

INFORMATION REQUEST CHECKLIST

Required Items

PERSONAL INFORMATION

	Last 3 Years Personal Tax Returns on all persons owning 20% or more of applicant business
	Personal Financial Statement on all persons owning 20% or more of applicant business (form enclosed)
	Form 912 on all persons owning 20% or more of applicant business (form enclosed)
	Form 912 on all spouses of persons owning 20% or more of applicant business (form enclosed)

APPLICANT BUSINESS INFORMATION

	Last Three Years Business/Corporate Tax Returns on applicant business
	Last Three Years Fiscal Year End Financial Statements on applicant business
	Current Interim Financial Statement on applicant business (must be dated within 60 days)
	Schedule of Fixed Debt on applicant business (form enclosed)
	Copies of any and all notes to be refinanced
	One Year Sales & Expense Projections (form enclosed) Must include assumptions
	History of applicant business (form enclosed)
	Listing of accounts payable and accounts receivable

REAL ESTATE/EQUIPMENT INFORMATION

	Copy of real estate earnest money contract
	Estimates of any proposed Construction/Renovations/Remodeling
	Plans, Specifications, and details of any proposed construction
	List of machinery, equipment, furniture & fixtures, now owned by applicant business

SELLER'S INFORMATION

	Cost breakdown of assets (i.e. real estate, equipment, inventory, goodwill, etc.) being purchased
	List of machinery, equipment, furniture & fixtures, and inventory to be purchased from seller
	Last Three Years Business/Corporate Tax Returns on seller business
	Last Three Years Fiscal Year End Financials Statements on seller business
	Current Interim Financial Statement on seller business (must be dated within 60 days)

This list may not be an all-inclusive. Additional items may be required

BUSINESS LOAN APPLICATION

For Credit Union Use Only

Business Account # _____

Employee _____

I. GENERAL BUSINESS INFORMATION

†Borrower Name: _____

DBA Name: _____

Business Physical Address (No P.O. Boxes):

Street _____

City _____ State _____ ZIP _____

Business Phone: (____) _____

Industry Type ☐ Wholesale ☐ Construction
(mark only one): ☐ Retail/Service ☐ Manufacturing

Describe the primary nature of your business and its products or services: _____

Date of Organization: _____

Federal Tax ID# (EIN): _____

Mailing Address (if different):

Street _____

City _____ State _____ ZIP _____

Business Fax: (____) _____

Number of Employees: Before Loan _____ After Loan _____

Is this business a franchise? ☐ Yes ☐ No

Is this business for profit? ☐ Yes ☐ No

Does this business restrict patronage? ☐ Yes ☐ No

Does the borrower or a principal of the borrower have controlling interest in any other business? ☐ Yes* ☐ No

Does the borrower or a principal of the borrower have any outstanding SBA loans? ☐ Yes** ☐ No

Describe the purpose of this loan and how it will benefit your business: _____

II. USE OF LOAN PROCEEDS

The following section relates to your planned use for the funds from this loan request

Please be as accurate and specific as possible in breaking out anticipated expenditures by category

Project Items	Project Cost
Land & Building Acquisition	\$ _____
Land Acquisition	\$ _____
Building Construction / Improvement (Hard Costs)	\$ _____
Building Construction / Improvement (Soft Costs)	\$ _____
Debt Refinance (Complete section III below)	\$ _____
Business Acquisition (List of assets & purchase agreement required)	\$ _____
Machinery / Equipment Acquisition	\$ _____
Inventory	\$ _____
Furniture	\$ _____
Fixtures	\$ _____
Working Capital	\$ _____
Other (Describe): _____	\$ _____
	Total Project Cost: \$ _____
	Less Borrower's Injection: \$ _____ (Enter negative number)
Source of Injection: _____	Total Loan Request: \$ _____

III. FOR DEBT REFINANCE

Creditor Name	Outstanding Balance	Monthly Payment	Interest Rate	Loan Maturity (Month/Year)
	\$	\$	%	
	\$	\$	%	
	\$	\$	%	
	\$	\$	%	
	\$	\$	%	

IV. CONFLICT OF INTEREST

Please provide a detailed written explanation for each affirmative response
(Explanations must be attached on a separate sheet)

Is the borrower or a principal of the borrower immediately related to any or an employee of any of the following?

