

BUSINESS LOAN APPLICATION

1. **Applicant Name:** _____

Name of Business: _____

Sole Proprietorship: _____ S Corporation: _____

Partnership: _____ C Corporation: _____

LLC/LLP: _____

Mailing Address: _____

Street Address: _____

Business Telephone: _____

Email: _____

Home Telephone: _____

Cell Phone: _____

Fax: _____

Project Address:

Federal Employer Identification Number:

Assessor's Parcel Number for Business and/or Project Site: _____
(Needed for ALL businesses no matter if renting or owning)

DUN # _____ (www.dnb.com or call 866-705-5711 to apply)

2. **Loan Amount Requested:** \$ _____

Uses of Funds:

Purchase of Real Estate \$ _____

Purchase of Existing Business _____

Furniture, Fixtures & Equipment _____

Inventory _____

Advertising & Promotion _____

Operating Capital _____

Other (specify) _____

Construction Uses

Renovation/New Construction _____

Leasehold Improvements _____

Infrastructure (curbs, gutter, sidewalks, etc.) _____

TOTAL \$ _____

3. Ownership

All owners of 20% or more of the applicant business are listed below:

Name _____
 Home Address _____
 City, State, Zip _____
 Phone _____
 Social Security # _____
 % of Ownership _____
 U.S. Citizen Yes _____ No _____

Name _____
 Home Address _____
 City, State, Zip _____
 Phone _____
 Social Security # _____
 % of Ownership _____
 U.S. Citizen Yes _____ No _____

For corporations, please list corporate officers, titles and who will be signing loan documents.

Name	Corporate Title	Signing Loan Documents (Yes or No)

(If additional space is needed, please use reverse side of this page.)

4. Have any of the persons listed above ever been charged with, or convicted of any criminal offenses, other than a minor motor vehicle violation?

Yes No

If yes, please explain:

5. Has the applicant or any person listed above been in receivership or filed bankruptcy?

Yes No

If yes, please explain:

6. Has the applicant or any person listed above had any credit problems in the last 5 years?

- ___ 3. Schedule of business debt. (**Attachment “B”**)
- ___ 4. Current personal financial statements of principals. These must be dated no more than 90 days prior to the application. (**Attachment “C”**)
- ___ 5. Three (3) years of personal tax returns for the proprietor, partners, and stockholders with 20% or more ownership in the business.
- ___ 6. Start-up businesses must provide three (3) years of monthly income and expense projections. Existing businesses must provide two (2) years of monthly income and expense projections. Also, a detailed description of how the projections were determined is required. (**Attachment “D”**)
- ___ 7. All start-up businesses must provide a Business Plan.
- ___ 8. Business tax returns for the three (3) most recent years.
- ___ 9. Business financial statements for the applicant's three (3) most recent fiscal years, where applicable, and a current financial statement dated no more than 90 days prior to the application.
- ___ 10. Current Aging of Accounts Receivable and Accounts Payable.
- ___ 11. Copy of Business License, if applicable.
- ___ 12. Copy of all Corporate Filings or Partnership Agreements (in the case of Corporations – copies of Corporate Resolution authorizing the borrowing request).
- ___ 13. Breakdown of proposed cost with written estimates from contractors or suppliers. Purchase agreements, when applicable.
- ___ 14. Such non-financial information or supporting information necessary to substantiate the application, including, but not limited to: estimates, quotations, receipts, contracts, orders, invoices, leases, sales agreements, documentation from architects, engineers, contractors, suppliers, or others involved in the sale, lease, or construction of fixed assets, if any, for applicant's project including schedules of implementation.

APPLICANT'S CERTIFICATION/AUTHORIZATION

I/We certify that all information in this application and all information furnished in support of this application are true and complete to the best of my/our knowledge and belief.

I/We authorize the lending agency to verify all information furnished in connection with the loan application. The information that may be verified includes, but is not limited to, the following: employment, pensions, mortgages, deposits, and any other income; personal or business loans; insurance; and further, to obtain a credit report.

I/We also authorize the lending agency to disclose any financial information on income tax returns or on my personal or business financial statements, for the purpose of obtaining a loan on my behalf. I understand the information would be made available to loan committee members and other lenders that may be involved in the funding of my loan request.

I/We also acknowledge that this is an application for public funds and, therefore, the information provided may be made available for review.

Signature

Date

Signature

Date

ATTACHMENT "A"

RESUME OF

Note: This form is not required if another format is provided in its place.

