

CITY OF OXNARD BUSINESS ASSISTANCE LOAN FUND





CITY OF OXNARD BUSINESS ASSISTANCE LOAN FUND

The City of Oxnard and the Economic Development Collaborative have partnered to support small business owners! With a low-interest rate, terms designed for businesses and NO-COST professional advising, this fund is perfect for those who haven't been unable to qualify for traditional bank loans.

LOANS FROM \$10,000 TO \$50,000 AT JUST 5.25%!

FUNDING MAY BE USED FOR

Equipment purchases | Business expenses | Working capital

TERMS AND ELIGIBILITY*

- 84-month maximum loan term
- For-profit small business must be operating in a commercial space located within the City of Oxnard
- Borrower must be able to demonstrate repayment ability and acceptable credit history
- Borrower must match loan amount 1:1
- Minimum credit score of 625
- No bankruptcy in the last 7 years
- No derogatory credit in the last 12 months

* View the loan application for a full list of terms & eligibility

APPLY TODAY!



Contact the EDC LOAN Team at loans@edcollaborative.com or call 805.409.9497. Applications in English & Spanish available at www.edcollaborative.com/oxnard-business-assistance-loan-fund

CITY OF OXNARD BUSINESS ASSISTANCE LOAN FUND

FULL TERMS & ELIGIBILITY

- Loans may range from \$10,000 to \$50,000
- 84-month maximum term
- Business must be for-profit and operating in a commercial space within the City of Oxnard
- Borrower must match loan amount 1:1
- Borrower must be able to demonstrate repayment ability and acceptable credit history
- Minimum credit score of 625
- No bankruptcy in the last 7 years
- No derogatory credit in the last 12 months
- Up to 2.5% in origination fees and/or state loan program enrollment fees (if applicable); additional fees may apply
- Collateral for loans such as, but not limited to, UCC-1 filing on business assets, assets purchased by the loan, personal real estate of guarantor and/or corporate guarantees
- Must create at least one new job per \$25,000 loaned within 12 to 18 months after receipt of funds

CITY OF OXNARD BUSINESS ASSISTANCE LOAN FUND APPLICATION

THE FOLLOWING ITEMS* (WHERE APPROPRIATE)
MUST BE SUBMITTED TO APPLY FOR A BUSINESS LOAN.

A. ANY INDIVIDUAL OWNING 20% OR MORE OF THE BUSINESS:

- Check of \$25 per applicant made payable to EDC-VC
- Copy of Driver's License or Other Government-Issued Photo ID
- Personal Resume
- Personal Financial Statement (no less than 45 days old), signed and dated (pages 3-4 of application, instructions on pages 11-13)
- Personal Budget (page 5 of application)
- Personal Credit Authorization (pages 6-7 of application)
- Last 3 years – Personal Federal Tax Returns (including all schedules and K1's), signed and dated
- IRS Form 4506T – IRS Tax Transcript Verification (page 14 of application)

B. ALL BUSINESSES:

- Last 3 years – Business Federal Tax Returns (including all schedules), signed and dated
- Last 3 years – Business Financial Statements (accrual basis), signed and dated
- Business Year-to-Date Financial Statements (no less than 45 days old)
- Accounts Receivable and Accounts Payable Aging (should match figures on the interim financial statement)
- Verification of Liquid Assets (copy of 3-month bank statements with sufficient funds for cash injection)
- Business Plan, Budget, Projections and/or Proformas – in the following breakdown:
month to month for 1 year and annually for 3 years including assumptions, signed and dated
- CDBG Employee/Employer Certification Form, to be completed by employer and employees (pages 16-17)

C. ALL BUSINESSES IF APPLICABLE:

- Copy of Filed Fictitious Business Name Statement
- Copy of Active City Business License
- Copy of Applicant's Liability Insurance
- Copy of Lease Agreement (if property is leased)
- Landlord Waiver (page 10 of application)

CITY OF OXNARD BUSINESS ASSISTANCE LOAN FUND

ITEMS NEEDED FOR LOAN APPLICATION CONT:

D. IF BUSINESS IS A CORPORATION:

- Articles of Incorporation filed with the Secretary of State & Amendments, as applicable
- Statement of Information (Form SI-200) filed with Secretary of State 3
- Corporate By-Laws
- Certificate of Corporate Secretary
- Statement and Designation by Foreign Corporation (Form S&DC if doing business in California)

