



Real Estate Loan Application

Web Site: _____

Company Information

Company name _____

Address _____ City _____ State _____ Zip _____

Principal in charge _____ Work phone () _____ Work fax () _____

Secondary contact person _____ Work phone () _____ Work fax () _____

(IN-HOUSE CONTROLLER OR BOOKKEEPER)

E-mail _____

Type of business _____ Date established _____

Type of entity (check one): Proprietorship Partnership LLC Corporation—years business incorporated _____

Number of current employees _____ Estimated number of new employees within the next two years as a result of this loan _____

New Project Information

Street address of project _____

City _____ State _____ Zip _____ County _____

What is the square footage of the new building? _____ What is the square footage your company will occupy?*

*Please note—we require your company to occupy 51% of an existing building or 60% of a new building.

Escrow closing date _____ Realtor's name _____ Phone _____

How will the property be vested (i.e. individually, husband and wife, partnership, LLC, corporation, trust...)? _____

If there are any tenants that will remain in the building, please provide the following information: Also, please have your realtor provide copies of all existing leases.

| Tenant name | Square footage | Lease expiration | Rent amount |
|-------------|----------------|------------------|-------------|
| | | | |
| | | | |
| | | | |

Checklist

Please provide the following documents and information

Business information

| | |
|--------------------------|---|
| <input type="checkbox"/> | Business financial statements for the last three years |
| <input type="checkbox"/> | Projections (form attached) |
| <input type="checkbox"/> | Interim financial statement dated within the last 60 days |
| <input type="checkbox"/> | Business debt schedule (form attached) |
| <input type="checkbox"/> | Federal tax returns for the last three years |
| <input type="checkbox"/> | Other _____ |

Personal information (for each individual with 20% or greater ownership)

| | |
|--------------------------|---|
| <input type="checkbox"/> | Personal tax returns for the last three years |
| <input type="checkbox"/> | Personal resumé (form attached) |
| <input type="checkbox"/> | Personal financial statement (form attached) |

Legal entity documents (as applicable)

| | |
|--------------------------|---|
| <input type="checkbox"/> | Sole Proprietorship —Fictitious Business Name Statement (filing and proof of publication with county recorder's stamp) |
| <input type="checkbox"/> | Corporation —Articles of Incorporation, Corporate Bylaws and Stock Certificates |
| <input type="checkbox"/> | Partnerships (General, Limited or Limited Liability) —Partnership Agreement (with all exhibits) and State Registration, if any |
| <input type="checkbox"/> | Limited Liability Company —Articles of Organization Form (LLC-1) and Operating Agreement |
| <input type="checkbox"/> | Trust —Trust Agreement with all exhibits |

Real estate information

| | |
|--------------------------|--|
| <input type="checkbox"/> | Real Estate Purchase Agreement and Escrow Instructions OR Escrow Closing Settlement Sheet and Grant Deed |
| <input type="checkbox"/> | Construction cost budget and/or equipment bids |
| <input type="checkbox"/> | Existing environmental studies |

References

Bank name _____ Account Officer _____ Phone _____
 Accountant _____ Firm name _____ Phone _____
 Attorney _____ Firm name _____ Phone _____

Company Ownership

Name _____ Title _____ % of Ownership _____
 Name _____ Title _____ % of Ownership _____
 Name _____ Title _____ % of Ownership _____
 Name _____ Title _____ % of Ownership _____
 Name _____ Title _____ % of Ownership _____

If a corporation, please indicate who is President and Secretary

Affiliate Businesses

List any other business owned by any principal with 20% or more ownership in operating company.

Business Name _____ Owner _____ % of Ownership _____
 Business Name _____ Owner _____ % of Ownership _____
 Business Name _____ Owner _____ % of Ownership _____
 Business Name _____ Owner _____ % of Ownership _____

Existing Business Locations

Business Address _____ Own Lease Replaced by new facility? Yes No
 _____ Square Feet _____ Mortgage/Lease payment \$ _____ Lease expiration _____
 Business Address _____ Own Lease Replaced by new facility? Yes No
 _____ Square Feet _____ Mortgage/Lease payment \$ _____ Lease expiration _____
 Business Address _____ Own Lease Replaced by new facility? Yes No
 _____ Square Feet _____ Mortgage/Lease payment \$ _____ Lease expiration _____
 Business Address _____ Own Lease Replaced by new facility? Yes No
 _____ Square Feet _____ Mortgage/Lease payment \$ _____ Lease expiration _____

