

U. S. Small Business Administration  
**APPLICATION FOR BUSINESS LOAN**

Individual		Full Address			
Name of Applicant Business					Tax I.D. No. or SSN
Full Street Address of Business					Tel. No. (inc. Area Code)
City	County	State	Zip		Number of Employees (including subsidiaries and affiliates)
Type of Business			Date Business Established		At Time of Application _____ If Loan is Approved _____
Bank of Business Account and Address					Subsidiaries or Affiliates (Separate for above) _____

Use of Proceeds: (Enter Gross Dollar Amounts Rounded to the Nearest Hundreds)	Loan Requested	Loan Request
Land Acquisition	Pay off SBA Loan	
New Construction/ Expansion Repair	Pay off Bank Loan (Non SBA Associated)*	
Acquisition and/or Repair of Machinery and Equipment	Other Debt Payment (Non SBA Associated)	
Inventory Purchase	All Other	
Working Capital (including Accounts Payable)	Total Loan Requested	
Acquisition of Existing Business	Term of Loan - (Requested Mat.)	_____ Yrs.

**CURRENT AND PREVIOUS SBA AND OTHER GOVERNMENT DEBT:** Complete the chart for the following: 1) SBA loan applications pending for the applicant or any of its affiliates; 2) Federal debt, including SBA, received by the applicant including loans that have been paid in full or charged off; 3) Federal debt (including student loans and disaster loans) borrowed by any principal of the applicant; 4) Federal debt borrowed by any other business currently or previously owned by any principal of the applicant. If there has been a loss to the government as a result of a charge off, compromise, or discharge due to bankruptcy for any of the listed debt, it must be identified below. LOSS is the outstanding principal balance of the loan that the government agency had to write off after all collection activities (including compromises) were finalized.

Name of Agency	Borrower's Name	Original Amount of Loan	Date of Application	Loan Status	Outstanding Balance	\$ Amount of Loss to the Gov't.
Agency Loan #		\$			\$	\$
#		\$			\$	\$
#		\$			\$	\$

**ASSISTANCE** List below the name(s), occupation, and address of anyone (including the lender) who assisted in the preparation of this form and who received (or will receive) compensation from the applicant for this assistance. For any person listed, an SBA Form 159 must be completed by the applicant and listed person and submitted as part of the application. The lender must complete the "Lender's Certification" on any SBA Form 159 prior to the loan being approved.

Name and Occupation	Address	Total Fees Paid	Fees Due

Note: The estimated burden completing this form is 12.0 hours per response. You will not be required to respond to collection of information unless it displays a currently valid OMB approval number. Comments on the burden should be sent to the U.S. Small Business Administration, Chief, AIB, 409 3<sup>rd</sup> St., S.W., Washington, DC. 20416 and Desk Office for Small Business Administration, Office of Management and Budget, New Executive Building, room 10202 Washington, D.C. 20503. OMB Approval (3245-0016). **PLEASE DO NOT SEND FORMS TO OMB. SUBMIT COMPLETED APPLICATION TO LENDER OF CHOICE.**

**ALL EXHIBITS MUST BE SIGNED AND DATED BY PERSON SIGNING THIS FORM**

**BUSINESS INDEBTEDNESS:** Furnish the following information on all outstanding installment debts, contracts, notes, and mortgages payable. Indicate by an asterisk (\*) items to be paid by loan proceeds and reasons for paying them. (Present balance 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 or Past Due
Acct. #	\$		\$			\$		
Acct. #	\$		\$			\$		
Acct. #	\$		\$			\$		
Acct. #	\$		\$			\$		
Acct. #	\$		\$			\$		
Acct. #	\$		\$			\$		
Acct. #	\$		\$			\$		
Acct. #	\$		\$			\$		
Acct. #	\$		\$			\$		

**MANAGEMENT** (Proprietor, partners, officers, directors, all holders of outstanding stock -100% of ownership must be shown.) Use separate sheet if necessary.