E. IF BUSINESS IS A PARTNERSHIP:

- Partnership Agreement and all Amendments
- Statement of Partnership Authority (Form GP-1) filed with the Secretary of State
- Certificate of Limited Partnership (Form LP-1) filed with the Secretary of State
- Certificate of Limited Liability Partnership (Form LLP-1) filed with the Secretary of State

F. IF BUSINESS IS A LIMITED LIABILITY COMPANY

- Operating Agreement
- Articles of Organization (Form LLC-1) filed with the Secretary of State + Amendments (Form LLC-2)
- Statement of Information Limited Liability Company (LLC-12) filed with the Secretary of State
- Application of Registration for Foreign LLC (Form LLC-5 if doing business in California)

*Other documents may be requested

After completing the application and supporting documents:**email:**

loans@edcollaborative.com to receive a secure link to upload documents

Or

mail all documents to:

Economic Development Collaborative - Ventura County
4001 Mission Oaks Blvd Suite A-1
Camarillo, CA 93012

Questions? Call 805.409.9497. Our loan team is happy to help!



CITY OF OXNARD BUSINESS ASSISTANCE LOAN FUND

Please describe the purpose of the loan:

Type of Collateral: _____

Amount Requested: _____ Primary Source of Repayment: _____

Number of employees at time of application: Full-time _____ Part-time _____

Number of employees if approved: Full-time _____ Part-time _____

Business Information

Business Name: _____

Contact Name: _____

Business Address: _____

Business Phone Number: _____ Year Business Established: _____

Business Website: _____

Nature of Business: _____

NAICS Code: _____ Tax ID Number: _____

What is the legal structure of business?

- Sole Proprietor General Partnership Limited Liability Corporation
- Limited Partnership Corporation Sub S Corporation

Ownership (A personal financial statement is required for all owners above 20%)

Name	Title	% Ownership

Financial Relationships

Accountant: _____ Phone Number: _____

Bank	Account Type
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Loan
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Loan
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Loan



CITY OF OXNARD BUSINESS ASSISTANCE LOAN FUND CONT.

Do you have a lease for the property your business now occupies? [] Yes [] No

Monthly Rent: _____

Years Remaining on Lease: _____ Renewal Option? [] Yes [] No

Do you Pay Taxes, Maintenance, Repair or Insurance in addition to your monthly payment? [] Yes [] No

Approximate Monthly Amount: \$ _____

Miscellaneous (Please provide details on a separate sheet of paper if you answer YES to any question)

Have you and/or your business ever filed for bankruptcy? If yes, what year? _____ [] Yes [] No

Is the business an endorser or guarantor for obligations not listed on financials? [] Yes [] No

Does the business owe any prior year taxes? _____ [] Yes [] No

Are any assets pledged or mortgaged other than those stated on the financials? [] Yes [] No

Is the business a party to any claim or lawsuit? _____ [] Yes [] No

Have you and/or your business ever defaulted on a loan? [] Yes [] No

How did you hear about EDC? _____

By signing below, you represent and warrant the following:

Economic Development Collaborative Ventura County (EDC-VC) may rely on all of the information provided by you on this and other documents signed by you as being complete, true and correct. You are aware that submitting false information may be punishable under Section 1014 of Title 18 of the United States Code, Section 1572 of the California Civil Code and Section 779 of the California Financial Code.

The foregoing information shall be your continuing representation until and unless you advise Economic Development Collaborative Ventura County (EDC-VC) of material changes, and you will immediately advise Economic Development Collaborative Ventura County (EDC-VC) of any material adverse changes in your business or financial condition.

Economic Development Collaborative Ventura County (EDC-VC) shall have the continuing right to verify any of the foregoing information, including the right to inquire about both the business and individual's credit ratings and credit condition.

Company Name

Date _____

Print Name

Authorized Signature/Title

Print Name

Authorized Signature/Title



PERSONAL FINANCIAL STATEMENT

U.S. SMALL BUSINESS ADMINISTRATION

As of _____

Complete this form for: (1) each proprietor, or (2) each limited partner who owns 20% or more interest and each general partner, or (3) each stockholder owning 20% or more of voting stock and each corporate officer and director, or (4) any other person or entity providing a guaranty on the loan.

