

Loan Application



Business Information

Business Name _____	Structure: <input type="checkbox"/> Sole Prop <input type="checkbox"/> S Corporation <input type="checkbox"/> C Corporation
Address _____	<input type="checkbox"/> LLC <input type="checkbox"/> Other _____
City _____	No. of Employees: Before Loan _____ After Loan _____
State _____ Zip _____	Current Bank _____
Phone _____	Bank Address _____
Fax _____	City/State/Zip _____
Email _____	Proposed Property (<i>if different from current address</i>)
Website _____	Address _____
Tax ID Number _____	City _____
Date Established _____	State _____ Zip _____
Type of Business _____	

Project Cost

Cash Injection

Land Acquisition	\$ _____	Personal Cash	\$ _____
Land and Building Acquisition	\$ _____	Business Cash	\$ _____
Acquisition of Existing Business	\$ _____	Land Equity	\$ _____
Refinance Existing Bank Loan	\$ _____	Retirement / 401K	\$ _____
Other Debt Repayment	\$ _____	Early Inheritance	\$ _____
Purchase Machinery and Equipment	\$ _____	Home Equity	\$ _____
Purchase Furniture and Fixtures	\$ _____	Gift	\$ _____
Inventory Purchase	\$ _____	Personal Loan	\$ _____
Working Capital	\$ _____	Proceeds from sale of assets	\$ _____
Loan Closing Cost (appraisal, title insurance, environmental, etc.)	\$ _____	Monies Already Invested	\$ _____
Other _____	\$ _____	Other (specify below)	\$ _____
Other _____	\$ _____	_____	

Total Capital Requirement	\$ _____	Total Equity Injection	\$ _____

Total Capital Requirement	\$ _____
Total Equity Injection	\$ _____
Loan Amount Requested	\$ _____

Personal Profile



Personal Information

First Name(No Initial)	Middle (No Initial)	Last (No Initial)	
<i>(List all former names used including maiden name and date changed)</i>			
First Name(No Initial)	Middle (No Initial)	Last (No Initial)	Dated Name Changed
Date of Birth (M/D/Y)	Place of Birth (City/State/Country)	Social Security #	
Drivers License #	Issue State	Expire	
Are You a U.S.Citizen	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, Give Alien Registration Number and Copy of Front and Back of Card	
Home Phone	Business Phone	Cell Phone	
Residence Address (NO P.O.Box)			
City	State	Zip	County
From	To Present Date		
Previous Address			
City	State	Zip	County
From	To		
Are You Employed By the U.S. Government?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Agency / Position	
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	Number of Children:	
Spouse Name	Middle	Last	
Date of Birth (M/D/Y)	Place of Birth (City/State/Country)	Social Security #	
Drivers License #	Issue State	Expire	

Personal Declarations

Please answer the following questions. For each "Yes" answer attach a separate signed exhibit providing a detail explanation.

	Yes	No
✓ Are you involved in any claim or lawsuit? _____	<input type="checkbox"/>	<input type="checkbox"/>
✓ Are any federal, state, or local taxes delinquent? _____	<input type="checkbox"/>	<input type="checkbox"/>
✓ Are you liable under any contingency agreements? _____	<input type="checkbox"/>	<input type="checkbox"/>
✓ Have you ever been involved in bankruptcy or insolvency proceedings? _____	<input type="checkbox"/>	<input type="checkbox"/>
✓ Do you have outstanding judgements? _____	<input type="checkbox"/>	<input type="checkbox"/>
✓ Have you ever had property foreclosed upon or given title or deed in lieu of foreclosure? _____	<input type="checkbox"/>	<input type="checkbox"/>
✓ Have you ever requested government financing before? (SBA, FHA, VA, Student Loans, etc.) _____	<input type="checkbox"/>	<input type="checkbox"/>
✓ Is this loan request under consideration at any other financial institution at this time? _____	<input type="checkbox"/>	<input type="checkbox"/>
✓ Have you ever been charged with or arrested for any criminal offense other than minor motor vehicle violation? _____	<input type="checkbox"/>	<input type="checkbox"/>
✓ Are you presently under indictment, parole or probation? _____	<input type="checkbox"/>	<input type="checkbox"/>
✓ Are you delinquent for child support payments? _____	<input type="checkbox"/>	<input type="checkbox"/>



