

NATIONAL COMMERCIAL PROPERTY LOANS

- ***Conventional***
 - ***SBA***
 - ***USDA***

Commercial Mortgage Loan
Application

COMMERCIAL LOAN APPLICATION

This checklist is provided to assist in gathering the necessary information needed for the initial evaluation of your loan request. Complete information is necessary to process your application. All applicable forms are provided herewith. If there are any questions concerning this information, please do not hesitate to call your loan officer.

COMPLETE ALL ATTACHED FORMS

DOCUMENTS REQUIRED FOR COMMERCIAL LOAN

- History of Business and Benefits of Loan**
Provide a narrative of the business containing as much information as possible about start up, ownership, nature of the business and its products/services, marketing and customer profile, major past accomplishments, long term goals, etc. Be sure to explain how the loan for which you are applying will benefit your business. Pictures, brochures or advertisements, a list of key customers and major competitors are helpful exhibits to attach. **(See attached form)**
 - ***(For a new business, this information IS REQUIRED and should be in the form of a Business Plan and/or Feasibility study.)**

- Business Financial Statements**
Provide the **last (3) three fiscal years** and copy of **Balance Sheets and Income Statements Year to Date**.
 - Subject property
 - All companies Borrower owns more than 20% equity.
 - 12 month trailing Income/Expense report

- Accounts Receivable and Accounts Payable Aging**
Provide aging as of the current interim financial statement.

- Schedule of Business Debt**
Provide a current business debt schedule as of the current interim financial statement. **(See attached form)**

- Business Tax Returns**
Last (3) three fiscal years complete copies with all schedules.
 - Subject Business to be Purchased
 - All companies Borrower owns more than 20% equity.

- Projected Income Statement**
Provide projections by month for a minimum of (1) one year if loan proceeds will be used for expansion or if business cycle is seasonal, or if trends are erratic. Projections must include detailed assumptions. (See attached form)
 - **Start up business requires a (2) year monthly projections of Income/Expenses with assumptions. (see attached form)**

- Personal Financial Statement**
Provide current statements within 45 days on all owners, partners, officers, directors, guarantors, and stockholders with 20% or more stock ownership. **(See attached form)**

- Personal Tax Returns**
Provide complete copies with all schedules for the **last (3) three years** on all owners, partners, officers, directors, guarantors, and stockholders with 20% or more stock ownership.

- Management Resume**
Provide on all owners, partners, officers, directors, guarantors, and stockholders of record. *Specific attention to be provided to experience in same industry as business being purchased or newly started. **(See attached form.)**

- Articles of Incorporation/Organization (filed copies), Bylaws (if applicable, amendments), Certificate of Incorporation/Organization, Assumed Name Certificate, and/or Partnership Agreement**

- Affidavit of Ownership/Authority (see attached form)**

- Request for Copy or Transcript of Tax Return (see attached IRS Form 4506-T) sign**

- Source of Capital Injection (see attached form)**

Other: _____

For Business Real Estate Loans

- Purchase Contract/Buy-Sell Agreement**
For purchase of real estate, equipment, improvements: provide a copy of the signed contract and all exhibits/addenda.
- New Construction**
Provide a copy of the construction contract and a copy of the plans/specs for the project. If in the planning stages, provide a copy of the initial projected cost analysis. Provide construction bids and budgets as well as information on contractor.
- Refinancing**
Provide a complete copy of ALL the note(s) and Deed(s) of Trust on the real estate to be refinanced.
- Appraisal**
Provide a copy of the most recent real estate appraisal and/or the most recent tax appraisal.
- Environmental Questionnaire (see attached form)**
 - Provide any Environmental Reports available

For Business Equipment Loans

- Purchase Order or Invoice**
Provide a copy of the purchase order or invoice for machinery or other equipment to be purchased. If the proposed purchase is in the preliminary planning stage, provide a copy of the quote(s).
- Refinancing**
Provide a complete equipment list with serial numbers of all currently owned machinery or other equipment. In addition, provide a complete copy of the note(s) on machinery or other equipment to be refinanced.