Name:	Business Phone
Residence Address:	Residence Phone
City, State, & Zip Code:	
Business Name of Applicant/Borrower	

ASSETS	(Omit Cents)	LIABILITIES	(Omit Cents)
Cash on hands & in Banks		Accounts Payable	
Savings Accounts		Notes Payable to Banks and Others (Describe in Section 2)	
IRA or Other Retirement Account		Installment Account (Auto)	
Accounts & Notes Receivable		Installment Account (Other)	
Life Insurance--Cash Value Only (Complete Section 8)		Loans on Life Insurance	
Stocks & Bonds (Describe in Section 3)		Mortgages on Real Estate (Describe in Section 4)	
Real Estate (Describe in Section 4)		Unpaid Taxes (Describe in Section 6)	
Automobile(s)--Present Value		Other Liabilities (Describe in Section 7)	
Other Personal Property (Describe in Section 5)		TOTAL LIABILITIES	
Other Assets (Describe in Section 5)			
TOTAL ASSETS		NET WORTH	
Section 1. Sources of Income		CONTINGENT LIABILITIES	
Salary		As Endorser or Co-Maker	
Net Investment Income		Legal Claims & Judgments	
Real Estate Income		Provision for Federal Income Tax	
Other Income (Describe Below)*		Other Special Debt	
Description of Other Income in Section 1.			

***Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income**

Section 2. Notes Payable to Bank and Others	(Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)				
	Name & Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)



PERSONAL FINANCIAL STATEMENT CONT.

Section 3. Stocks and Bonds.					
Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

Section 4. Real Estate Owned.			
	Property A	Property B	Property C
Type of Property			
Name & Address of Title Holder			
Date Purchased			
Original Cost			
Present Market Value			
Name & Address of Mortgage Holder			
Mortgage Balance			
Amount of Payment per Month/Year			
Status of Mortgage			

Section 5. Other Personal Property and Other Assets.

Section 6. Unpaid Taxes.

Section 7. Other Liabilities.

Section 8. Life Insurance Held. (Face amount, cash surrender value, insurance company, and beneficiary)

I authorize SBA/Lender to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. I understand FALSE statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001).

Signature:	Date:	Social Security Number:
Signature:	Date:	Social Security Number:



PERSONAL BUDGET

INCOME	MONTHLY
Gross Salary or Draw (per latest Tax Returns)	
Spousal Salary (per latest Tax Returns)	
Gross Rental Income	
Interest/Dividend Income	
Other Income	
TOTAL INCOME	

EXPENSES	MONTHLY
Residence Payment (mortgage or rent)	
Rental Property Payments	
Rental Expenses (impounds, cash expenses)	
Auto Loan Payments (list all debts on Personal Financial Statement)	
Installment Payments (list all debts on Personal Financial Statement)	
Credit Card Payments (list all debts on Personal Financial Statement)	
Utilities & Phone	
Insurance Payments	
Food, Clothing	
Income Tax	
Property Tax	
Alimony	
Child Care/Support	
Other Expenses	
TOTAL EXPENSES	

I/We hereby certify that the above information is true and correct to the best of my/our knowledge and belief.

Signature: _____

Date: _____

Signature: _____

Date: _____



PERSONAL CREDIT AUTHORIZATION

The following information needs to be completed by each applicant (individual, corporation, partnership or other entity), and each entity holding a 20% or more interest in the company, in order to complete a personal credit investigation.

Legal Name: _____

Social Security No: _____ Date of Birth: _____

Home Address: _____

Occupation: _____

This personal credit investigation will include a "consumer credit report" consisting of a written, oral or other communication of any information by a credit reporting agency on a consumer's credit worthiness, credit standing, or credit capacity, which is used in whole or in part, for the purpose of serving as a factor in establishing eligibility for a benefit granted by a governmental instrumentality required by law to consider the applicant's financial responsibility or status. The consumer credit report will be used in connection with a transaction, which consists of an extension of credit to be used solely for a commercial purpose.

Please indicate whether you desire a copy of the investigative consumer report to be provided to you, if one is prepared.

- Yes, I desire a copy of the credit report.
- No, I do not desire a copy of the credit report.

Please note that every investigative consumer reporting agency shall, upon request and proper identification, allow a consumer to visually inspect all files maintained regarding the consumer at the time of the request, and may disclose the files in person, by certified mail or by telephone, as may be requested by the consumer. The investigative consumer reporting agency shall also provide a written explanation of any coded material contained in the files maintained on a consumer. (Civ. Code §§ 1786.10 & 1786.22.)