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, or (4) any 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 hand & in Banks	\$	_____	Accounts Payable	\$	_____
Savings Accounts	\$	_____	Notes Payable to Banks and Others	\$	_____
IRA or Other Retirement Account	\$	_____	(Describe in Section 2)		
Accounts & Notes Receivable	\$	_____	Installment Account (Auto)	\$	_____
Life Insurance-Cash Surrender Value Only	\$	_____	Mo. Payments \$ _____		
(Complete Section 8)			Installment Account (Other)	\$	_____
Stocks and Bonds	\$	_____	Mo. Payments \$ _____		
(Describe in Section 3)			Loan on Life Insurance	\$	_____
Real Estate	\$	_____	Mortgages on Real Estate	\$	_____
(Describe in Section 4)			(Describe in Section 4)		
Automobile-Present Value	\$	_____	Unpaid Taxes	\$	_____
Other Personal Property	\$	_____	(Describe in Section 6)		
(Describe in Section 5)			Other Liabilities	\$	_____
Other Assets	\$	_____	(Describe in Section 7)		
(Describe in Section 5)			Total Liabilities	\$	_____
Total	\$	_____	Net Worth	\$	_____
			Total	\$	_____

Section 1. Source 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 Banks and Others. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

Name and Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed Type of Collateral

Section 3. Stocks and Bonds. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed).

Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

Section 4. Real Estate Owned. (List each parcel separately. Use attachment if necessary. Each attachment must be identified as a part of this statement and signed.)

	Property A	Property B	Property C
Type of Property			
Address			
Date Purchased			
Original Cost			
Present Market Value			
Name & Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment per Month/Year			
Status of Mortgage			

Section 5. Other Personal Property and Other Assets. (Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment and if delinquent, describe delinquency)

Section 6. Unpaid Taxes. (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)

Section 7. Other Liabilities. (Describe in detail.)

Section 8. Life Insurance Held. (Give face amount and cash surrender value of policies - name of insurance company and beneficiaries)

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: _____

PLEASE NOTE: The estimated average burden hours for the completion of this form is 1.5 hours per response. If you have questions or comments concerning this estimate or any other aspect of this information, please contact Chief, Administrative Branch, U.S. Small Business Administration, Washington, D.C. 20416, and Clearance Officer, Paper Reduction Project (3245-0188), Office of Management and Budget, Washington, D.C. 20503. **PLEASE DO NOT SEND FORMS TO OMB.**



United States of America
SMALL BUSINESS ADMINISTRATION
STATEMENT OF PERSONAL HISTORY

Please Read Carefully - Print or Type

Each member of the small business or the development company requesting assistance must submit this form in TRIPLICATE for filing with the SBA application. This form must be filled out and submitted by:

1. By the proprietor, if a sole proprietorship.
2. By each partner, if a partnership.
3. By each officer, director, and additionally by each holder of 20% or more of the ownership stock, if a corporation, limited liability company, or a development company.

Name and Address of Applicant (Firm Name)(Street, City, State, and ZIP Code)	SBA District/Disaster Area Office	
	Amount Applied for (when applicable)	File No. (if known)
1. Personal Statement of: (State name in full, if no middle name, state (NMN), or if initial only, indicate initial.) List all former names used, and dates each name was used. Use separate sheet if necessary. First _____ Middle _____ Last _____	2. Give the percentage of ownership or stocked owned _____ Social Security No. _____ or to be owned in the small business or the development company	
	3. Date of Birth (Month, day, and year) _____	
	4. Place of Birth: (City & State or Foreign Country) _____	
	5. U.S. Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO If No, are you a Lawful Permanent resident alien: <input type="checkbox"/> YES <input type="checkbox"/> NO If non- U.S. citizen provide alien registration number: _____	

Name and Address of participating lender or surety co. (when applicable and known)	
6. Present residence address: From: _____ To: _____ Address: _____ Home Telephone No. (Include A/C): _____ Business Telephone No. (Include A/C): _____	Most recent prior address (omit if over 10 years ago): From: _____ To: _____ Address: _____

PLEASE SEE REVERSE SIDE FOR EXPLANATION REGARDING DISCLOSURE OF INFORMATION AND THE USES OF SUCH INFORMATION.

IT IS IMPORTANT THAT THE NEXT THREE QUESTIONS BE ANSWERED COMPLETELY. AN ARREST OR CONVICTION RECORD WILL NOT NECESSARILY DISQUALIFY YOU; HOWEVER, AN UNTRUTHFUL ANSWER WILL CAUSE YOUR APPLICATION TO BE DENIED.

