



L E N D I N G

"Small Business Lending Since 1979"

SBA 504 Loan Application:

_____ **History and description of business** (Business Plan).
_____ **Breakdown of project costs** (cost of land, site prep, construction, equipment, sign, furniture, etc.) and total. Please include bids/quotes/contracts for construction, etc. Please indicate amount and source of down payment.
_____ **Copy of real estate purchase contract.** If property has already been acquired: copy of signed Settlement Statement. If property has already been financed: copies of signed Loan Note and recorded Mortgage/Deed to Secure Debt. If original acquisition loan has already been refinanced or renewed, please provide copies of all Loan Notes and Mortgages/Deeds to Secure Debt for this property from the date of acquisition through current date. If property was acquired more than 2 years ago, please contact us concerning pre-application appraisal requirements (appraisal must be ordered by bank; appraisal must be addressed to bank and U.S. Small Business Administration; if applicable, appraisal must include as-is/land and as-built/renovated values)
_____ **If Corporation:** Articles of Incorporation, and Bylaws. **If LLC:** Articles of Organization, and Operating Agreement. Please also provide a list of owners (including the percentage of the company that is owned by each) and officers (President, Secretary, etc.).
_____ **If a Franchise:** copy of Franchise Agreement.
_____ **Current number of Full Time Employees:** _____ **Current number of Part Time Employees:** _____
Number of Additional positions you expect to create within the next 2 years: FT _____ PT _____
_____ **Last 3 years business tax returns.** If current tax return is not available, please provide copy of IRS Extension. If applicable, please also provide Balance Sheets and Profit and Loss statements.
_____ **Current year-to-date Profit and Loss statement, and current Balance Sheet.** Must be current within 90 days.
_____ **If applicable, Aging of Accounts Receivable.** Date of Aging Report should match date of most recent Balance Sheet.
_____ **If applicable, Projected Profit and Loss for next two years.** If start-up, must also provide month-by-month projections for the first 12 months.
_____ **List of existing business loans** (including original amounts, current balances, payment amounts, dates originated, maturity dates, collateral, bank names and loan numbers).
_____ **Statement of Personal History form** (SBA Form 912) for each borrower (owner), officer (if corporation), partner. If "yes" responses to questions 7, 8 or 9: attach a signed and dated explanation describing each offense; explanation must include dates of offenses, locations, circumstances of arrests, whether misdemeanors or felonies, status of each charge, fines, sentences, penalties, etc. If "yes" responses to questions 7, 8 or 9: please contact us ASAP because an additional form (affidavit or finger print card) will be required, and a pre-application approval will be required by SBA.
_____ **Copy of driver's license** for each borrower and each guarantor. If not a US Citizen, please also provide copies of front and back of Resident Alien Card.
_____ **Resume** for each manager and for each borrower. (May use own resume or enclosed resume form; please sign).
_____ **Personal Financial Statement** (must be on SBA form or bank form). Must be current within 30 days. Must be signed and dated. If married, spouse must also sign and date Personal Financial Statement.
_____ **Last 2 years personal tax returns, including all schedules and W2's.**
_____ **If you own any other business:** last 2 years business tax returns, including all schedules.
_____ **If you currently have (or previously had) any other SBA financing:** Borrower name, Lender name, SBA loan number, Date originated, Collateral, Current balance.
_____ **If you or your business is involved in any pending lawsuit,** please explain and attach copies.
_____ **If debt refinance (for eligible fixed assets) will be included in this project,** SBA will require a copy of the signed Settlement Statement from the acquisition of the property, and copies of the original Loan Note and recorded Mortgage/Deed to Secure Debt from the acquisition of the property. If applicable, please also provide copies of all signed loan notes and copies of all recorded Mortgages/Deeds to Secure Debt for all refinances and renewals. Please also provide a loan history transcript printout from the current lender that includes the current balance and the payment history for past 12 months. Please contact us concerning pre-application appraisal requirements (appraisal must be ordered by the bank; appraisal must be addressed to bank and U.S. Small Business Administration, etc.)
_____ **Additional questions/comments:** _____



United States of America
SMALL BUSINESS ADMINISTRATION
STATEMENT OF PERSONAL HISTORY

Please Read Carefully: SBA uses Form 912 as one part of its assessment of program eligibility. Please reference SBA Regulations and Standard Operating Procedures if you have any questions about who must submit this form and where to submit it. For further information, please call SBA's Answer Desk at 1-800-U-ASK-SBA (1-800-827-5722), or check SBA's website at www.sba.gov.

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.		2. Give the percentage of ownership or stock owned or to be owned in the small business or the development company	
First	Middle	Social Security No.	
Last		3. Date of Birth (Month, day, and year)	
		4. Place of Birth: (City & State or Foreign Country)	
Name and Address of participating lender or surety co. (when applicable and known)		5. U.S. Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO INITIALS: _____ 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: _____	
6. Present residence address: From: To: Address: Home Telephone No. (Include Area Code): Business Telephone No. (Include Area Code):		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.

YOU MUST INITIAL YOUR RESPONSES TO QUESTIONS 5,7,8 AND 9.

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. AN ARREST OR CONVICTION RECORD WILL NOT NECESSARILY DISQUALIFY YOU; HOWEVER, UNTRUTHFUL ANSWER WILL CAUSE YOUR APPLICATION TO BE DENIED AND SUBJECT YOU TO OTHER PENALTIES AS NOTED BELOW.

7. Are you presently under indictment, on parole or probation? INITIALS: _____ <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 INITIALS: _____	
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 INITIALS: _____	
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 - PENALTIES FOR FALSE STATEMENTS: 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 and 3571 by imprisonment of not more than five years and/or a fine of up to \$250,000; 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		12. <input type="checkbox"/> Cleared for Processing Date _____ Approving Authority _____	
11. <input type="checkbox"/> Fingerprints Waived Date _____ Approving Authority _____		13. <input type="checkbox"/> Request a Character Evaluation Date _____ Approving Authority _____	
<input type="checkbox"/> Fingerprints Required Date _____ Approving Authority _____		(Required whenever 7, 8 or 9 are answered "yes" even if cleared for processing.)	
Date Sent to OIG _____			

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.**

PERSONAL RESUME:

Home Address _____
Street City State Zip Phone

Past Address _____
Street City State Zip From To

Date of Birth _____ Place of Birth _____ Marital Status _____

MILITARY

Branch of Military _____ From _____ To _____ Honorable Discharge _____

Rank at Discharge _____ Job Description _____

EDUCATION

College or Technical Training Name and Location	Dates Attended From To	Major	Degree or Certificate
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1. _____

Comments _____

2. _____

Comments _____

3. _____

Comments _____

WORK EXPERIENCE

1. Name of Company _____ From _____ To _____

Full Address _____

Title _____ Duties _____

2. Name of Company _____ From _____ To _____

Full Address _____

Title _____ Duties _____

3. Name of Company _____ From _____ To _____

Full Address _____

Title _____ Duties _____

4. Name of Company _____ From _____ To _____

Full Address _____

Title _____ Duties _____



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.					