- | | | |
|--|------------------------------|-----------------------------|
| A. Lending organization or its affiliates? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| B. U.S. Small Business Administration | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| C. Small Business Administration Associates, Community Organizations or Programs? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| D. Member of the United States military with a rank of Major, Lieutenant Commander, or higher? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| E. Federal employee with a GS-13 clearance level or higher? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| F. Federal Senate or House of Representatives? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| G. Appointed officials of: Federal Judiciary, Senate or House of Representatives? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

V. GENERAL PRINCIPAL INFORMATION

Owner(s), General Partner(s), Managing Member(s), or Officer(s)
Any Person(s) with 20% or more ownership in the borrower must be listed

1) First Name: _____	M.I.: _____	Last Name: _____
SSN: _____	Date of Birth: _____	Title: _____
Residence Physical Address (No P.O. Boxes):		Ownership %: _____
Street _____	Are you a United States citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No ^{oo}
City _____ State _____ ZIP _____	Are you a veteran of the United States Armed Forces?	<input type="checkbox"/> Yes ^o <input type="checkbox"/> No
Residence Phone: (____) _____	Have you ever declared bankruptcy?	<input type="checkbox"/> Yes [‡] <input type="checkbox"/> No
Mobile Phone: (____) _____	Are you currently involved in any lawsuits/litigations?	<input type="checkbox"/> Yes [‡] <input type="checkbox"/> No
Monthly child support/alimony payment: \$ _____	Are you past due on any tax obligations?	<input type="checkbox"/> Yes [‡] <input type="checkbox"/> No
Email Address: _____	Have you ever defaulted on any Federally assisted loan?	<input type="checkbox"/> Yes [‡] <input type="checkbox"/> No
2) First Name: _____	M.I.: _____	Last Name: _____
SSN: _____	Date of Birth: _____	Title: _____
Residence Physical Address (No P.O. Boxes):		Ownership %: _____
Street _____	Are you a United States citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No ^{oo}
City _____ State _____ ZIP _____	Are you a veteran of the United States Armed Forces?	<input type="checkbox"/> Yes ^o <input type="checkbox"/> No
Residence Phone: (____) _____	Have you ever declared bankruptcy?	<input type="checkbox"/> Yes [‡] <input type="checkbox"/> No
Mobile Phone: (____) _____	Are you currently involved in any lawsuits/litigations?	<input type="checkbox"/> Yes [‡] <input type="checkbox"/> No
Monthly child support/alimony payment: \$ _____	Are you past due on any tax obligations?	<input type="checkbox"/> Yes [‡] <input type="checkbox"/> No
Email Address: _____	Have you ever defaulted on any Federally assisted loan?	<input type="checkbox"/> Yes [‡] <input type="checkbox"/> No
3) First Name: _____	M.I.: _____	Last Name: _____
SSN: _____	Date of Birth: _____	Title: _____
Residence Physical Address (No P.O. Boxes):		Ownership %: _____
Street _____	Are you a United States citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No ^{oo}
City _____ State _____ ZIP _____	Are you a veteran of the United States Armed Forces?	<input type="checkbox"/> Yes ^o <input type="checkbox"/> No
Residence Phone: (____) _____	Have you ever declared bankruptcy?	<input type="checkbox"/> Yes [‡] <input type="checkbox"/> No
Mobile Phone: (____) _____	Are you currently involved in any lawsuits/litigations?	<input type="checkbox"/> Yes [‡] <input type="checkbox"/> No
Monthly child support/alimony payment: \$ _____	Are you past due on any tax obligations?	<input type="checkbox"/> Yes [‡] <input type="checkbox"/> No
Email Address: _____	Have you ever defaulted on any Federally assisted loan?	<input type="checkbox"/> Yes [‡] <input type="checkbox"/> No
Title: _____	Ownership %: _____	Date of Birth: _____
		Place of Birth: _____

VI. MANAGEMENT RESUME

All items must be completed, if an item is not applicable, please so indicate
(attach additional sheets if more space is required)

Legal Name: _____

Residence Physical Address (No P.O. Boxes):

Street _____

City _____ State _____ ZIP _____

Residence Phone: (____) _____

Previous Residence Address:

Street _____

City _____ State _____ ZIP _____

Lived there from: _____ to: _____

A. EDUCATION

College or Technical Training
(list most recent degree first)