IF YOU ANSWER "YES" TO 7, 8, OR 9, FURNISH DETAILS ON A SEPARATE SHEET. INCLUDE DATES, LOCATION, FINES, SENTENCES, WHETHER MISDEMEANOR OR FELONY, DATES OF PAROLE/PROBATION, UNPAID FINES OR PENALTIES, NAME(S) UNDER WHICH CHARGED, AND ANY OTHER PERTINENT INFORMATION.

7. Are you presently under indictment, on parole or probation? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, indicate date parole or probation is to expire.)	
8. Have you ever been charged with and or arrested for any criminal offense other than a minor motor vehicle violation? Include offenses which have been dismissed, discharged, or not prosecuted (All arrests and charges must be disclosed and explained on an attached sheet.) <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Have you ever been convicted, placed on pretrial diversion, or placed on any form of probation, including adjudication withheld pending probation, for any criminal offense other than a minor vehicle violation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. I authorize the Small Business Administration Office of Inspector General to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for programs authorized by the Small Business Act, and the Small Business Investment Act.	

CAUTION: Knowingly making a false statement on this form is a violation of Federal law and could result in criminal prosecution, significant civil penalties, and a denial of your loan, surety bond, or other program participation. A false statement is punishable under 18 USC 1001 by imprisonment of not more than five years and/or a fine of not more than \$10,000; under 15 USC 645 by imprisonment of not more than two years and/or a fine of not more than \$5,000; and, if submitted to a Federally insured institution, under 18 USC 1014 by imprisonment of not more than thirty years and/or a fine of not more than \$1,000,000.

Signature _____	Title _____	Date _____
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Agency Use Only 11. <input type="checkbox"/> Fingerprints Waived _____ Date _____ Approving Authority _____ <input type="checkbox"/> Fingerprints Required _____ Date _____ Approving Authority _____ Date Sent to OIG _____	12. <input type="checkbox"/> Cleared for Processing _____ Date _____ Approving Authority _____ 13. <input type="checkbox"/> Request a Character Evaluation _____ Date _____ Approving Authority _____ (Required whenever 7, 8 or 9 are answered "yes" even if cleared for processing.)
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PLEASE NOTE: The estimated burden for completing this form is 15 minutes per response. You are not required to respond to any collection of information unless it displays a currently valid OMB approval number. Comments on the burden should be sent to U.S. Small Business Administration, Chief, AIB, 409 3rd St., S.W., Washington D.C. 20416 and Desk Officer for the Small Business Administration, Office of Management and Budget, New Executive Office Building, Room 10202, Washington, D.C. 20503. OMB Approval 3245-0178. **PLEASE DO NOT SEND FORMS TO OMB.**



Business Profile

History of Business



Please answer the question below or provide the information on a separate attachment.
Enclose any Catalogs or Brochures.

Describe the history of your business. Include the year founded, by whom, products or services provided, and location.

Who are your major customers?

Name	City, State or Country	Percent (%) Sales
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

Who are your major suppliers?

Name	City, State or Country	Products Purchased
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

Who are your major competitors?

Name	City, State or Country	Competing Product
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

How will the loan change or aid the growth of your business?

Application Preparation. List the name and occupation of anyone who assisted in the preparation of this form.

Name _____ Occupation _____ Fee paid \$ _____

Signature _____

Dated _____

Name (Printed) _____

Title _____

Management Resume



A management profile must be complete by the proprietor, each partner, each holder of 20% or more of common stock and/or key management. You may attach your education and employment history separately if preferred.

Full Name _____

Date of Birth (D/M/Y) _____ Place of Birth _____

Are you a US Citizen? Yes No (If NO, give Alien Registration No. _____ and copy of Green Card.)

Current Residence

Address _____

City _____ State _____ Zip _____

County _____ From _____ To _____

Immediate Past Residence

Address _____

City _____ State _____ Zip _____

County _____ From _____ To _____

Education

Institution(s) Name _____ Location _____

Dates Attended _____ Did you Graduate? _____ Type of Degree(s) _____

Military

Branch _____ Date of Active Duty _____ Reserve Duty _____

Date of Discharge _____ Rank of Discharge _____ Honorable Discharge? _____

Technical Training _____

Employment History for Prior 10 Years (List chronologically, beginning with present employment)

Employer Name _____ Location _____

Position / Title _____ From _____ To _____

Responsibilities / Duties _____

Employer Name _____ Location _____

Position / Title _____ From _____ To _____

Responsibilities / Duties _____

Employer Name _____ Location _____

Position / Title _____ From _____ To _____

Responsibilities / Duties _____

Signature _____

Dated _____

Name (Printed) _____

Title _____

Personal Cash Flow Statement



Please provide the following information regarding sources and uses of cash during the calendar year and your projections for the current year. If a cash flow deficit exists, explain how the existing or requested debt will be serviced.