Total Project Costs

| | Enter Dollar Amounts | | Enter Dollar Amounts |
|--|----------------------|--|----------------------|
| Real estate (land and building) | \$ _____ | Acquisition of existing business..... | \$ _____ |
| New construction/expansion/repair | \$ _____ | Payoff SBA loan | \$ _____ |
| Acquisition and/or repair of machinery and equipment | \$ _____ | Payoff bank loan (non SBA associated) | \$ _____ |
| Inventory purchase | \$ _____ | Other debt payment (non SBA associated)..... | \$ _____ |
| Working capital (including loan fees) | \$ _____ | TOTAL PROJECT | \$ _____ |

Personal Resumé Form

To be completed by each principal involved in the loan. Please make copies as needed for each individual.

Name FIRST _____ MIDDLE _____ LAST _____ SSN #: _____

Former name FIRST _____ MIDDLE _____ LAST _____ WHEN USED _____

Date of birth _____ Place of birth _____

Residence telephone (_____) _____ Business telephone (_____) _____

Residence address STREET _____ CITY _____ STATE _____ ZIP _____ FROM _____ TO _____

Previous address STREET _____ CITY _____ STATE _____ ZIP _____ FROM _____ TO _____

Are you employed by the U.S. Government? _____ Agency/position _____

Spouse Name _____ SSN # _____ Date of Birth _____ Place of Birth _____

Personal information

Are you a U.S. Citizen? (If no, please provide a copy of your Alien Registration or Visa Card) Yes No

Is your spouse a U.S. citizen? (If no, please provide a copy of their Alien Registration or Visa Card). Yes No

Are you presently under indictment, on parole or probation?
(If yes, furnish details in separate exhibit. List name(s) under which held, if applicable.) Yes No

Have you ever been charged with or arrested for any criminal offense other than a minor motor vehicle violation?
(If yes, furnish details in separate exhibit. List name(s) under which held, if applicable.) Yes No

Have you ever been convicted of any criminal offense other than a minor motor vehicle violation?
(If yes, furnish details in separate exhibit. List name(s) under which held, if applicable.) Yes No

Indicate gender (optional) Male Female

With which race you more closely identify? Choose only one (optional):

- African American
- Native American (other than Eskimo or Aleut)
- Eskimo or Aleut
- Asian or Pacific Islander
- White
- Hispanic
- Other _____

Education (college or technical training)

| Name and Location | Dates Attended | Major | Degree or Certificate |
|-------------------|----------------|-------|-----------------------|
| 1. _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ |

Military service background

Branch _____ From _____ To _____
Honorable discharge? Yes No Vietnam veteran? Yes No

Work Experience

List chronologically, beginning with present employment. Attach separate exhibit if necessary.

Company name/location _____
From _____ To _____ Title _____
Duties _____

Company name/location _____
From _____ To _____ Title _____
Duties _____

Company name/location _____
From _____ To _____ Title _____
Duties _____

Credit Report Authorization

I declare that the information provided in this application is true and correct. I hereby authorize the release of any and all credit report and other information required in the processing of my loan application and as required in the servicing and/or during the term of my loan. I further authorize The Small Business Lending Group and its successor to release such information to any entity as required in the processing of my loan application.

I/We hereby certify that the enclosed information, including any attachments or exhibits provided here within or at a later date, is valid and correct to the best of my/our knowledge.

Signature of applicant _____ Date _____

Signature of spouse _____ Date _____

Company name _____ Describe the type of business you are in _____

Operating Company Profile

Use separate attachments to answer questions if necessary.

and how/why you became involved _____ Original amount of loan _____

Type of products or services offered (include any catalogs or brochures) _____

Geographic market area served _____

What is your outlook concerning the business activity in which you are engaged? _____

How will this loan benefit your company? _____

Will this loan create new employment opportunities? Yes No If yes, state how: _____

Customer profile

What primary markets use your products? _____

List key customers _____

List major competitors _____

Major suppliers _____

Future plans (What is your growth strategy? Rapid growth, moderate, or maintain market position? What are the impediments that may impact your success?) _____