Name of Institution: _____

Location: _____

Dates Attended: from: _____ to: _____

Degree/Certificate: _____

Major: _____

Name of Institution: _____

Location: _____

Dates Attended: from: _____ to: _____

Degree/Certificate: _____

Major: _____

Name of Institution: _____

Location: _____

Dates Attended: from: _____ to: _____

Degree/Certificate: _____

Major: _____

B. SKILLS

Please provide a short narrative of skills related to the primary industry of your business
(attach additional sheets if more space is required)

C. WORK EXPERIENCE

Please provide a short narrative of duties and responsibilities as assigned
(list most recent employer first) (attach additional sheets if more space is required)

Name of Company: _____

Location: _____

Dates Employed: from: _____ to: _____

Position / Title: _____

Duties: _____

Name of Company: _____

Location: _____

Dates Employed: from: _____ to: _____

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Name of Company: _____

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Position / Title: _____

Duties: _____

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Street _____

City _____ State _____ ZIP _____

Residence Phone: (____) _____

Previous Residence Address:

Street _____

City _____ State _____ ZIP _____

Lived there from: _____ to: _____

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(list most recent degree first)

Name of Institution: _____

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Name of Institution: _____

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Name of Institution: _____

Location: _____

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Degree/Certificate: _____

Major: _____

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Dates Employed: from: _____ to: _____

Position / Title: _____

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Dates Employed: from: _____ to: _____

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(attach additional sheets if more space is required)

Legal Name: _____

Residence Physical Address (No P.O. Boxes):

Street _____

City _____ State _____ ZIP _____

Residence Phone: (____) _____

Previous Residence Address:

Street _____

City _____ State _____ ZIP _____

Lived there from: _____ to: _____

A. EDUCATION

College or Technical Training
(list most recent degree first)

Name of Institution: _____

Location: _____

Dates Attended: from: _____ to: _____

Degree/Certificate: _____

Major: _____

Name of Institution: _____

Location: _____

Dates Attended: from: _____ to: _____

Degree/Certificate: _____

Major: _____

Name of Institution: _____

Location: _____

Dates Attended: from: _____ to: _____

Degree/Certificate: _____

Major: _____

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Please provide a short narrative of skills related to the primary industry of your business
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C. WORK EXPERIENCE

Please provide a short narrative of duties and responsibilities as assigned
(list most recent employer first) (attach additional sheets if more space is required)

Name of Company: _____

Location: _____

Dates Employed: from: _____ to: _____

Position / Title: _____

Duties: _____

Name of Company: _____

Location: _____

Dates Employed: from: _____ to: _____

Position / Title: _____

Duties: _____

Name of Company: _____

Location: _____

Dates Employed: from: _____ to: _____

Position / Title: _____

Duties: _____

VII. BUSINESS HISTORY

Please provide a short narrative for each of the business elements listed below.
(attach additional sheets if more space is required)

Include any brochures, advertising materials, web pages, or printed history of the business if available

A. PRODUCTS OR SERVICES

If a manufacturer, describe the products you plan to make. If a retailer, discuss the various types of goods to be sold. If a service business, describe the services offered
(attach additional sheets if more space is required)

B. SALES / MARKETING ACTIVITY

To whom are your products / services sold?

☐ Retailers

☐ Wholesalers

☐ The General Public

List your key customers:

How are your sales made?

Who are your suppliers & what are their credit sales terms?

How do you determine the price of your products / services?

How will or do you advertise and what promotional activities will you or do you conduct to generate sales?

C. COMPETITION

Please provide a short narrative describing and listing all of your major competitors. Include the advantage your business will have or has over your competitor and the approximate distance of your competitors from your present / proposed location
(attach additional sheets if more space is required)

D. LOCATION

Please provide a short narrative describing the area and the customer base in which your business is or will be located, including all advantages and disadvantages of the location. If this is a new business, please explain the need for the business in the area
(attach additional sheets if more space is required)

E. FACILITIES

Please provide a short narrative describing the type and condition of your building, including any needed improvements
(attach additional sheets if more space is required)

F. AGING OF ACCOUNTS

Please provide a detailed aging report of accounts receivable and accounts payable. It is important that the accounts aging report accurately match the businesses current balance sheet
(attach additional sheets if more space is required)

Standard Terms Received on Account:

Standard Terms Offered on Account:

Special Terms Offered or Received:

