

SBA 504 Loan Program Checklist

Business Information (as applicable)

Business Information and Project Form (page 2 of this application)
Business Description (Detailed): history, products/services, competition, project benefits, trends, market, etc.
Business Plan for startups, expansions, and business restructures
Federal Tax Returns in their entirety and Financial Statements for Operating Company, Borrower and Corporate Guarantors for the past 3 years
Interim Financial Statements dated within 90 days for Operating Company, Borrower and Corporate Guarantors
Aging of Accounts Receivable and Payable for Interim Financial Statements
Schedule of Debts for Operating Company, Borrower, and Corporate Guarantors (page 3 or similar format)
Monthly Cashflow Analysis for first 24 months for startups, expansion, or historic negative cashflow
Sale and Expense Projections with Assumptions for 2 years on startups, expansion, or restructure projects
Affiliate Businesses Federal Tax Returns for the past 2 years (affiliation - 51% ownership, same management, industry, etc.)
Affiliate Businesses Interim Financial Statements dated within 90 days
Bylaws, operating and membership agreements, stock certificates, ownership, etc. as applicable

□ IRS EIN Letter for any New Entity

Personal Information

Guarantor and Key Management Information Form (page 4)

Resume from each guarantor and key manager(s) (use owner's resume or complete page 5)

Federal Tax Returns in their entirety for the past 2 years from guarantors (typically 20% or more ownership)

D Personal Financial Statement dated within 60 days from guarantors (spouse's signature required)

Project Information (as applicable)

Purchase Agreement (partially executed) with separate amounts for real estate, personal property, inventory, etc.
Sworn Construction Statement or Construction Bid (signed)
Furniture, fixtures, and equipment quotes
Refinance documents—note, collateral documents, guaranties, and 12-month payment transcript

Additional Items

Appraisal on projects over \$500,000 and always on business purchases. Required with SBA application submission on projects that contain expansion of existing RE owned 2 years or more, seller financing, participating bank OREO property, or related party transactions. (see appraisal requirements for details)			
Environmental (Questionnaire, RSRA report, Phase I, etc. per SBA requirements)			
Franchise, Jobber, Management Company, or other Controlling Agreements			
Life insurance may be required from key owners. Generally, 30% to 40% of SBA loan and required at time of SBA loan closing.			



BUSINESS INFORMATION AND PROJECT FORM

CONTACT INFORMATION:

Name of Borrower:				
Name of Business (if different):				
Contact Person:	Phone:			
Email Address of Contact Person:				
Address of Project:				

BORROWER INFORMATION:

Owner Name	Title	Ownership %
1.		
2.		
3.		
4.		

BUSINESS INFORMATION (if different than borrower):

Owner Name	Title	Ownership %
1.		
2.		
3.		
4.		

PROJECT INFORMATION:

Purchase Vacant Land	\$
Purchase Land & Building	\$
Construction or Renovations	\$
Furniture, Fixtures, Equipment	\$
Debt Refinance	\$
Soft Costs (appraisal, bank closing costs, interim interest, etc.)	\$
Total Project Costs	\$

ADDITIONAL INFORMATION:

1. Requested SBA Loan Term: □ 10 year □] 20 year 🛛 25 year
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2.	Number of Current Full-Tim	e Equivalent (FTE	Employees	Projected FTE after 2 years
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3. If applicable, which entity will own the furniture and equipment?_____

4. Will you be leasing any real estate space to a 3rd party?_____ If so, how much sq. ft.?_____

5. Source and amount of down payment (i.e. personal or business cash, seller financing, stock sale, line of credit, etc.) _____

BUSINESS DEBT SCHEDULE

(Consistent with Interim Balance Sheet)

Company Name: _____ Date: _____

Lender	Original Amount	Original Date	Present Balance	Interest Rate	Maturity Date	Monthly Payment	Collateral
	\$		\$			\$	
	\$		\$			\$	
	\$		\$			\$	
	\$		\$			\$	
	\$		\$			\$	
	\$		\$			\$	
	\$		\$			\$	
	\$		\$			\$	
	\$		\$			\$	
	\$		\$			\$	
	\$		\$			\$	
	\$		\$			\$	
	\$		\$			\$	
	\$		\$			\$	
	\$		\$			\$	
	\$		\$			\$	



GUARANTOR AND KEY MANAGEMENT INFORMATION

Legal Name: First	Middle	Last	Social Secu	rity #
Current Home Add	Iress:			
	Address	City	State	Zip Code
From:	to Present			
Month/Year	Home Phone	Business Phone	Email	
Past Address (omit				
	Address	City	State	Zip Code
From:	to			
Month/Year	Month/Year			
			U.S. Citiz	zen □Yes □No
Date of Birth	City and State of Birth	Race		

Yes No

- □ □ 1. Are you presently subject to an indictment, criminal information, arraignment, or other means by which formal criminal charges are brought in any jurisdiction?
- □ □ 2. Have you been arrested in the past six months for any criminal offense?
- 3. For any criminal offense i.e. DUI, underage, watercraft violations, etc. have you ever: 1) been convicted; 2) plead guilty; 3) plead nolo contendere (no contest); 4) been placed on pre-trial diversion; 5) been placed on any form of parole or probation?
- 4. Are you, any of your children, your parents, or your spouse employed by, directors of, Officers of or stockholders of the participating bank, SBA, SCORE, or any other Federal Agency?
- □ □ 5. Have you ever filed for any type of bankruptcy or been involved in insolvency proceedings?
- □ □ 6. Are you or your business involved in any pending lawsuits?
- □ □ 7. Do you have ownership in any other businesses? Provide name and ownership %.
- □ □ 8. Do you or any of your affiliated businesses have any existing debt with SBA guarantees?
- 9. Have you or any of your affiliated businesses ever caused a loss to the Government from prior federal assistance?

If you answered yes to any of above questions, please supply details on a separate sheet.

I hereby authorize the release to 504 Corporation of any information they may require at any time for any purpose related to my/our credit transactions with them.

Signature _____

Date_____

Resume

Your Name:				
First Mi	ddle	Maiden	Last	
Home Address:	0:1:	01-1		
Street	City	Stat	te Zip	
	Education			
5,	Dates Attended From To	Major	Degree or Certificate	
· · · · · · · · · · · · · · · · · · ·	Work Experience			
List Chronologically, beginning with present em	-			
Company:		% of busine	ess owned.	
Address: To: Present				
Duties:				
Company:		% of busine	ess owned.	
Address:				
From: To:				
Duties:				
Company:		% of busine	ess owned:	
Address:				
From: To:	Title:			
Duties:				
	Military Service			
	-	Tai		
Branch: From:		10:		
Rank at Discharge: Honorable? [] Yes [] No				
Job Description:				