



**GETTING STARTED WITH OUR
SIMPLE APPLICATION**

SBAC Contact:

Personal: _____

Business: _____

BDS: _____

DATE: _____

GENERAL INFORMATION:

Name (First, MI, Last): _____ Social Security #: _____

Date of Birth: _____ Address: _____

City/ST: _____ County: _____ ZIP: _____

Phone: _____ Email: _____

Name of Business (if applicable): _____ Tax ID: _____ DUNS: _____

Address: _____ County: _____ Zip: _____

Phone: _____ Cell: _____ Fax: _____

Email: _____ Website: _____

Describe your business (use up to 6 words): _____

Are you starting this business from the ground up? _____ Yes _____ No

If you are currently in business, how long? _____ Yes _____ No

Are you purchasing an existing business? _____ Yes _____ No

SUMMARY OF YOUR LOAN REQUEST:

How much money do you need to borrow through SBAC? \$ _____

How much of your own money are you putting into the transaction? \$ _____

How will you use the borrowed money?

Real Estate

Raw Land \$ _____
Land & Building \$ _____
Construction \$ _____
Renovation/Rehabilitation \$ _____
Other \$ _____
TOTAL \$ _____

Operations

Equipment \$ _____
Furniture/Fixtures \$ _____
Inventory \$ _____
Pay-off Payables \$ _____
Pay-off Other Loans \$ _____
Operating Cash \$ _____
Other \$ _____
TOTAL \$ _____

Various

Buy A Business \$ _____
Leasehold Improvements \$ _____
Research & Development \$ _____
Professional Fees \$ _____
Deposits \$ _____
Other \$ _____
TOTAL \$ _____

GRAND TOTAL \$ _____

DESCRIPTION OF COLLATERAL:

In addition to assets being purchased with loan proceeds, what else can we use to secure this loan?

Real Estate \$_____ (market value minus existing debt or \$0{zero})
Business Assets\$ _____ (market value minus existing debt)
Personal Property \$ _____ (market value minus existing debt)
Other _____ \$_____ (market value minus existing debt)

Co-signer(s) _____ yes _____ no

General Comments (up to 15 words): _____

MANAGEMENT:

If you are starting this business from the ground up, have you worked in this type of business in the past?

_____ Yes _____ No _____ N/A

If yes, how long? _____ Years _____ Months

Do you have management experience/training in this type of business? _____ Yes _____ No

If this is an existing business, has it been profitable in the past? _____ Yes _____ No _____ N/A

Is it profitable? _____ Yes _____ No Are all taxes current? _____ Yes _____ No

Are current financial statements available (within 90 days of this application)? _____ Yes _____ No

Are year-end financial statements available for 3 years? _____ Yes _____ No

CREDIT HISTORY (all owners of the company):

How would you characterize the credit record of your company and its owners?

Excellent _____ Good _____ Fair _____ Poor _____

Comments (up to 15 words): _____

Have any owners of your company ever been involved in bankruptcy proceedings? _____ Yes _____ No

Are any owners of your company presently under indictment, on parole or probation? _____ Yes _____ No

Have any owners of your company ever been convicted of a criminal offense? _____ Yes _____ No

Are all owners of your company U.S. Citizens? _____ Yes _____ No

Can we check the credit of your company and the owners? _____ Yes _____ No

OTHER INFORMATION:

I/we understand that other items will be required to obtain a final decision on this application. These items will be requested by a loan officer.

- Three year personal and business tax returns
- Personal financial statement and household budget
- Brief history of the business and expected benefits of the loan

How did you find out about SBAC?

I was referred by: _____
Searching the internet: _____
Advertising: _____
Direct Mail: _____
Other: _____

CERTIFICATIONS, RELEASES, DISCLAIMERS

I assure you that all the information furnished in this application is complete and correct. You may verify any of this information. I understand that from time to time, you may receive information from others and you will answer questions and requests from others seeking credit experience information about accounts. I understand I may apply for credit in my name alone without my spouse or any other person, regardless of my sex or marital status.

CIVIL RIGHT COMPLIANCE

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 you 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
- Black/African American
- Asian
- Native Hawaiian or Other Pacific Islander
- White

Ethnicity:

- Hispanic or Latino
- Not Hispanic or Latino

Sex:

- Male
- Female

CREDIT CHECK AUTHORIZATION

I (we) authorize SBAC to contact credit reporting agencies (Experian, Dun and Bradstreet, etc.) and creditors with regard to the status of any past or outstanding debt, or such other credit information that such agencies normally hold available for credit worthiness evaluation at present or at any time in the future for the purpose of making or monitoring a loan.