VIII. AUTHORIZED SIGNATURES AND CERTIFICATION

Each person signing below certifies that such person is at least eighteen (18) years of age, and is an owner, shareholder, officer, director, member, manager, or partner of the Borrower with the authority to bind the Borrower to the terms of the Business Card Cardholder Agreement and/or any promissory notes or other similar instruments. Each such person authorizes Lender and its subsidiary Member Business Lending, LLC to obtain business and consumer credit bureau reports and to exchange information about such person and Borrower in connection with extensions of credit, increases, the review and collection of the Borrower's credit line. Lender will provide the name and address of each credit bureau from which Lender obtained credit reports if any of the persons signing below asks for such information in writing.

Each person signing below certifies that all loan proceeds will be used only for business related purposes. Loan amounts may be adjusted on a case-by-case basis as determined by credit union policies and procedures.

Each person signing below certifies that the statements contained in this application are true and accurate as of the date of application. These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. Each such person understands that FALSE statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General.

1) Signature (corresponds to principal #1)

Printed Name and Title

Date

ID Type: ☐ Driver License ☐ Other _____ (Specify)

ID Issuer _____ ID Number _____

ID Issue Date _____ ID Expiration _____

2) Signature (corresponds to principal #2)

Printed Name and Title

Date

ID Type: ☐ Driver License ☐ Other _____ (Specify)

ID Issuer _____ ID Number _____

ID Issue Date _____ ID Expiration _____

3) Signature (corresponds to principal #3)

Printed Name and Title

Date

ID Type: ☐ Driver License ☐ Other _____ (Specify)

ID Issuer _____ ID Number _____

ID Issue Date _____ ID Expiration _____

† Borrower – Name of the proprietor for Sole Proprietorships, or the name of the entity for Partnerships, Limited Liability Companies and Corporations.

* An affiliate is a business where the borrower or a principal of the borrower has controlling interest in any other business; additional information will be required.

** All outstanding Small Business Administration loans, including all open lines of credit, must be current and in good standing; additional information will be required.

° Please provide a written statement including the name of the military branch in which service was provided, the dates of service and the disposition of discharge, if applicable.

‡ Please provide a detailed written explanation for each affirmative response. (Explanations must be attached on a separate sheet)

∞ The Small Business Administration can provide financial assistance to businesses that are at least 51% owned and controlled by persons who are not citizens of the United States provided the persons are lawfully in the United States. The processing procedures and the terms and conditions will vary, depending upon the status of the owners as assigned by the United States Citizenship and Immigration Services (USCIS). SOP 50-10(5) Chapter 2, Paragraph 3(e).

Please Note – This Business Loan Application is designed to assist in gathering essential loan information. Any information item left blank will necessitate follow-up by the Lender and will delay loan processing. If there are any questions regarding the information requested in this application, please contact your local branch.



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. **DO NOT SEND COMPLETED FORMS TO OMB as this will delay the processing of your application; send forms to the address provided by your lender or SBA representative.**

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 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: _____	INITIALS: _____
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, AN UNTRUTHFUL ANSWER WILL CAUSE YOUR APPLICATION TO BE DENIED AND SUBJECT YOU TO OTHER PENALTIES AS NOTED BELOW.

7. Are you presently subject to an indictment, criminal information, arraignment, or other means by which formal criminal charges are brought in any jurisdiction? <input type="checkbox"/> Yes <input type="checkbox"/> No	INITIALS: _____
8. Have you <u>been</u> arrested in the past six months for any criminal offense? <input type="checkbox"/> Yes <input type="checkbox"/> No	INITIALS: _____
9. For any <u>criminal</u> offense – other than a minor vehicle violation – have you ever: 1) been convicted; 2) plead guilty; 3) plead nolo contendere; 4) been placed on pretrial diversion; or 5) been placed on any form of parole or probation (including probation before judgment). <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

11. <input type="checkbox"/> Fingerprints Waived <input type="checkbox"/> Fingerprints Required Date Sent to OIG _____	Date _____ Approving Authority _____ Date _____ Approving Authority _____	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. If you wish to submit comments on the burden for completing this form, direct these comments 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. **DO NOT SEND COMPLETED FORMS TO OMB as this will delay the processing of your application; send forms to the address provided by your lender or SBA representative.**

NOTICES REQUIRED BY LAW

The following is a brief summary of the laws applicable to this solicitation of information.