Individual Statement

Joint Statement

Source of Cash (Annual)

Prior Year

Current Year

Salaries, Commissions, Bonuses, or any other income from employment (net)	\$ _____	\$ _____
Dividends	\$ _____	\$ _____
Interest Income	\$ _____	\$ _____
Rental Income	\$ _____	\$ _____
Sale of Assets	\$ _____	\$ _____
Royalties	\$ _____	\$ _____
Distributions from Estate & Trusts	\$ _____	\$ _____
Cash Distributions from business Partnerships, or joint ventures	\$ _____	\$ _____
Income tax refund	\$ _____	\$ _____
Other source of cash	\$ _____	\$ _____
Total Cash Received	\$ _____	\$ _____

Use of Cash (Annual)

Prior Year

Current Year

Home Mortgage – Principal & Interest Or Rent Expense	\$ _____	\$ _____
Other Mortgage – Principal & Interest	\$ _____	\$ _____
Auto Loans	\$ _____	\$ _____
Other Loans – Principal & Interest	\$ _____	\$ _____
Credit Card Payments (Min. due monthly)	\$ _____	\$ _____
Insurance Payments	\$ _____	\$ _____
Utilities	\$ _____	\$ _____
Food, Clothing, Child Care	\$ _____	\$ _____
Income Taxes not covered by withholding	\$ _____	\$ _____
Other uses if cash	\$ _____	\$ _____
Total Cash Outlays	\$ _____	\$ _____

Cash Flow Surplus (Deficit)

\$ _____

This Cash Flow Statement is a part of my financial statement:

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

Signature: _____

Dated: _____

Signature: _____

Dated: _____

Request for Transcript of Tax Return



OMB No. 1545-1872

(Rev. April 2006)

Department of the Treasury
Internal Revenue Service

- ▶ **Do not sign this form unless all applicable lines have been completed. Read the instructions on page 2.**
- ▶ **Request may be rejected if the form is incomplete, illegible, or any required line was blank at the time of signature.**

Tip: Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can also call 1-800-829-1040 to order a transcript. 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 or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return	2b Second social security number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code	
4 Previous address shown on the last return filed if different from line 3	
5 If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information.	

Caution: If a third party requires you to complete Form 4506-T, **do not** sign Form 4506-T if lines 6 and 9 are blank.

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. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120A, Form 1120H, Form 1120L, 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 30 calendar days

c Record of Account, which is a combination of line item information and later adjustments to the account. Available for current year and 3 prior tax years. Most requests will be processed within 30 calendar days

7 Verification of Nonfiling, which is proof from the IRS that you **did not** file a return for the year. 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 2003, filed in 2004, will not be available from the IRS until 2005. 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 45 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.

_____ / _____ / _____ _____ / _____ / _____ _____ / _____ / _____ _____ / _____ / _____

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, **either** husband or wife must sign. If signed by a corporate officer, partner, 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.

Sign Here	Signature (see instructions)	Date	Telephone number of taxpayer on line 1a or 2a ()
	Title (if line 1a above is a corporation, partnership, estate, or trust)		
	Spouse's signature	Date	

Authorization to Release Information

I/We hereby authorize the release to Lender of any and all information they may require at any time for any purpose related to our credit transaction with them. I/We further authorize Lender to release such information to any entity they deem necessary for any purpose related to our credit transaction with them.

I/We hereby certify that the enclosed information (plus any attachments or exhibits) is valid and correct to the best of my/our knowledge.

I/We hereby acknowledge that all loan approvals will be in writing and subject to the terms and conditions set forth in a commitment letter signed by an officer or Lender. A Photostat or facsimile copy of this authorization shall be valid as the original. By signing below, I/We affirm our identity as the respective individual(s) identified in the related application.

Name

Signature

Social Security #

Name

Signature

Social Security #

Name

Signature

Social Security #

Name

Signature

Social Security #