

SBA loan closing.

SE	A 5	04 Loan Program Checklist									
Bu	sine	ess 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									
		☐ 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									
Pe	rsor	nal 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)									
		Personal Financial Statement dated within 60 days from guarantors (spouse's signature required)									
Pre	ojec	t 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									
Ad	lditio	onal 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



BUSINESS INFORMATION AND PROJECT FORM

CONT	TACT INFORMATION:					
Name	of Borrower:					
Name	of Business (if different):					
Conta	ct Person:		Phone:			
Email	Address of Contact Person:					
Addre	ss of Project:					
	ROWER INFORMATION:					
	er Name	Title		Ownership %		
1.						
2.						
3.						
4.						
BUSIN	NESS INFORMATION (if differer	nt than borrow	ver):			
	er Name	Title	,	Ownership %		
1.						
2. 3.						
3. 4.						
PROJ	JECT INFORMATION: Purchase Real Estate		\$			
	Construction or Renovations		\$			
	Furniture, Fixtures, Equipmen	t	\$			
	Debt Refinance		\$			
	Soft Costs (appraisal, bank closing costs, interim interest, etc.)		\$			
	Total Project Costs		\$			
ADDI	TIONAL INFORMATION:					
1.	Requested SBA Loan Term: I	□ 10 year	□ 20 year □ 2	5 year		
2.	Business' current # full-time equivalent (FTE) employees Projected FTE after 2 years					
3.	Business and Affiliates: # of existing part- and full-time employees including owners					
4.	If applicable, which entity will own the furniture and equipment?					
5.	Will you be leasing any real estate space to a 3 rd party? If so, how much sq. ft.?					
6.				cash, seller financing, stock sale, line		
٥.	·	•		each, conditioning, clock care, into		



GUARANTOR AND KEY MANAGEMENT INFORMATION

Lega	al Name):					
First			Middle	Last	Social Security	Social Security #	
Current Home Address:			Address	City	State	Zip Code	
				·		·	
Phon	е		Business Phone	Email			
Date	of Birth	Race		Hispanic/Latino	Male/Female		
U.S.	Citizen	□ Yes □ I	No				
			_	any of the belo	•	ns,	
Yes	No	A ma . va. v a m	the emplicant present		en alimible by any Ford	loral Aganaya	
		Are you, an	ny of your children, yo	y suspended, debarred, or i ur parents, or your spouse e ting bank, SBA, SCORE, Co ederal Agency?	employed by, directo	ors of, officers of	
	□ 3.	•		, agent, owner of stock, dire s been separated from SBA			
	□ 4.	Have you	ever filed for any type	of bankruptcy or been involved	ved in insolvency pro	oceedings?	
	□ 5.	Are you or	the applicant involved	I in any pending lawsuits inc	cluding divorce?		
	□ 6.	Do you hav	ve ownership in any of	ther businesses? Provide na	ame and ownership	%.	
	□ 7.	-	· · · · · · · · · · · · · · · · · · ·	your affiliated businesses heral Agencies (USDA, SBA,	•	-	
	□ 9.	•		of your affiliated businesses prior federal assistance?	currently delinquent	or ever caused	
			elease to 504 Corpora ur credit transactions v	tion of any information they with them.	may require at any t	ime for any	
Sign	Signature						

BUSINESS DEBT SCHEDULE

(Consistent with Interim Balance Sheet)

Company Name: D	Date:
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Lender	Original Amount	Original Date	Present Balance	Interest Rate	Maturity Date	Monthly Payment	Collateral
	\$		\$			\$	
	\$		\$			\$	
	\$		\$			\$	
	\$		\$			\$	
	\$		\$			\$	
	\$		\$			\$	
	\$		\$			\$	
	\$		\$			\$	
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	\$		\$			\$	
	\$		\$			\$	
	\$		\$			\$	
	\$		\$			\$	
	\$		\$			\$	

Resume

Your Name:								
	First	Middle	M	laiden	Last			
Home Address: _	Ctroot					7:-		
	Street		City	3	tate	Zip		
		Educa	ation					
College, Technical	ıl, or Training	Dates Att	tended	Major	Degre-	e or Certificate		
Name and Locatio		From	То	•	=	1		
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					_			
		\Along Ev						
List Chronological	lly, beginning with pre	Work Exp						
ŭ	ily, beginning with pre			% of hus	ingge owne	.d.		
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	To: Pres							
	10. Fies							
Dutico.								
Company:				_ % of bus	iness owne	ed:		
								
	To:							
Duties:								
_				/1		_		
					iness owne	÷d:		
	To:							
Duties:								
Military Service								
Branch:	F	rom:		To:				
Rank at Discharge	e:		Honorable?	[] Yes [] N	O			
Job Description:								