For Business Acquisition Loans

- Purchase Contract/Buy-Sell Agreement**
Provide a copy of the signed contract and all exhibits/addenda. The contract should provide for the allocation of the purchase price.
- Business Financial Statements**
Provide complete copies of Seller's Balance Sheets and Income Statements, Current Year to date and for the (3) last three fiscal years.
- Business Tax Returns**
Provide complete copies of Seller's Tax Returns for the last (3) three fiscal years.
- Request for Copy or Transcript of Tax Return (IRS Form 4506-T)**
This form is to be signed by the seller. (See attached form)

Other

- Authorization To Release Information**
This form **Must be signed** by all owners, partners, officers, directors, guarantors, and stockholders of record. (see attached form)
- Lease(s)**
Provide a copy of your existing lease(s) and/or proposed lease(s) as applicable, including all exhibits/ addenda.
Provide a current Rent Roll
- Franchise Agreement and Uniform Franchise Offering Circular**
Provide a copy of these documents as provided by the franchisor.
- Affiliate(s)**
Provide complete copies of Business Tax Returns with all schedules for the last (3) three fiscal years and a current financial statement within 45 days on affiliate(s).
- Copy of Driver's License, Social Security Card or Green card**
- Photos of Property**
- Survey**
- Title Information**

APPLICATION

Company Name: _____ Telephone: (____) _____

E-Mail Address: _____ Fax : (____) _____

Website: _____ Tax ID: _____

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Type of Business: _____ Date Established: _____

Type of Entity: Corporation Partnership Sole Proprietorship Other _____

Number of Employees: Existing _____ If Loan is Approved _____ Affiliate(s) _____

Have you or any officer of your company ever been involved in bankruptcy or insolvency proceedings? Yes No If yes, furnish details in a separate exhibit.

Currently Exporting? Yes No

Planning to Export? Yes No

Exporting Information Needed? Yes No

Bank Contact _____ Telephone (____) _____

Accountant Name _____ Telephone (____) _____

Attorney Name _____ Telephone (____) _____

SUMMARY OF PROJECT COST

Land & Improvements	\$ _____
Building Construction	\$ _____
Machinery & Equipment	\$ _____
Inventory	\$ _____
Working Capital	\$ _____
Other _____	\$ _____
Refinance Existing Debt *	\$ _____
Total Project Cost	\$ _____
Less: Owners Equity	\$ _____
Less: Seller Debt	\$ _____
Total Loan Requested	\$ _____

COLLATERAL VALUE

Land and Improvements	\$ _____
Machinery & Equipment	\$ _____
Furniture & Fixtures	\$ _____
Accounts Receivable	\$ _____
Inventory	\$ _____
Other _____	\$ _____
Total Collateral Value	\$ _____

Lender _____ \$ _____

Lender _____ \$ _____

Lender _____ \$ _____

SOURCE OF COLLATERAL VALUATIONS

Ownership of Applicant Company - List below all officers, directors, partners, owners & co-owners, and all stockholders of record. All (100%) stock ownership must be shown. Include a resume for each person listed below and a personal financial statement if ownership is over 20%.

NAME	TITLE	% OF OWNERSHIP	ANNUAL COMPENSATION
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

AFFILIATES - List below all business concerns in which the applicant company or any of the individuals listed in the ownership section above have any ownership.

COMPANY NAME	OWNER (APPLICANT COMPANY OR INDIVIDUALS)	% OF OWNERSHIP
_____	_____	_____
_____	_____	_____
_____	_____	_____

PREVIOUS GOVERNMENT FINANCING - If you or any principals or affiliates have ever requested Government financing (including SBA loans and government guaranteed student loans), complete the Following.

NAME OF AGENCY	AMOUNT	DATE	APPROVED OR DECLINED	BALANCE	STATUS
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

AUTHORIZATION TO RELEASE INFORMATION

I/We hereby authorize the release to American Business Lending, Inc., and/or any affiliates of any and all information that they may require for the purpose of a credit transaction. I/We further authorize American Business Lending, Inc., and/or any affiliates to release such information to any entity they deem necessary for any purpose related to our credit transaction with them.

I/We certify that the enclosed information (plus any attachments or exhibits) is valid and correct to the best of my/our knowledge.

All owners including stockholders with 20% or more ownership interest, partners, directors and guarantors must sign this form (spouses should sign when applicable).

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

AFFIDAVIT OF OWNERSHIP/AUTHORITY

I _____ (Name), as _____ (Position)
of _____ (Company Name)
located at _____

do hereby certify that the following is a list of shareholders/partners/owners, directors, and officers of the
company as of _____ (Date).