Name and Social Security Number And Position/Title	Complete Address	% Owned	*Military Service From	To	*Sex
			Service Disabled	<input type="checkbox"/>	
<b>Race</b> *: Amer. Ind./Alaska Native <input type="checkbox"/> Black/Afr.-Amer. <input type="checkbox"/> Asian <input type="checkbox"/> Native Haw./Pacific Islander <input type="checkbox"/> White/Cauc. <input type="checkbox"/>			<b>Ethnicity</b> *Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/>		
			Service Disabled	<input type="checkbox"/>	
<b>Race</b> *: Amer. Ind./Alaska Native <input type="checkbox"/> Black/Afr.-Amer. <input type="checkbox"/> Asian <input type="checkbox"/> Native Haw./Pacific Islander <input type="checkbox"/> White/Cauc. <input type="checkbox"/>			<b>Ethnicity</b> *Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/>		
			Service Disabled	<input type="checkbox"/>	
<b>Race</b> *: Amer. Ind./Alaska Native <input type="checkbox"/> Black/Afr.-Amer. <input type="checkbox"/> Asian <input type="checkbox"/> Native Haw./Pacific Islander <input type="checkbox"/> White/Cauc. <input type="checkbox"/>			<b>Ethnicity</b> *Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/>		
			Service Disabled	<input type="checkbox"/>	
<b>Race</b> *: Amer. Ind./Alaska Native <input type="checkbox"/> Black/Afr.-Amer. <input type="checkbox"/> Asian <input type="checkbox"/> Native Haw./Pacific Islander <input type="checkbox"/> White/Cauc. <input type="checkbox"/>			<b>Ethnicity</b> *Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/>		

\*This data is collected for statistical purposes only. It has no bearing on the credit decision. Disclosure is voluntary. One or more boxes for race may be selected.

**THE FOLLOWING EXHIBITS MUST BE COMPLETED WHERE APPLICABLE. ALL QUESTIONS ANSWERED ARE MADE A PART OF THE APPLICATION.**

For Guaranty Loans please provide an original and one copy (Photocopy is Acceptable) of the Application Form and all Exhibits to the participating Lender. For Direct Loans submit one original copy of the application and Exhibits to SBA.

1. Submit SBA Form 912 (Statement of Personal History) for each type of individual that the Form 912 requires.

2. If your collateral consists of (A) Land and Building, (B) Machinery and Equipment, (C) Furniture and Fixtures, (D) Accounts Receivable, (E) Inventory, (F) Other, please provide an itemized list that contains serial and identification numbers for all articles that had an original value of greater than \$5,000. Include a legal description of Real Estate offered as collateral. Label it Exhibit A.

3. Furnish a signed current personal balance sheet (SBA Form 413 may be used for this purpose) for each stockholder (with 20% or greater ownership), partner, officer, and owner. Include the assets and liabilities of the spouse and any close relatives living in the household. Also, include your Social Security Number. The date should be the same as the most recent business financial statement. Label it Exhibit B.

4. Include the financial statements listed below: a, b, c for the last three years; also a, b, c, and d as of the same date, - current within 90 days of filing the application; and statement e, if applicable. Label it Exhibit C (Contact SBA for a referral if assistance with preparation is wanted.) All information must be signed and dated.

- a. Balance Sheet
- b. Profit and Loss Statement (if not available, explain why and substitute Federal income tax forms)
- c. Reconciliation of Net Worth
- d. Aging of Accounts Receivable and Payable (summary)
- e. Projection of earnings for at least one year where financial statements for the last three years are unavailable or when SBA requests them.

5. Provide a brief history of your company and a paragraph describing the expected benefits it will receive from the loan. Label it Exhibit D.

6. Provide a brief description similar to a resume of the education, technical and business background for all the people listed under Management. Label it Exhibit E.

7. Submit the name, addresses, tax I.D. number (EIN or SSN), and current personal balance sheet(s) of any co-signers and/or guarantors for the loan who are not otherwise affiliated with the business. Exhibit F.

8. Include a list of any machinery or equipment or other non-real estate assets to be purchased with loan proceeds and the cost of each item as quoted by the seller. Include the seller's name and address. Exhibit G.