In addition, pursuant to 15 U.S.C. section 1681d, subdivision (b), please be advised that an additional disclosure consisting of a complete and accurate disclosure of the nature and scope of the investigation requested shall be mailed to you not later than five days after the date that a request for such disclosure from you is received, or the investigative consumer report was first requested, whichever is later.



PERSONAL CREDIT AUTHORIZATION

I authorize the Economic Development Collaborative-Ventura County to contact consumer credit reporting agencies and creditors (including, but not limited to, Equifax, Experian, Transunion, and Dun & Bradstreet) with respect to the status of any past or outstanding indebtedness, or such other credit information that such agencies normally hold available for creditworthiness evaluation.

I also authorized the Economic Development Collaborative-Ventura County to contact the specific investigative consumer reporting agency identified in this Credit Authorization (if applicable and noted above) to obtain an investigative consumer report in which information on my character, general reputation, personal characteristics or mode of living is obtained.

Date: _____

Signed: _____

Title: _____

Note that in the event that the Economic Development Collaborative-Ventura County obtains authorization to obtain an investigative consumer report, and a request is made in the authorization to be provided a copy of the investigative consumer report, the Economic Development Collaborative-Ventura County must provide a copy of the investigative consumer report within 3 business days of the report being prepared.

In addition, an additional disclosure consisting of a complete and accurate disclosure of the nature and scope of the investigation requested shall be mailed to the loan applicant not later than five days after the date that a request for such disclosure is received by the County, or the investigative consumer report was first requested, whichever is later.

For Office Use Only

If applicable, please log the date that all these requirements were met, and include a copy of the transmittal letter for the investigative consumer report in the loan file.

Investigative consumer report provided to EDC-VC on date: _____ ;

Investigative consumer report provided to loan applicant on date: _____ ;

Additional disclosures provided to loan applicant on date: _____ ;

Signed: _____.



BUSINESS DEBT SCHEDULE

Furnish the following information on all installment debts, contracts, notes and mortgages payable. Indicate by an asterisk (*) items to be paid by loan proceeds and reasons for paying same (present balance should agree with Balance Sheet submitted). Do not include accounts payable or accrued liabilities.

Company Name: _____

Applicant Name: _____

Signature: _____ Date: _____

Creditor's Name	Original Date	Original Amount	Current Balance	Interest Rate	Monthly Payment	Maturity Date	Collateral Security
		Current Balance (**)					

* Same as Interim Financial Statement
 ** Total must agree with balance shown on Interim Financial Statement



FINANCIAL STATEMENT CERTIFICATION

Any Financial statements hereby furnished to you for the purpose of procuring and establishing credit from time to time with you are to be regarded as a complete and truthful statement of the undersigned's financial condition on the date indicated.

The undersigned authorizes you to make whatever inquiries about the content of the attached financial statements, including contacting taxing authorities, creditors, and credit reporting agencies; and to provide credit information about the obligations of the undersigned to credit reporting agencies of the response to other inquiries.

- Sole Proprietor
- General Partnership
- Limited Liability Corporation
- Limited Partnership
- Corporation
- Sub S Corporation

Borrowers(s) Name:

I _____, the undersigned authorize **Economic Development Collaborative Ventura County** to obtain consumer credit information from the appointed credit reporting agency.

Signature: _____ Date: _____

I _____, the undersigned authorize **Economic Development Collaborative Ventura County** to obtain consumer credit information from the appointed credit reporting agency.

Signature: _____ Date: _____



LANDLORD WAIVER AGREEMENT

The undersigned "Landlord" is the owner of the real estate located at _____, more particularly described in a Lease dated _____, between _____ ("Lessor") and _____ ("Lessee").

Whereas; _____ ("Debtor") is about to grant ECONOMIC DEVELOPMENT COLLABORATIVE-VENTURA COUNTY, ("Lender") a security interest in equipment and other personal property, now or subsequently acquired, which are now or in the future may be, located at the premises ("equipment"). The equipment includes, but is not limited to the following: ALL INVENTORY, ACCOUNTS, MACHINERY, EQUIPMENT, FURNITURE, FIXTURES AND GENERAL INTANGIBLES; WHETHER OWNED NOW OR ACQUIRED LATER; ALL ACCESSIONS, ADDITIONS, REPLACEMENTS, AND SUBSTITUTIONS; ALL RECORDS OF ANY KIND RELATING TO ANY OF THE FOREGOING; ALL PROCEEDS (INCLUDING INSURANCE, GENERAL INTANGIBLES AND OTHER ACCOUNTS PROCEEDS).