- Yes
- No

IMPORTANT INFORMATION ABOUT IDENTIFICATION PROCEDURES WHEN OBTAINING A 504 LOAN

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all Certified Development Companies to obtain, verify and record information that identifies each person who applies for a 504 Loan.

What this means for you: when you apply for a 504 Loan, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

POLICY REGARDING FEES

Some SBAC loan programs require fees for service. After the preliminary review stage has been completed and eligibility determined, fees will be fully disclosed.

AUTHORIZATION TO RELEASE INFORMATION

This is to certify that I, _____ as an applicant for a loan with the Small Business Assistance Corporation, do hereby authorize the release of any and all information to the Small Business Assistance Corporation from whomever they deem it necessary to make such a request. Such information will include, but will not be limited to: credit history, criminal history records, military records, former employer records, and educational records or transcripts. I also release all persons from any liability, which results from furnishing said information to the Small Business Assistance Corporation. Further, I authorize the Small Business Assistance Corporation to copy or otherwise reproduce this original document and to let such copied or otherwise reproduced copies act as the original instrument. The original document is to be retained on file with the Small Business Assistance Corporation for no less than two years.

Signature(s) of Loan Applicant(s)

Signature and Title for Small Business Concern



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.**

NAME	
Household Income and Expense Sheet	
From: _____, _____	To: _____, _____ (Monthly)
INCOME: Money your receive (Household)	EXPENSES: Money you spend, including self-established savings goals
TAKE-HOME PAY: _____	RENT Include utility payments if automatically included in rent: _____
OTHER TAKE-HOME PAY: _____	MORTGAGE PAYMENTS Include property tax and insurance if automatically included in payment: _____
COMMISSIONS, TIPS, BONUSES: _____	OTHER REAL ESTATE Second mortgage, home improvement (if secured by home), vacation home, storage rental, homeowners association fees: _____
NET PROFIT FROM BUSINESS, FARM, TRADE, PROFESSION _____	HOUSEHOLD MAINTENANCE, REPAIR Gardening, housecleaning, appliance repairs (material, labor): _____
INTEREST OR DIVIDENDS FROM SAVINGS, STOCKS, BONDS, OTHER SECURITIES, NOTES: _____	UTILITIES Gas, electricity, heating, fuel, phone, water, cable TV, garbage _____
PAYMENTS FROM OTHERS: (Alimony, Child Support) _____	FOOD Groceries, nonfood items in supermarket bill: _____
SOCIAL SECURITY BENEFITS: _____	TRANSPORTATION Car operating expenses (gas, oil, repairs, servicing), parking, public transportation _____
PENSIONS, ANNUITIES: _____	CREDIT, CHARGE ACCOUNTS Payments made at regular intervals over specific time periods for purchase of vehicle, mobile home, furniture, etc. _____
VETERAN BENEFITS: _____	INSTALLMENT CONTRACT PAYMENTS Payments made at regular intervals over specific time period for purchase of vehicle, mobile home, furniture, etc.: _____
UNEMPLOYMENT BENEFITS: _____	INSURANCE Real property (fire, liability, theft, etc., if not included in mortgage payments), personal property (homeowners, renters, auto), life, health, other: _____
DISABILITY BENEFITS: _____	PROPERTY TAXES if not part of mortgage payment: _____
LIFE INSURANCE BENEFITS: _____	OTHER TAXES Gift or estate taxes, for examples: _____
INCOME FROM TRUSTS: _____	PAYMENTS TO OTHERS Alimony, child support _____
ROYALTIES, RESIDUALS: _____	PERSONAL MAINTENANCE Clothing, laundry, barber, beauty salon, health and beauty products: _____
OTHER INCOME: _____	SELF-IMPROVEMENT EDUCATION Books, magazines, newspapers. seminars, lessons, tuition, room and board: _____
TOTAL INCOME: _____	RECREATION, ENTERTAINMENT Restaurants, movies, sports, vacation, weekend, parties: _____
TOTAL INCOME _____	SAVINGS Savings accounts, Christmas Clubs, time deposits, U.S. Savings Bonds, and so on: _____
MINUS TOTAL EXPENSES _____	PERSONAL PROPERTY LEASE PAYMENTS Auto, furniture, equipment _____
DISCRETIONARY INCOME _____	REGULAR CONTRIBUTIONS Church, charities, other _____
Comments:	DUES Union, club, and other memberships _____
	CHILD CARE Day care, nursery school, housekeeper, babysitter: _____
	MEDICAL, DENTAL Drugs and treatments not covered by insurance Also include transportation costs: _____
	TOTAL EXPENSES _____
