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This checklist is provided to assist you in gathering the information necessary to help us in processing your application as quickly as possible. In order to expedite the processing of your request, please complete all applicable sections of this package. Please submit all forms in ink or typewritten. You may duplicate any form as needed. Please sign and date all forms. If you have any questions, please call your SBCL Loan Specialist. The SBCL team is ready to assist you. For more information please call: **1-877-818-SBCL**

- 1  **Loan Request Form (included)**
  - 2  **Copy of credit report (copy of fico score and history) obtain from [www.myfico.com](http://www.myfico.com)**
  - 3  **Personal Financial Statement-Form 413 (Included) (Complete one for all owners, officers, directors, key employees, guarantors and stockholders with 20% or more of total stock issues)**
  - 4  **Statement of Personal History Form 912 (Included)**
  - 5  **Management Resume-(included) (Complete one for all owners, officers, directors, key employees, and stockholders with 20% or more of total stock issues) (included)**
  - 6  **History of Business (Included)**
  - 7  **Form 4506 (IRS Verification) (included) All taxpayers must sign form**
  - 8  **Cash Flow Projections (Month to month for one year, annual for four years + assumptions)**
  - 9  **Schedule of existing debt (included)**
  - 10  **Aging of Accounts Receivables and Accounts Payable Summary**
  - 11  **3 years Personal Tax Returns (signed and dated)**
  - 12  **3 years Business Tax Returns (signed and dated)**
  - 13  **3 years of Business Financial Statements, (signed and dated)**
  - 14  **Interim Financial Statement (Balance Sheet and Profit & Loss Statement) of your business, less than 45 days old, signed and dated**
  - 15  **For Purchase of an existing business:**
    - a. **Current Balance Sheet and Profit & Loss Statement of business to be purchased.**
    - b. **Previous 3 years Federal Income Tax Returns of the business**
    - c. **Copy of purchase contract (for business acquisition or real estate purchase)**
    - d. **Breakdown of purchase price and for business acquisition**
  - 16  **Copy of existing or proposed lease (if business to operate out of leased location)**
  - 17  **Copy of existing or proposed franchise agreement (if franchise business), and offering circular (if applicable)**
  - 18  **Copy of Business License, fictitious business name, and Permits**
  - 19  **Copy of Articles of Incorporation & Bylaws, Certificate of Corporate Secretary, or Certificate of Limited Liability & Operating Agreement, and Certificate of Good Standing (if applicable), Copy of partnership agreement (if applicable)**
  - 20  **Copy of Bids and Proposals for new equipment, renovations, leasehold improvements, new construction, or purchase orders**
  - 21  **Copy of resident alien card (front and back)**
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# Loan Request Form

| Company Name \_\_\_\_\_

| Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ E-mail Address \_\_\_\_\_

| Address \_\_\_\_\_

| City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

| Type of Business \_\_\_\_\_ Date Established \_\_\_\_\_

| Type of Entity     Corporation     Partnership     Sole Proprietorship  
                           Limited Liability Company/Partnership     Other \_\_\_\_\_

| Number of Employees    Existing \_\_\_\_\_    Expected After This Loan \_\_\_\_\_

Bank Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Accountant's Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Attorney's Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Life Insurance Agent \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

		%	\$
		%	\$
		%	\$
		%	\$
		%	\$



# Business History

Please provide the following information so we may learn more about your business.

Nature of business and/or services provided \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe your customer profile \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Key customers \_\_\_\_\_ Key suppliers \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Major companies \_\_\_\_\_ Key risk factors \_\_\_\_\_  
\_\_\_\_\_ of your business \_\_\_\_\_  
\_\_\_\_\_

Date company acquired or began operation \_\_\_\_\_

Were there any significant changes in the business during your control?  Yes  No  
If "Yes," explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your future plans for growth? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How will this loan benefit your company? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will the funding of this loan create new employment opportunities?  Yes  No  
If "Yes," explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Management Resume

Please fill in all spaces. If an item is not applicable, please indicate as such.  
You may include additional relevant information on a separate paper. SIGN/DATE where indicated

## PERSONAL INFORMATION:

NAME \_\_\_\_\_ SS# \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_

RESIDENCE TELEPHONE \_\_\_\_\_ BUSINESS TELEPHONE \_\_\_\_\_

RESIDENCE ADDRESS \_\_\_\_\_

FROM \_\_\_\_\_ TO PRESENT DATE

PREVIOUS ADDRESS \_\_\_\_\_

FROM \_\_\_\_\_ TO \_\_\_\_\_

SPOUSE'S NAME \_\_\_\_\_ SS# \_\_\_\_\_

ARE YOU EMPLOYED BY THE U.S. GOVERNMENT?  Yes  No AGENCY/POSITION \_\_\_\_\_

ARE YOU A U.S. CITIZEN?  Yes  No IF NO, GIVE ALIEN REGISTRATION NUMBER \_\_\_\_\_

## EDUCATION:

High School/College/Technical-Name/Location	Dates Attended	Major	Degree/Certificate
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## MILITARY SERVICE BACKGROUND:

Branch of Service \_\_\_\_\_ Dates of Service \_\_\_\_\_

## WORK EXPERIENCE: List chronologically beginning with present employment.

Company Name/Location \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Title \_\_\_\_\_

Duties \_\_\_\_\_

Company Name/Location \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Title \_\_\_\_\_

Duties \_\_\_\_\_

Company Name/Location \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Title \_\_\_\_\_

Duties \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Personal Monthly Budget

Name \_\_\_\_\_ -  
 Company \_\_\_\_\_ -

**Income**

**MONTHLY AMOUNT**

\* Borrower  
 \* Spousal Salary N/  
 Gross Rental Income  
 Interest Income

**Total Income** \$ \_\_\_\_\_

**Expenses**

ITEM

Residence Mortgage	\$		-
Rental Property	\$		-
Rental Expenses	\$		-
Insurance(All)	\$		-
Car Payment	\$		-
Credit Cards	\$		-
Food	\$		-
Utilities/Phone	\$		-
Income Taxes	\$	---	-
Other	\$	-	-
Other	\$	-	-
Other	\$		-
Misc. (5% of income)	\$	---	-
<b>Total Expenses</b>	<b>\$</b>	---	<b>-</b>

\* Please provide additional information about the above mentioned income.

	<b>Borrower</b>	<b>Spouse</b>
Employer		
Position		
City & State		
Start Date		
Will you continue to be employed once loan is funded?		

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

# Personal Financial Statement

## U.S. SMALL BUSINESS ADMINISTRATION

OMB Approval No. 3245-0188

*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		LIABILITIES + NET WORTH
	(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)
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)		<b>Total Liabilities. . . . . \$ -</b>
<b>Total. . . . .</b>	<b>\$ -</b>	<b>Net Worth ... (Total Assets minus Total Liabilities) \$ -</b>
		<b>Total. . . (Total Liabilities plus Net Worth) \$ -</b>

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.**

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\* 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 Bank and Others.** (Use attachments if necessary. Each attachment must be identified as a part of this statement and assigned).

Name and Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed Type of Collateral
<b>Credit Cards:</b>					

**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 attachments if necessary. Each attachment must be identified as a part of this statement 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			
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 liens 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 about and the statements contained in the attachments are true and accurate as of the stated dates(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. I understand FALSE statements my result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S. 1001)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