9. Have you or any officer of your company ever been involved in bankruptcy or insolvency proceedings? If so, please provide the details as Exhibit H.  
If none, check here: [ ]Yes [ ]No

10. Are you or your business involved in any pending lawsuits? If yes provide the details. Exhibit I.  
If none, check here: [ ]Yes [ ]No

11. Do you or your spouse or any member of your household, or anyone who owns, manages, or directs your business or their spouses or members of their households work for the Small Business Administration, Small Business Advisory Council, SCORE or ACE, any Federal Agency, or the participating lender? If so, please provide the name and address of the person and the office where employed. Label this Exhibit J.  
If none, check here: [ ]

12. Does your business, its owners or majority stockholders own or have a controlling interest in other businesses? If yes, please provide their names and the relationship with your company along with financial data requested in question 4. Label this Exhibit K.

13. Do you buy from, sell to, or use the services of any concern in which someone in your company has a significant financial interest? If yes, provide details on a separate sheet of paper labeled Exhibit L.

14. If your business is a franchise, include a copy of the franchise agreement and a copy of the FTC disclosure statement supplied to you by the Franchisor. Label this Exhibit M.

**CONSTRUCTION LOANS ONLY**

15. Include as a separate exhibit the estimated cost of the project and a statement of the source of any additional funds. Label this Exhibit N.

16. Provide copies of preliminary construction plans and specifications. Label this as Exhibit O. Final plans will be required prior to disbursement.

**EXPORT LOANS**

17. Does your business currently export, or will it start exporting, pursuant to this loan (if approved)?  
Check here: [ ]Yes [ ]No

18. If you answered yes to item 17, what is your estimate of the total export sales this loan would support? \$ \_\_\_\_\_

19. Would you like information on Exporting?  
Check here: [ ]Yes [ ]No

**COUNSELING/TRAINING**

20. Have you received counseling or training from SBA (e.g., SCORE, ACE, SBDC, WBC, etc.)?  
Check here: [ ]Yes [ ]No

**AGREEMENTS AND CERTIFICATIONS**

Agreements of non-employment of SBA Personnel: I agree that if SBA approves this loan application I will not, for at least two years, hire as an employee or consultant anyone that was employed by the SBA during the one year period prior to the disbursement of the loan.

Certification: I certify:

(a) I have not paid anyone connected with the Federal Government for help in getting this loan. I also agree to report to the SBA office of the Inspector General, Washington, DC 20416 any Federal Government employee who offers, in return for any type of compensation, to help get this loan approved.

(b) All information in this application and the Exhibits are true and complete to the best of my knowledge and are submitted to SBA so SBA can decide whether to grant a loan or participate with a lending institution in a loan to me. I agree to pay for or reimburse SBA for the cost of any surveys, title or mortgage examinations, appraisals, credit reports, etc., performed by non-SBA personnel provided I have given my consent-

(c) I understand that I need not pay anybody to deal with SBA. I have read and understand SBA Form 159 which explains SBA policy on Agents and their fees and have submitted an SBA Form 159 completed by the Agent and myself for each fee covered by SBA Form 159.

(d) As consideration for any Management, Technical, and Business Development Assistance that may be provided, I waive all claims against SBA and its consultants.

(e) I authorize the SBA's 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, as amended.

**If you knowingly make a false statement or overvalue a security to obtain a guaranteed loan from SBA, you can be fined up to \$10,000 and/or imprisoned for not more than five years under 18 USC 1001; if submitted to a Federally insured institution, under 18 USC 1014 by Imprisonment of not more than twenty years and/or a fine of not more than \$1,000,000**

If Applicant is a proprietor or general partner, sign below.

By: \_\_\_\_\_

If Applicant is a Corporation, sign below:

Corporate Name and Seal \_\_\_\_\_ Date \_\_\_\_\_

By: \_\_\_\_\_  
Signature of President

Attested by: \_\_\_\_\_  
Signature of Corporate Secretary

**SUBMIT COMPLETED APPLICATION TO LENDER OF CHOICE.**

## APPLICANT'S CERTIFICATION

By my signature, I certify that I have read and received a copy of the "STATEMENTS REQUIRED BY LAW AND EXECUTIVE ORDER" which was attached to this application. My signature represents my agreement to comply with the approval of my loan request and to comply, whenever applicable, with the hazard insurance, lead-based paint, civil rights or other limitations in this notice.