Please mark the correct box

Shareholders (Corporation) Partners (Partnership) Owners (Proprietorship) Other _____

_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
TOTAL	100%

Directors:

_____	_____
_____	_____
_____	_____
_____	_____

Officers:

Chairman of the Board	_____
President	_____
Vice President	_____
Secretary	_____
Treasurer	_____
Other _____	_____
Other _____	_____

If additional space is required, use back of page.

Signature _____ Title _____ Date _____

HISTORY OF BUSINESS AND BENEFITS OF LOAN

(Use separate attachments to answer questions as necessary)

BACKGROUND AND HISTORY OF PRINCIPALS AND COMPANY

NATURE OF BUSINESS, TYPES OF PRODUCTS/SERVICES

CUSTOMER PROFILE

LIST KEY CUSTOMERS

LIST MAJOR COMPETITORS

MAJOR PAST ACCOMPLISHMENTS

FUTURE EXPANSION

Does your company currently have plans for future expansion? _____
Number of locations? _____ Over what period of time? _____
How many new company locations are planned for this market? _____

HOW WILL THIS LOAN BENEFIT YOUR COMPANY?

WILL THE FUNDING OF THIS LOAN CREATE NEW EMPLOYMENT OPPORTUNITIES?

Signature _____ Date _____



SOURCE OF CAPITAL INJECTION

Note: Before a loan application can be processed, it is necessary to establish the source and present location of the funds intended to be invested in a business. _____ may withdraw the loan request if a change in source of funds in this statement is noted.

Income	Verification	Amount
Checking/Savings	3 Months of Bank Statements	\$ _____
Land Equity	Appraisal, Purchase Agreement	\$ _____
Retirement/401 k	Account Statements	\$ _____
Early Inheritance	Inheritance Letter	\$ _____
Home Equity	Appraisal, Account Statements	\$ _____
Monies Already Invested	Receipts, Paid Invoices	\$ _____
Gift letter	Tax Returns, PFS and 3 months of Bank Statements from Gift Grantor	\$ _____
Sale of Assets	Supporting Documentation	\$ _____
Other (Specify Below)*	Supporting Documentation	\$ _____
TOTAL EQUITY INJECTION		\$ _____

Other* Provide detail explanation:

Name: _____

Signature: _____

Date: _____

Name: _____

Signature _____

Date: _____

BUSINESS DEBT SCHEDULE

COMPANY NAME: _____

DATE: * _____

INDEBTEDNESS: Furnish the following information on all installment debts, contracts, notes and mortgages payable. Indicate by an asterisk (*) items to be paid by loan proceeds and reason for paying same (present balance should agree with latest balance sheet submitted). Do not include accounts payable or accrued liabilities.

CREDITOR Name/Address	ORIGINAL DATE	ORIGINAL AMOUNT	PRESENT BALANCE	INTEREST RATE	MONTHLY PAYMENT	MATURITY DATE	COLLATERAL / SECURITY
TOTAL PRESENT BALANCE **			\$0				

* Date should be the same as interim Financial Statement

** Total must agree with balance shown on interim balance sheet

Signature

Date

AUTHORIZATION TO RELEASE INFORMATION

I/We hereby authorize the release to NCPL or Lender/Bank/ _____ Inc. and/or any affiliates of any and all information that they may require for the purpose of a credit transaction. I/We further authorize NCPL, Lender or Bank _____ and/or any affiliates to release such information to any entity they deem necessary for any purpose related to our credit transaction with them.

I/We certify that the enclosed information (plus any attachments or exhibits) is valid and correct to the best of my/our knowledge.

All owners including stockholders with 20% or more ownership interest, partners, directors and guarantors must sign this form (spouses should sign when applicable).

PRINCIPAL

Full Legal Name _____ Date of Birth _____

Social Security # _____

Address _____

Print or Type name of Principal _____

Signature _____ Date _____

PRINCIPAL

Full Legal Name _____ Date of Birth _____

Social Security # _____

Address _____

Print or Type name of Principal _____

Signature _____ Date _____

PRINCIPAL

Full Legal Name _____ Date of Birth _____

Social Security # _____

Address _____

Print or Type name of Principal _____

Signature _____ Date _____

MANAGEMENT RESUME

(Resume is required for all stockholders of record, and for all owners, partners, officers, directors, and guarantors.)