Landlord and Lender agree that:

1. The equipment which may now or hereafter be installed in the premises shall not be deemed a fixture but shall at all times be and remain personal property.
2. Any claim or interest Landlord has in the equipment, however arising, shall be second and subordinate to the rights of Lender's pursuant to its security agreement with Debtor.
3. Landlord will give Lender written notice of the termination of the lease, by either Landlord or Debtor, at 4001 Mission Oaks Blvd Suite A-1, Camarillo, CA 93012.
4. Lender shall have the right and license to enter upon and occupy the premises to assemble, have appraised, display, operate, maintain and repair, remove, prepare for sale, lease, transfer and/or sell the equipment, at public auction(s) or private sale(s).
5. Lender may enter upon the premises; (a) upon a default by Debtor under its agreements with Lender; or (b) within a reasonable time after Lender receives notice of the termination of the lease from Landlord, as described above.
6. Lender shall have the right and license to occupy the premises, for the purpose described in paragraph 4, for a period of up to Ninety (90) days, at Lender's discretion, following Landlord's placing Lender in possession of the premises. Lender shall pay Landlord, periodically, a daily license fee equivalent to One-Thirtieth (1/30th) of the minimum monthly rental provided for in the lease agreement between Landlord and Debtor. Lender will reimburse Landlord of the damage, if any, caused to the premises by the removal of the equipment.

Landlord Name: _____

Date: _____

Landlord Signature: _____

Title: _____

Lender Name: _____

Date: _____

Lender Signature: _____

Title: _____

INSTRUCTIONS TO ASSIST IN COMPLETING THE PERSONAL FINANCIAL STATEMENT

(SBA Form 413)

DATE AND CONTACT INFORMATION

Be sure to include the date in the upper right corner of the first page and your contact information.

ASSETS

All assets must be reported at their current fair market values as of the date of your statement. **Assessor's assessed value for real estate, for example, is not acceptable.** Assets held in a trust generally should be included.

Cash on hand & in Banks: Enter the total amount of cash on-hand and in bank accounts other than savings.

Savings Accounts: Enter the total amount in all savings accounts.

IRA or other Retirement Account: Enter the total present value of all IRAs and other retirement accounts, including any deferred compensation and pension plans.

Accounts & Notes Receivable: Enter the total value of all monies owed to you personally, if any. This should include shareholder loans to the applicant firm, if any.

Life Insurance-Cash Surrender Value Only: Enter the value of any life insurance policies. This amount should be cash surrender value only, not the amount a beneficiary would receive upon your death, also known as face value. A complete description is required in Section 8.

Stocks and Bonds: Enter the current market value of your stocks and bonds. A complete listing and description is required in Section 3.

Real Estate: Enter the current fair market value of all real estate owned. A complete listing and description of all real estate owned is required in Section 4. The amount must correspond with the total "Present Market Value" amounts listed in Section 4.

Automobile-Present Value: Enter the current fair market value of all automobiles owned.

Other Personal Property: Enter the current fair market value of all other personal property owned, but not included in the previous entries. A complete description of these assets is required in Section 5.

Other Assets: Enter the current fair market value of all other assets owned, but not included in the previous entries. A complete description of these assets is required in Section 5.

LIABILITIES

Accounts Payable: Enter the total value of all unpaid accounts payable that is your responsibility.

Notes Payable to Bank and Others: Enter the total amount due on all notes payable to banks and others. This should not, however, include any mortgage balances. A complete description of all notes payable to banks and others is required in Section 2.

Installment Account (Auto): Enter amount of the present balance of the debt that you owe for auto installment account. Please be sure to indicate the total monthly payment in the space provided.

Installment Account (Other): Enter amount of the present balance of the debt that you owe for other installment account. Please be sure to indicate the total monthly payment in the space provided. For example, include the balances of all credit card debts in this line.

Loans on Life Insurance: Enter the total value of all loans due on life insurance policies.

