



CSRA DIRECT LOAN Application Checklist (Maximum Loan Amount \$500,000):

The following items will be needed to process your loan request:

_____ (FORM) **CSRA Direct Application Information and Certifications Form required by each owner. (FORM ATTACHED)**

_____ **History and description of business**, or Business Plan if applicable. Please include breakdown of employment (current number of employees and number of new jobs to be created as a result of this project), a list of owners (including the percentage owned by each) and officers (President, Secretary).

_____ **List or breakdown of project costs, and total.** Please include bids, quotes, and/or contracts, as applicable. Please indicate amount/source of down payment.

_____ **If Corporation:** Articles of Incorporation, and Bylaws. **If LLC:** Articles of Organization, and Operating Agreement. Please provide a list of owners (including the percentage of the company that is owned by each if there are multiple owners).

_____ **Last 3 years business tax returns;** and if applicable: Balance Sheet and Profit and Loss statement for previous 3 years.

_____ **Year-to-date Balance Sheet and Profit and Loss Statement.**

_____ **If applicable, Aging of Accounts Receivable** and Accounts Payable. Date of Aging Report should match date of most Balance Sheet.

_____ **If applicable, Projected Profit and Loss for next two years.** If start-up, please also provide month-by-month projections for the first 12 months.

_____ **If purchasing real estate:** Copy of Purchase Contract.

_____ **If business in leased location:** Copy of lease.

_____ **If business real estate property is owned:** date purchased, original cost, estimated value, loans/mortgages on property, and title/ownership of property.

_____ (FORM) **List of each loan** that the business currently has, including original amount, current balance, payment amount, date originated, maturity date, collateral, and bank name and loan number. **(FORM ATTACHED)**

_____ (FORM) **For each owner: Personal Financial Statement** (SBA form or Bank form). Must sign and date. If married, spouse must also sign Personal Financial Statement. **(FORM ATTACHED)**

_____ **For each owner: Last 2 years personal tax returns, including W2's.**

_____ **For each owner, if you own any other business:** last 2 years business tax returns.

_____ (FORM) **For each owner: Application for Services/Benefits form. (FORM ATTACHED)**

_____ **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.

"CSRA Business lending and its affiliated companies are an Equal Opportunity Credit Provider"

For More Information Contact:

Randy Griffin, President (rgriffin@csrardc.org) - 706-210-2010 (Phone)

Cody Shepherd, Executive Vice President (cshepherd@csrardc.org) – 762-333-8045 (Phone)

Kim Walton, Loan Officer (kw Walton@csrardc.org)- 706-651-7306 (Phone)

CSRA Business Lending

(Georgia Headquarters) 3626 Walton Way Extension, Suite 1, Augusta, Georgia 30909
(South Carolina Office) 1237 Gadsden Street, Suite 200C, Columbia, South Carolina 29201
(A Non-Profit Certified Development Company and Accredited Lender of SBA)

www.csrabusinesslending.com

Work experience

List chronologically, beginning with present employment

Employer	_____	_____	_____	_____
Address	_____	City	State	Zip
From	_____	To	_____	Title _____ Duties _____
Employer	_____	_____	_____	_____
Address	_____	City	State	Zip
From	_____	To	_____	Title _____ Duties _____
Employer	_____	_____	_____	_____
Address	_____	City	State	Zip
From	_____	To	_____	Title _____ Duties _____

Education (College or Technical Training)

Name and Location	Dates Attended	Major	Degree or Certificate
1. _____	_____	_____	_____
Comments	_____		

Credit Report Authorization

I declare that the information provided in this application is true and correct. I hereby authorize the release of any and all credit report and other information required in the processing of my loan application and as required in the servicing and/or during the term of my loan. I further authorize CSRA Business Lending to release such information to any entity as required in the processing of my loan application.

I/We hereby certify that the enclosed information, including any attachments or exhibits provided here within or at a later date, is valid and correct to the best of my/our knowledge.