EMPLOYMENT HISTORY (most recent first):

Dates Employed - From: _____ To: _____

Name of Company: _____

Address: _____

Position and Responsibilities: _____

Dates Employed - From: _____ To: _____

Name of Company: _____

Address: _____

Position and Responsibilities: _____

EDUCATION:

Dates Enrolled: From: _____ To: _____

Name of School: _____

Address: _____

Degree Received: _____ Date Graduated: _____

Dates Enrolled: From: _____ To: _____

Name of School: _____

Address: _____

Degree Received: _____ Date Graduated: _____

OTHER RELATED TRAINING OR EXPERIENCE:

References will be furnished upon request.

Signature: _____

Date: _____

ATTACHMENT "B"

BUSINESS INDEBTEDNESS: Furnish the following information on **all** business debts owed -- **vendors, credit cards, payroll taxes, income taxes, sales tax, contracts, notes, and mortgages.** (Current balances should agree with the latest balance sheet submitted.)

To Whom Payable	Original Amount	Original Date	Present Balance	Rate of Interest	Maturity Date	Monthly Payment	Security	Current = C Past Due = P



ATTACHMENT "C"
PERSONAL FINANCIAL STATEMENT

OMB APPROVAL NO. 3245-0188
EXPIRATION DATE:11/30/2004

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	
Stocks and Bonds	\$ _____	(Other).....	\$ _____
(Describe in Section 3)		Mo. Payments _____	
Real Estate	\$ _____	Loan on Life Insurance.....	\$ _____
(Describe in Section 4)		Mortgages on Real Estate	\$ _____
Automobile-Present Value	\$ _____	(Describe in Section 4)	
Other Personal Property	\$ _____	Unpaid Taxes	\$ _____
(Describe in Section 5)		(Describe in Section 6)	
Other Assets	\$ _____	Other Liabilities	\$ _____
(Describe in Section 5)		(Describe in Section 7)	
Total	\$ _____	Total Liabilities	\$ _____
		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					
Assessor Parcel Number (APN)					
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.					

ATTACHMENT "D"
INCOME AND EXPENSE PROJECTIONS

Instructions

This is a worksheet designed to help determine monthly projected business income and expenses for a twelve month period. This will also help assess the feasibility of a project by determining if the projected income will cover the projected expenses, including owners draw and loan payments. This is just a worksheet, so fill it out in pencil. You will be making a lot of changes to it.

MONTHS: Fill in the month you anticipate opening your business, or start with "Month #1".

TOTAL SALES: All income from the sale of products or services for the month.

COST OF GOODS SOLD: Direct cost of the products sold. (Example: for a restaurant, the cost of goods sold is the food; for a clothing store, the clothing; for the manufacturing of tables, the cost of the wood, metal, varnish.) Service businesses do not have a cost of goods sold.

GROSS PROFIT: Subtract the **Cost of Goods Sold** from the **Total Sales** to determine the **Gross Profit**.

OPERATING EXPENSES: Listed here are some examples of monthly expenses. You may have some additional or different expenses that are specific to your business, just write them in.

TOTAL OPERATING EXPENSES: Add up all **Operating Expenses** for the month.

NET PROFIT: Subtract the **Total Operating Expenses** from the **Gross Profit**.

OWNER'S DRAW: This is the money the business owner will draw from the business for personal living expenses. When there is another monthly source of income, owner's draw may not apply. If the business owner will be paying personal living expenses from the business sales, owners draw will need to be determined.

AVAILABLE FOR LOAN PAYMENT: Subtract **Owner's Draw** from **Net Profit**.

LOAN PAYMENT: This is the monthly payment of principal and interest based on the amount of the loan needed. This amount can be obtained from the Financial Consultant.

MARGIN: Subtract the **Loan Payment** from the **Available for Loan Payment**. This is the projected amount left after all expenses have been paid. If the **Loan Payment** amount is larger than the **Available for Loan Payment**, you are losing money at the end of the month.

AUTHORIZATION AND RELEASE FOR CREDIT REPORT

Dear Requestor:

Prior to a credit report request, you must understand the following:

- 1) Access to your credit file is limited to yourself and your agents acting on your behalf.
- 2) Your consent in writing is required before a report may be provided.
- 3) You are entitled to a copy of the credit report and a copy of the FTC's "Consumer Rights Notice".

Based on the above information, I hereby authorize **Community Development Services (CDS)** to obtain my credit report for the purposes of **applying for a business loan**.

PLEASE PRINT THE BELOW INFORMATION NEATLY

Applicant

Name: _____
(Full name including Jr., Sr., etc.)

SSN#: _____

Date of Birth: _____

Address: _____

City, State, Zip: _____

Previous Address: _____

City, State, Zip: _____

Signature

Spouse/Partner

Name: _____
(Full name including Jr., Sr., etc.)

SSN#: _____

Date of Birth: _____

Address: _____

City, State, Zip: _____

Previous Address: _____

City, State, Zip: _____

Signature