Mortgages on Real Estate: Enter the total balance on all mortgages payable on real estate. A complete breakdown of all mortgages on real estate is required in Section 4. The amount must correspond with the total of the mortgage balances amounts listed in Section 4.

Unpaid Taxes: Enter the total amount of all taxes that are currently due, but are unpaid. Contingent tax liabilities or anticipated taxes for current year should not be included. A complete description is required in Section 6.

Other Liabilities: Enter the total value due on all other liabilities not classified in the previous entries. A complete description is required in Section 7.

Net Worth: To compute Net Worth, add all liabilities and put that figure in the Total Liabilities line. Then subtract Total Liabilities from Total Assets to get your Net Worth. To check your figures, add Total Liabilities and Net Worth and the sum must equal Total Assets. If your figures do not match, your form will be returned to you to correct and complete again.

SECTION 1. SOURCE OF INCOME

Salary: Enter the amount of your total annual salary. This includes any salary from the applicant firm and if applicable, any salary from outside employment.

Net Investment Income: Enter the total amount of all investment income (i.e. dividends, interest, etc.).

Real Estate Income: Enter the total amount of all real estate income received from the sale, rental, lease, etc. of real estate held.

Other Income: Enter the total amount of all other income received (i.e. alimony, social security, pension, etc.). Please be sure to describe the source of the other income in the space provided below in this section.

Contingent Liabilities: Contingent liabilities are liabilities that belong to you only if an event(s) should occur. For example, if you have co-signed on a relative's loan, but you are not responsible for the debt until your relative defaults, that is a contingent liability. Contingent liabilities do not count toward your net worth until they become actual liabilities.

As Endorser or Co-Maker: Enter the total potential liabilities due as a result of being a co-signer for a loan or other commitments.

Legal Claims and Judgments: Enter the potential liabilities due as a result of legal claims from judgments, lawsuits, etc.

Provisions for Federal Income Tax: Enter the total amount of all federal taxes for which you are potentially liable due to an anticipated gain on the pending sale of an asset or other circumstances, such as pending disputes or litigation which could possibly result in a personal tax liability.

Other Special Debt: Enter the total amount due on all remaining potential debts not accounted for.

SECTION 2. NOTES PAYABLE TO BANKS AND OTHERS

Enter the name and address of note holder(s), original balance, current balance, payment amount, frequency, and how secured for each note payable as entered in the "Liabilities" column. Do not include loans for your business or mortgages for your properties.

SECTION 3. STOCKS AND BONDS

Enter the number of shares, names of securities, cost, fair market value, and the date of fair market value for all shares of stock and bonds held. You may attach recent copies of your stock account listings. Do not include stock in your business.

SECTION 4. REAL ESTATE OWNED

Starting with your primary residence (be sure to identify it as your primary residence), enter the type of property, address, date of purchase, original cost, present fair market value, name and address of mortgage holder, mortgage account number, mortgage balance, amount of payment, and status of mortgage for all real estate held. Please ensure that this section contains all real estate owned, including rental properties, vacation properties, commercial properties, etc. Total "Present Market Value" amounts should correspond with the "Real Estate" amount listed in the "Assets" column. Additionally, total "Mortgage Balance" amounts should correspond with the "Mortgages on Real Estate" amount listed in the "Liabilities" column. Attach additional sheets if needed.

SECTION 5. OTHER PERSONAL PROPERTY AND OTHER ASSETS

Itemize and describe in detail other personal property and other assets owned as listed in the "Assets" column. For other personal property, include boats, trailers, jewelry, furniture, household goods, collectibles, clothing, etc. For other assets, include equity interest in other businesses, trusts, investments, etc.

SECTION 6. UNPAID TAXES

Describe in detail as to the type, to whom payable, when due, amount, and to what property, if any, the tax lien attaches. Please refer to the unpaid taxes listed in the "Liabilities" column. If none, state "NONE." This section should not include the contingent tax liabilities or anticipated taxes owed for the current year. For any unusually large amounts, you must include documentation, such as tax liens, to support the amounts.

SECTION 7. OTHER LIABILITIES

Describe in detail any other liabilities as referenced by the value listed in the "Liabilities" column. If none, state "NONE." For any unusually large amounts, you must include documentation, such as bills, to support the amounts.

SECTION 8. LIFE INSURANCE HELD

Describe all life insurance policies held. Please be sure to include the face amount of the policies, name of insurance company and beneficiaries and cash surrender values of the policies.