Signature	_____	Date	_____
Spouse Signature	_____	Date	_____

EXISTING BUSINESS DEBT SCHEDULE
 (Use Separate Form for Each Related Company)

Name of Company: _____

DEBT SCHEDULE

Date: _____

CREDITOR NAME/ADDRESS	ORIGINAL AMOUNT	ORIGINAL DATE	PRESENT BALANCE	INT. RATE	MATURITY DATE	MONTHLY PAYMENT	SECURITY	CURRENT OR DELINQUENT
TOTAL PRESENT BALANCE				TOTAL MONTHLY PAYMENT				

*Should be the same date as current financial statement
 **Total must agree with balance shown on current financial statement.

SIGNATURE: _____ **TITLE:** _____

DATE: _____



PERSONAL FINANCIAL STATEMENT

U.S. SMALL BUSINESS ADMINISTRATION

The purpose of this form is to collect information about the Business Applicant and its owners' financial condition. SBA uses the information required by this Form 413 as one of a number of data sources in analyzing the repayment ability and creditworthiness of an applicant for an SBA loan or, with respect to a surety bond, to assist in recovery in the event that the contractor defaults on the contract. SBA also uses the information to assess whether an individual meets the economic disadvantage threshold for the Women-Owned Small Business (WOSB) Program and the 8(a) Business Development (BD) Program. Submission of this information is required as part of your application for assistance. Failure to provide the information would impact the agency's decision on your application.

To complete this form

- 1) Check all that apply.
- 2) Complete the form in its entirety (attached a separate sheet, if necessary)
- 3) Review the applicable certifications and sign (spousal signature, if required)

<input type="checkbox"/> 7(a) loan / 504 loan / Surety Bonds Complete this form for: (1) each proprietor; (2) general partner; (3) managing member of a limited liability company (LLC); (4) each owner of 20% or more of the equity of the Applicant; and (5) any person providing a guaranty on the loan (including the assets and liabilities of the owner's spouse and any minor children). Return completed form to: For 7(a) loans: the Lender processing the application for SBA guaranty For 504 loans: the Certified Development Company (CDC) processing the application for SBA guaranty For Surety Bonds: the Surety Company or Agent processing the application for surety bond guarantee
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<input type="checkbox"/> Disaster Business Loan Application (Excluding Sole Proprietorships) Complete this form for: (1) each applicant; (2) each general partner; (3) each managing member of a limited liability company (LLC); (4) each owner of 20% or more of the equity of the Applicant business; and (5) any person providing an unlimited guaranty on the loan. Return completed form to: Disaster Processing and Disbursement Center at 14925 Kingsport Road, Fort Worth, TX 76155-2243 or FAX to 1-202-481-1505 or disasterloans@sba.gov
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<input type="checkbox"/> Women Owned Small Business (WOSB) Federal Contracting Program This form must be completed by each individual claiming economic disadvantage in connection with the SBA's Women-Owned Small Business (WOSB) Federal Contracting Program. A separate form must be completed by the individual's spouse, unless the individual and the spouse are legally separated. Use attachments if necessary. Each attachment must be identified as a part of this statement and signed. In addition, each individual claiming economic disadvantage must update the form as changes arise, but at least annually, to ensure the information is current, accurate and complete. SBA's regulations state that to be considered economically disadvantaged for purposes of the WOSB Program, a woman must have an adjusted gross income averaged over the three prior fiscal years of \$350,000 or less; less than \$6 million in the fair market value of all her assets (to include her primary residence and value of the business concern); and less than \$750,000 in personal net worth (excluding equity interest in her personal residence and ownership interest in the business, and funds invested in a retirement account that are unavailable until retirement age). 13 C.F.R. §127.203. The information contained in this form must be submitted and certified through beta.certify.sba.gov