Each Proprietor, each General Partner, each Limited Partner or Stockholder owning 20% or more, each Guarantor, and the spouse, when applicable, of each of these must sign. Each person should sign only once.

Business Name: \_\_\_\_\_

By: \_\_\_\_\_  
Signature and Title

\_\_\_\_\_  
Date

**Guarantors:**

\_\_\_\_\_  
Signature and Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature and Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature and Title

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Date

\_\_\_\_\_  
Signature and Title

\_\_\_\_\_  
Date



**United States of America**  
**SMALL BUSINESS ADMINISTRATION**  
**STATEMENT OF PERSONAL HISTORY**

**Please Read Carefully - Print or Type**

Each member of the small business or the development company requesting assistance must submit this form in TRIPPLICATE for filing with the SBA application. This form must be filled out and submitted by:

1. By the proprietor, if a sole proprietorship.
2. By each partner, if a partnership.
3. By each officer, director, and additionally by each holder of 20% or more of the ownership stock, if a corporation, limited liability company, or a development company.

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.  First _____ Middle _____ Last _____	2. Give the percentage of ownership or stocked owned or to be owned in the small business or the development company _____ Social Security No. _____  3. Date of Birth (Month, day, and year) _____  4. Place of Birth: (City & State or Foreign Country) _____
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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 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: _____
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6. Present residence address: From: _____ To: _____ Address: _____  Home Telephone No. (Include A/C): _____ Business Telephone No. (Include A/C): _____	Most recent prior address (omit if over 10 years ago): From: _____ To: _____ Address: _____
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**PLEASE SEE REVERSE SIDE FOR EXPLANATION REGARDING DISCLOSURE OF INFORMATION AND THE USES OF SUCH INFORMATION.**

**IT IS IMPORTANT THAT THE NEXT THREE QUESTIONS BE ANSWERED COMPLETELY. AN ARREST OR CONVICTION RECORD WILL NOT NECESSARILY DISQUALIFY YOU; HOWEVER, AN UNTRUTHFUL ANSWER WILL CAUSE YOUR APPLICATION TO BE DENIED.**

**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.**

7. Are you presently under indictment, on parole or probation?  
 Yes  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.)  
 Yes  No

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?  
 Yes  No

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:** 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 by imprisonment of not more than five years and/or a fine of not more than \$10,000; 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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<b>Agency Use Only</b> 11. <input type="checkbox"/> Fingerprints Waived _____ Date _____ Approving Authority _____ <input type="checkbox"/> Fingerprints Required _____ Date _____ Approving Authority _____ Date Sent to OIG _____	12. <input type="checkbox"/> Cleared for Processing _____ Date _____ Approving Authority _____ 13. <input type="checkbox"/> Request a Character Evaluation _____ Date _____ Approving Authority _____ (Required whenever 7, 8 or 9 are answered "yes" even if cleared for processing.)
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**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 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 .....	\$ _____
		Net Worth .....	\$ _____
<b>Total</b>	\$ _____	<b>Total</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 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.**

**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 exhibit. 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

Signature

Date



ONE YEAR PROJECTION OF INCOME AND EXPENSES

ESTIMATED SALES OF REVENUE	\$ _____
MINUS: COST OF GOODS SOLD	_____
ESTIMATED: GROSS PROFIT	\$ _____
ESTIMATED OPERATING EXPENSES:	
PAYROLL (OWNER)	\$ _____
PAYROLL (EMPLOYEES)	\$ _____
RENT (ATTACH COPY OF LEASE)	_____
TELEPHONE	_____
GAS & ELECTRICITY	_____
INTEREST	_____
ADVERTISING	_____
POSTAGE	_____
TRAVEL	_____
VEHICLE EXPENSE	_____
PAYROLL TAXES	_____
OTHER TAXES	_____
SUPPLIES	_____
LEGAL & ACCOUNTING FEES	_____
INSURANCE	_____
REPAIRS	_____
EQUIPMENT RENTAL	_____
DEPRECIATION	_____
OTHER: _____	_____
OTHER: _____	_____
TOTAL ESTIMATED OPERATING EXPENSES	\$ _____
ESTIMATED NET PROFIT OR LOSS	_____