EXECUTION OF STATEMENT

Be sure to sign, date, and include your social security number at the end of the statement.

Request for Transcript of Tax Return

▶ **Do not sign this form unless all applicable lines have been completed.**
▶ **Request may be rejected if the form is incomplete or illegible.**
▶ **For more information about Form 4506-T, visit www.irs.gov/form4506t.**

OMB No. 1545-1872

Tip. Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946. If you need a copy of your return, use **Form 4506, Request for Copy of Tax Return**. There is a fee to get a copy of your return.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number or individual taxpayer identification number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
4 Previous address shown on the last return filed if different from line 3 (see instructions)	
5 Customer file number (if applicable) (see instructions)	

Note: Effective July 2019, the IRS will mail tax transcript requests only to your address of record. See **What's New** under **Future Developments** on Page 2 for additional information.

- 6 Transcript requested.** Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶ _____
- a Return Transcript**, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-A, Form 1120-H, Form 1120-L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days
 - b Account Transcript**, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 10 business days
 - c Record of Account**, which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 10 business days
 - 7 Verification of Nonfiling**, which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days
 - 8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2016, filed in 2017, will likely not be available from the IRS until 2018. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 10 business days

Caution: If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

9 Year or period requested. Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

/	/	/	/

Caution: Do not sign this form unless all applicable lines have been completed.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note:** This form must be received by IRS within 120 days of the signature date.

<input type="checkbox"/> Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-T. See instructions.	Phone number of taxpayer on line 1a or 2a
▶ _____ Signature (see instructions)	_____ Date
▶ _____ Title (if line 1a above is a corporation, partnership, estate, or trust)	
▶ _____ Spouse's signature	_____ Date

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

Future Developments

For the latest information about Form 4506-T and its instructions, go to www.irs.gov/form4506t. Information about any recent developments affecting Form 4506-T (such as legislation enacted after we released it) will be posted on that page.

What's New. As part of its ongoing efforts to protect taxpayer data, the Internal Revenue Service announced that in July 2019, it will stop all third-party mailings of requested transcripts. After this date masked Tax Transcripts will only be mailed to the taxpayer's address of record.

If a third-party is unable to accept a Tax Transcript mailed to the taxpayer, they may either contract with an existing IVES participant or become an IVES participant themselves. For additional information about the IVES program, go to www.irs.gov and search IVES.

General Instructions

Caution: Do not sign this form unless all applicable lines have been completed.

Purpose of form. Use Form 4506-T to request tax return information. Taxpayers using a tax year beginning in one calendar year and ending in the following year (fiscal tax year) must file Form 4506-T to request a return transcript.

Note: If you are unsure of which type of transcript you need, request the Record of Account, as it provides the most detailed information.

Customer File Number. The transcripts provided by the IRS have been modified to protect taxpayers' privacy. Transcripts only display partial personal information, such as the last four digits of the taxpayer's Social Security Number. Full financial and tax information, such as wages and taxable income, are shown on the transcript.

An optional Customer File Number field is available to use when requesting a transcript. This number will print on the transcript. See Line 5 instructions for specific requirements. The customer file number is an optional field and not required.

Tip. Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

Automated transcript request. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946.

Where to file. Mail or fax Form 4506-T to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

If you are requesting more than one transcript or other product and the chart below shows two different addresses, send your request to the address based on the address of your most recent return.

Chart for individual transcripts (Form 1040 series and Form W-2 and Form 1099)

If you filed an individual return and lived in:	Mail or fax to:
Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team Stop 6716 AUSC Austin, TX 73301 855-587-9604
Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	Internal Revenue Service RAIVS Team Stop 37106 Fresno, CA 93888 855-800-8105
Connecticut, Delaware, District of Columbia, Florida, Georgia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia	Internal Revenue Service RAIVS Team Stop 6705 S-2 Kansas City, MO 64999 855-821-0094

Chart for all other transcripts

If you lived in or your business was in:	Mail or fax to:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maryland, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Jersey, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, Washington, West Virginia, Wisconsin, Wyoming, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409 855-298-1145
Maine, Massachusetts, New Hampshire, New York, Pennsylvania, Vermont	Internal Revenue Service RAIVS Team Stop 6705 S-2 Kansas City, MO 64999 855-821-0094

Line 1b. Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) or your individual taxpayer identification number (TIN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

Line 3. Enter your current address. If you use a P.O. box, include it on this line.