<input type="checkbox"/> 8(a) Business Development Program 8(a) applicants must show that 51% of the firm is owned by one or more individuals determined by the SBA to be socially and economically disadvantaged. The information contained in this form must be submitted by each socially and economically disadvantaged individual using their one time 8(a) eligibility to qualify this firm for 8(a) certification. If married, the spouse must complete a separate SBA Form 413, except when the individual and the spouse are legally separated. If separated, provide copy of separation document. SBA's regulations state that to be considered economically disadvantaged for purposes of the 8(a) Business Development Program, an individual must have an adjusted gross income averaged over the three prior fiscal years of \$350,000 or less; less than \$6 million in the fair market value of all assets (to include primary residence and value of the business concern); and less than \$750,000 in personal net worth (excluding equity interest in the personal residence and ownership interest in the business, and funds invested in a retirement account that are unavailable until retirement age). 13 C.F.R. §124.104. Note: Please complete this form with Personal Information not Business Information and divide all jointly owned assets and liabilities, as appropriate with spouse or others. The information contained in this form must be submitted and certified through certify.sba.gov . For additional information go to: http://www.sba.gov/8abd

Name	Business Phone (xxx-xxx-xxxx)
Home Address	Home Phone (xxx-xxx-xxxx)
City, State, & Zip Code	
Business Name of Applicant/Borrower	
Business Address (if different than home address)	
Business Type: ___ Corporation ___ S-Corp. ___ LLC ___ Partnership ___ Sole Proprietor (does not apply to ODA applicant)	

This information is current as of [month/day/year]
(within 90 days of submission for 7(a)/504/SBG/ODA/WOSB or within 30 days of submission for 8(a) BD)

WOSB applicant only, Married ___ Yes ___ No

ASSETS	LIABILITIES
(Omit Cents)	(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)
(Describe in Section 5)	Installment Account (Auto)..... _____
Accounts & Notes Receivable..... _____	Mo. Payments _____
(Describe in Section 5)	Installment Account (Other)..... _____
Life Insurance – Cash Surrender Value Only..... _____	Mo. Payments _____
(Describe in Section 8)	Loan(s) Against Life Insurance..... _____
Stocks and Bonds..... _____	Mortgages on Real Estate..... _____
(Describe in Section 3)	(Describe in Section 4)
Real Estate..... _____	Unpaid Taxes..... _____
(Describe in Section 4)	(Describe in Section 6)
Automobiles..... _____	Other Liabilities..... _____
(Describe in Section 5, and include Year/Make/Model)	(Describe in Section 7)
Other Personal Property..... _____	Total Liabilities..... _____
(Describe in Section 5)	Net Worth..... _____
Other Assets..... _____	Total _____
(Describe in Section 5)	Must equal total in assets column.
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 should 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 part of this statement and signed.)

Names and Addresses 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 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 Real Estate (e.g. Primary Residence, Other Residence, Rental Property, Land, etc.)			
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.)

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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 the SBA/Lender/Surety Company to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness.

CERTIFICATION: (to be completed by each person submitting the information requested on this form and the spouse of any 20% or more owner when spousal assets are included)

By signing this form, I certify under penalty of criminal prosecution that all information on this form and any additional supporting information submitted with this form is true and complete to the best of my knowledge. I understand that SBA or its participating Lenders or Certified Development Companies or Surety Companies will rely on this information when making decisions regarding an application for a loan, surety bond, or participation in the WOSB or 8(a) BD program. I further certify that I have read the attached statements required by law and executive order.-

Signature _____

Date _____

Print Name _____

Social Security No. _____

Signature _____

Date _____

Print Name _____

Social Security No. _____

APPLICATION FOR SERVICES/BENEFITS

Name: _____ Date of Birth: _____

Social Security Number: _____ Telephone # _____

Address: _____

Type of Service: _____

Signature

Date

"The following information is requested in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in the program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname."

Race Categories

- American Indian or Alaskan Native Asian White
 Black or African American Native Hawaiian or Other Pacific Islander

Ethnicity

- Hispanic or Latino Not Hispanic or Latino

Sex

- Male Female

This institution is an equal opportunity provider. To file a complaint of discrimination, write, USDA, Director, Office of Civil Rights, Room 326-W, Whitten, Building, 1400 Independence Avenue, Washington, DC 20250-9410 or call (202) 720-5964 (voice or TDD).

OFFICE USE ONLY

Type of assistance: _____ Date: _____

Account number: _____

Other Information: _____