Name _____ SS# _____
First Middle (Full) Maiden Last
Date of Birth _____ Place of Birth _____
Residence Telephone () _____ Business Telephone () _____
Residence Address _____ From: _____ To: _____
Street City State Zip MM/YY MM/YY
Previous Address _____ From: _____ To: _____
Street City State Zip MM/YY MM/YY
Spouse's Name _____ SS# _____
First Middle (Full) Maiden Last

Are you employed by the U.S. Government? Yes No If yes, give agency/position _____

Are you a U.S. Citizen? Yes No If no, give Alien Registration Number * _____

Have you ever been charged with or convicted of any criminal offense other than a misdemeanor involving a motor vehicle violation?
Yes No If yes, furnish details in a separate exhibit.

Have you ever declared bankruptcy? Yes No If yes, furnish details in a separate exhibit.

Do you have any pending lawsuits? Yes No If yes, furnish details in a separate exhibit.

EDUCATION

NAME AND LOCATION	DATES ATTENDED		MAJOR	DEGREE OR CERTIFICATE
	From	To		
College _____	MM/YY	MM/YY	_____	_____
High School _____	MM/YY	MM/YY	_____	_____

Did you obtain a government guaranteed student loan for any portion of your education? Yes No
Continuing Education Courses: _____

MILITARY SERVICE BACKGROUND

Branch _____ From _____ To _____ Honorable Discharge? _____
MM/YY MM/YY
Rank at Discharge _____ Major Assignment/Accomplishment _____

WORK EXPERIENCE (List chronologically, beginning with present employment)

Company Name/Address _____
From _____ To _____ Title _____
MM/YY MM/YY
Duties _____

Company Name/Address _____
From _____ To _____ Title _____
MM/YY MM/YY
Duties _____

Company Name/Address _____
From _____ To _____ Title _____
MM/YY MM/YY
Duties _____

Professional Associations, Offices Held, Community Involvement, etc: _____

Signature _____ Date _____
(Please attach your own full resume, if available.)

* Include copy of Alien Registration Card (front and back)

PERSONAL BUDGET ANALYSIS

NAME _____

NAME _____

INCOME

MONTHLY

Salary (Gross) _____

Spouse Salary (Gross) _____

Rental Income _____

Interest Income _____

Other _____

Other _____

TOTAL MONTHLY INCOME: _____ 100 %

EXPENSES

MONTHLY

Mortgage Payment _____

Real Estate Taxes _____

Auto Loan(s) _____

Installment Payments _____

Credit Lines/Cards _____

Utilities & Telephone _____

Insurance _____

Food _____

Clothing _____

Child Care _____

Contingent Liabilities _____

Other _____

Other _____

TOTAL MONTHLY EXPENSES: _____ %

NET DISCRETIONARY INCOME: _____

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

Signature _____ Title _____ Date _____

Signature _____ Title _____ Date _____



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.**

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.



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: DO NOT SIGN this form if a third party requires you to complete Form 4506-T, and 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 2006, filed in 2007, will not be available from the IRS until 2008. 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.

Sign Here	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	



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 TRIPLICATE 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	
	3. Date of Birth (Month, day, and year)	
	4. Place of Birth: (City & State or Foreign Country)	
	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: _____	

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: _____	
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:	

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? <input type="checkbox"/> Yes <input type="checkbox"/> 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.) <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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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Agency Use Only 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.**



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 retrievable 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 this information 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 56 Fed. Reg. 8020 (1991) for other published routine uses.

PROFIT AND LOSS PROJECTION

Company Name: _____

	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12	TOTAL
Sales: Cash													
Credit													
Total Sales													
Cost of Sales													
Gross Profit													
Officer Salary (ies)													
Wages													
Rent-Property													
Rent-Equipment													
Auto/Truck Expenses													
Office Supplies													
Advertising													
Telephone & Utilities													
Bad Debts													
Taxes/Licenses													
Depreciation													
Repairs/Maintenance													
Accounting/Legal													
Interest													
Insurance (all)													
Office Expenses													
Royalties													
Miscellaneous													
Other													
Total Expenses													
Net Profit													

Please attach assumptions to this projection

Signature: _____

Date: _____