PLEASE EXPLAIN IN YOUR COVERING LETTER OR ON A SEPARATE SHEET OF PAPER HOW YOU ACHIEVE THIS VOLUME OF SALES OR REVENUE.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

## ENVIRONMENTAL QUESTIONNAIRE

Borrower's name \_\_\_\_\_

Property Address \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**If the answer to any of the following questions is yes, a phase I or Phase II environmental study may be required to be performed by an independent environmental engineering firm and the results must show the premises is free of contaminating materials.**

1. Do you have any knowledge that the above referenced property has ever been used to store contaminating materials including, but not limited to, petroleum products, solvents, paint, chemical's, radon, pesticides or asbestos. Yes \_\_\_ No \_\_\_ If yes explain below.

2. Do you have knowledge that any previous or existing tenants used any contaminating materials, such as those referred to above, in their operation for either production, maintenance or cleaning. Yes \_\_\_ No \_\_\_ If yes explain below.

3. Do you have knowledge of any property adjacent to your land that has been contaminated by any hazardous material, such as those referred to above. Yes \_\_\_ No \_\_\_ If yes explain below.

4. Do you have knowledge that the property is or was used as a landfill, auto repair, dry cleaner, photo developing or finishing, chemical storage or finishing. Yes \_\_\_ No \_\_\_ If yes explain below.

5. Have you ever been notified by any agency of any environmental violations for the property. Yes \_\_\_ No \_\_\_ If yes explain below.

\_\_\_\_\_  
(Borrower's name)

\_\_\_\_\_  
(signature)

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

Form **4506-T**

(Rev. November 2005)

Department of the Treasury  
Internal Revenue Service

### Request for Transcript of Tax Return

▶ Do not sign this form unless all applicable lines have been completed.  
Read the instructions on page 2.

▶ Request may be rejected if the form is incomplete, illegible, or any required line was blank at the time of signature.



OMB No. 1545-1872

**Tip:** Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can also call 1-800-829-1040 to order a transcript. If you need a copy of your return, use Form 4506, Request for Copy of Tax Return. There is a fee to get a copy of your return.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return	2b Second social security number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code	
4 Previous address shown on the last return filed if different from line 3	

5 If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information.

**Caution:** If a third party requires you to complete Form 4506-T, do not sign Form 4506-T if lines 6 and 9 are blank.

6 Transcript requested. Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶ \_\_\_\_\_

a Return Transcript, which includes most of the line items of a tax return as filed with the IRS. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120A, Form 1120H, Form 1120L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days . . . . .

b Account Transcript, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 30 calendar days . . . . .

c Record of Account, which is a combination of line item information and later adjustments to the account. Available for current year and 3 prior tax years. Most requests will be processed within 30 calendar days . . . . .

7 Verification of Nonfiling, which is proof from the IRS that you did not file a return for the year. Most requests will be processed within 10 business days . . . . .

8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript. The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2003, filed in 2004, will not be available from the IRS until 2005. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 45 days . . . . .

**Caution:** If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

9 Year or period requested. Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_      \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_      \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_      \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, either husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer.

<b>Sign Here</b>	Signature (see instructions)	Date	Telephone number of taxpayer on line 1a or 2a (    )
	Title (if line 1a above is a corporation, partnership, estate, or trust)		
	Spouse's signature	Date	



## STATEMENT REGARDING LOBBYING

### Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

- (1) If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.
  
- (2) Submission of this statement is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

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

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

Name and Title: \_\_\_\_\_





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**Certification Regarding  
Debarment, Suspension, Ineligibility and Voluntary Exclusion  
Lower Tier Covered Transactions**

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This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 13 CFR Part 145. The regulations were published as Part VII of the May 26, 1988 *Federal Register* (pages 19160-19211). Copies of the regulations may be obtained by contacting the person to which this proposal is submitted.

**(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS ON REVERSE)**

- (1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for disbarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- (2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Business Name \_\_\_\_\_

Date \_\_\_\_\_

By \_\_\_\_\_  
Name and Title of Authorized Representative

\_\_\_\_\_  
Signature of Authorized Representative