Line 4. Enter the address shown on the last return filed if different from the address entered on line 3.

Note: If the addresses on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address. For a business address, file Form 8822-B, Change of Address or Responsible Party — Business.

Line 5b. Enter up to 10 numeric characters to create a unique customer file number that will appear on the transcript. The customer file number **should not** contain an SSN. Completion of this line is not required.

Note: If you use an SSN, name or combination of both, we will not input the information and the customer file number will reflect a generic entry of "9999999999" on the transcript.

Line 6. Enter only one tax form number per request.

Signature and date. Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. The IRS must receive Form 4506-T within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines are completed before signing.



You must check the box in the signature area to acknowledge you have the authority to sign and request the information. The form will not be processed and returned to you if the box is unchecked.

Individuals. Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Corporations. Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer. A bona fide shareholder of record owning 1 percent or more of the outstanding stock of the corporation may submit a Form 4506-T but must provide documentation to support the requester's right to receive the information.

Partnerships. Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

All others. See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

Note: If you are Heir at law, Next of kin, or Beneficiary you must be able to establish a material interest in the estate or trust.

Documentation. For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the letters testamentary authorizing an individual to act for an estate.

Signature by a representative. A representative can sign Form 4506-T for a taxpayer only if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 5. The representative must attach Form 2848 showing the delegation to Form 4506-T.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. You are not required to request any transcript; if you do request a transcript, sections 6103 and 6109 and their regulations require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form**, 10 min.; **Preparing the form**, 12 min.; and **Copying, assembling, and sending the form to the IRS**, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service
Tax Forms and Publications Division
1111 Constitution Ave. NW, IR-6526
Washington, DC 20224

Do not send the form to this address. Instead, see *Where to file* on this page.



CDBG EMPLOYEE CERTIFICATION FORM PAGE 1 OF 2

Name of Company: _____

City of Oxnard Loan-Grant Program is a federally funded program through the Department of Housing and Urban Development (HUD). As such, HUD requires that documentation be provided to report household income levels for persons hired as a result of the program participation. As a potential applicant for this program, you will need, to provide the following information for the current and future employee(s) that were hired to meet this requirement. All records will remain confidential and are used for statistical data reporting only.

Please type or print in ink (to be completed by employee)

Name of Employee: _____

Address: _____

Job title or position: _____

Brief job description and skills:

Full Time or Part Time (circle one) – if Part Time, # of hours per week: _____

Date Hired: _____

Please indicate the employee's racial group:

	Race Categories	Check only one race category	Check if also Hispanic
1	White		
2	Black or African American		
3	Asian		
4	American Indian or Alaska Native		
5	Native Hawaiian or Other Pacific Islander		
6	American Indian or Alaska Native and White		
7	Asian and White		
8	Black or African American and White		

Female Head of Household: Yes or No (please circle)



CDBG EMPLOYEE CERTIFICATION FORM PAGE 2 OF 2

Name of Company: _____

Name of Employee: _____
(Please print)

First, circle the **total number of family members in your household (including yourself)**. Then circle the income range to the right that most reflects your **total family income** before you came to work with this employer.:

Table A – City of Oxnard – 2024 Effective May 1, 2024

Family Size	30%	Very Low – 50%	Low/Moderate – 80%
1	\$0 - \$29,550	\$29,551 - \$49,250	\$49,251 - \$78,800
2	\$0 - \$33,800	\$33,801 - \$56,300	\$56,301 - \$90,050
3	\$0 - \$38,000	\$38,001 - \$63,350	\$63,351 - \$101,300
4	\$0 - \$42,200	\$42,201 - \$70,350	\$70,351 - \$112,500
5	\$0 - \$45,600	\$45,601 - \$76,000	\$76,001 - \$121,600
6	\$0 - \$49,000	\$49,001 - \$81,650	\$81,651 - \$130,600
7	\$0 - \$52,350	\$52,351 - \$87,250	\$87,251 - \$139,600
8	\$0 - \$55,750	\$55,751 - \$92,900	\$92,901 - \$148,600

Employee Signature: _____

Date: _____

Employer Certification:

I hereby certify that this employee is employed by _____
on this date. (Name of Business)

Employee Signature: _____

Date: _____

(Please print name)