Paperwork Reduction Act (44 U.S.C. Chapter 35)

SBA is collecting the information on this form to make a character and credit eligibility decision to fund or deny you a loan or other form of assistance. The information is required in order for SBA to have sufficient information to determine whether to provide you with the requested assistance. The information collected may be checked against criminal history indices of the Federal Bureau of Investigation.

Privacy Act (5 U.S.C. § 552a)

Any person can request to see or get copies of any personal information that SBA has in his or her file, when that file is retrieved by individual identifiers, such as name or social security numbers. Requests for information about another party may be denied unless SBA has the written permission of the individual to release the information to the requestor or unless the information is subject to disclosure under the Freedom of Information Act.

Under the provisions of the Privacy Act, you are not required to provide your social security number. Failure to provide your social security number may not affect any right, benefit or privilege to which you are entitled. Disclosures of name and other personal identifiers are, however, required for a benefit, as SBA requires an individual seeking assistance from SBA to provide it with sufficient information for it to make a character determination. In determining whether an individual is of good character, SBA considers the person's integrity, candor, and disposition toward criminal actions. In making loans pursuant to section 7(a)(6) the Small Business Act (the Act), 15 USC § 636 (a)(6), SBA is required to have reasonable assurance that the loan is of sound value and will be repaid or that it is in the best interest of the Government to grant the assistance requested. Additionally, SBA is specifically authorized to verify your criminal history, or lack thereof, pursuant to section 7(a)(1)(B), 15 USC § 636(a)(1)(B). Further, for all forms of assistance, SBA is authorized to make all investigations necessary to ensure that a person has not engaged in acts that violate or will violate the Act or the Small Business Investment Act, 15 USC §§ 634(b)(11) and 687b(a). For these purposes, you are asked to voluntarily provide your social security number to assist SBA in making a character determination and to distinguish you from other individuals with the same or similar name or other personal identifier.

When the information collected on this form indicates a violation or potential violation of law, whether civil, criminal, or administrative in nature, SBA may refer it to the appropriate agency, whether Federal, State, local, or foreign, charged with responsibility for or otherwise involved in investigation, prosecution, enforcement or prevention of such violations. See 74 Fed. Reg. 14890 (2009) for other published routine uses.



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.					

Applicant's Name _____

SUGGESTED FORMAT

OMB No. 3245-0017

SCHEDULE OF LIABILITIES
(Notes, Mortgages and Accounts Payable)

Date of Schedule _____

Name of Creditor	Original amount	Original date	Current balance	Current or delinquent?	Maturity date	Payment amount (Month- Year)	How Secured

Signed

Title

This form is provided for your convenience in responding to filing requirements in item 2 on the application, SBA Form 5. You may use your own form if you prefer. The information contained in this schedule is a supplement to your balance sheet and should balance to the liabilities presented on that form.

Projected Income

Month	1	2	3	4	5	6	7
Income							
COGS							
Gross Profit							
Expenses:							
Office Wages							
Rents/Mortgage PMT							
Interest							
Depreciation							
Other_____							
Other_____							
Other_____							
Total Expenses							
Profit/Loss							

Projected Income Cont'd

Month	8	9	10	11	12	Total
Income						
COGS						
Gross Profit						
Expenses:						
Office Wages						
Rents/Mortgage PMT						
Interest						
Depreciation						
Other_____						
Other_____						
Other_____						
Total Expenses						
Profit/Loss						

Personal Cash Flow Statement

Name _____

Name _____

Income**Monthly**

Salary (Net after taxes) _____

Spousal Salary (Net after taxes) _____

Rental Income _____

Interest Income _____

Other _____

Other _____

Total Monthly Income _____

Expenses**Monthly**Home Mortgage Payment (Including taxes and ins.)
or Rent Expense _____

Other Real Estate Mortgage Payments _____

Auto Loan Payments _____

Other Loan Payments _____

Credit Card Payments (Minimum due monthly) _____

Utilities _____

Insurance (Auto, health, life, etc.) _____

Food _____

Clothing _____

Child Care _____

Other Living Expenses _____

Other _____

Other _____

Total Monthly Expenses _____**Monthly Cash Flow Surplus (Deficit)** _____

I/We hereby certify that the above information is valid and correct to the best of my/our knowledge.

Signature _____ Date _____

Signature _____ Date _____