____ Applicant: _____
Date: ____ / ____ / _____ Date: ____ / ____ / _____

PRIVACY NOTICE

The information in this application is provided voluntarily and is being collected by the NSW Rural Assistance Authority for purposes related to the administration of the scheme of assistance under which you have applied, including the assessment of the effectiveness of the scheme. This may involve disclosing the information in this application to contractors engaged by the Authority or to either State or Commonwealth government agencies. We will supply you with details of those that we have disclosed information to, if you apply to us in writing. Information regarding your application may also be discussed and exchanged with the nominated contact persons listed by you in your application.

Not providing the information requested in this application or providing false or misleading or incomplete information may impact on the ability of the Authority to accurately assess your application.

The NSW Rural Assistance Authority agrees to take all reasonable measures to ensure that the personal information collected by it is stored securely.

You may access or correct your personal information by contacting the Authority by telephone on 1800 678 593 (toll free) or by writing to: Manager Administration, NSW Rural Assistance Authority, Locked Bag 23, ORANGE, NSW, 2800.

Applications should be returned to:

NSW Rural Assistance Authority
Locked Bag 23, ORANGE NSW 2800

Contact details:

161 Kite Street, ORANGE NSW 2800
Telephone 02 6391 3000
Freecall 1800 678 593
Facsimile 02 6391 3098
Email: rural.assist@raa.nsw.gov.au