Major past accomplishments, how your business differs from the competition, and your competitive advantages: _____

Marketing analysis and strategy (Explain your promotional, pricing, and distribution strategies.) _____

Previous SBA or other federal government debt

Name of agency _____

Date of request _____ Approved or declined _____ Current balance _____ Status Current Past Due

Name of agency _____ Original amount of loan _____

Date of request _____ Approved or declined _____ Current balance _____ Status Current Past Due

Name of agency _____ Original amount of loan _____

Date of request _____ Approved or declined _____ Current balance _____ Status Current Past Due

Have you or any officer of your company ever been involved in bankruptcy or insolvency proceedings? If yes, please provide details. Yes No

Are you or your business involved in any pending lawsuits? If yes, please provide details. Yes No

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, ACE, any Federal Agency, or the participating lender? If yes, please provide the name and address of the person and the office where employed. Yes No

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, please provide details. Yes No

Does your business presently engage in export trade? Yes No

Do you have plans to begin exporting as a result of this loan? Yes No

Would you like information on exporting? Yes No

Business Debt Schedule

Furnish the following information on all installment debts, contracts, notes, and mortgages payable. Do not include accounts payable or accrued liabilities.

Date* _____

| Creditor Name/address | Original amount | Original date | Present balance | Interest rate | Maturity date | Monthly payment | Security | Current or delinquent? |
|--------------------------------|--------------------|------------------|--------------------|------------------------------|------------------|--------------------|----------|---------------------------|
| | | | | | | | | |
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| | | | | | | | | |
| | | | | | | | | |
| Total present balance** | | | | Total monthly payment | | | | |

*Should be the same date as current financial statement

**Total must agree with balance shown on current financial statement.



Personal Financial Statement

U.S. Small Business Administration

As of _____, 20____

Complete this form for: (1) each proprietor, (2) each limited partner who owns 20% or more interest and each general partner, (3) each member of a Limited Liability Partnership, or (4) each stockholder owning 20% or more of voting stock and each corporate officer and director, or (5) each member of a limited liability company owning 20% or more interest, or (6) any other 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..... (Describe in Section 2) | \$ _____ |
| IRA or other retirement account..... | \$ _____ | Installment account (Auto) | \$ _____ |
| Accounts & notes receivable | \$ _____ | Monthly payments \$ _____ | |
| Life insurance—cash surrender value only | \$ _____ | Installment account (Other) | \$ _____ |
| (Complete Section 8) | | Monthly payments \$ _____ | |
| Stocks and bonds..... | \$ _____ | Loan on life insurance | \$ _____ |
| (Describe in Section 3) | | Mortgages on real estate..... | \$ _____ |
| Real estate..... | \$ _____ | (Describe in Section 4) | |
| (Describe in Section 4) | | Unpaid taxes | \$ _____ |
| Automobile—present value | \$ _____ | (Describe in Section 6) | |
| Other personal property | \$ _____ | Other Liabilities | \$ _____ |
| (Describe in Section 5) | | (Describe in Section 7) | |
| Other assets | \$ _____ | Total liabilities | \$ _____ |
| (Describe in Section 5) | | Net worth | \$ _____ |
| Total | \$ _____ | 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 note holders | 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 attachments if necessary. Each attachment must be identified as a part of this statement and signed.

| | Property A | Property B | Property C |
|-----------------------------|------------|------------|------------|
| Type of property | | | |
| Owner | | | |
| Property address | | | |
| Date purchased | | | |
| Original cost | | | |
| Present market value | | | |
| Mortgage holder | | | |
| Address of mortgage holder | | | |
| Mortgage account number | | | |
| Mortgage balance | | | |
| Amount of payment per month | | | |
| Status of mortgage | | | |
| Rental income | | | |

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 any tax liens include to whom payable, when due, amount, and to what property.

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 and/or Small Business Finance to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above and 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. 10001).

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 Office, Paper Reduction Project(3245-0188), Office of Management and Budget, Washington, D.C. 20503.

PROJECTED INCOME/EXPENSES

| MONTH/YEAR | | | | | | | | | | | | | | TOTAL | % |
|------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|-------|---|
| SALES | | | | | | | | | | | | | | | |
| COST OF SALES | | | | | | | | | | | | | | | |
| GROSS PROFIT | | | | | | | | | | | | | | | |
| EXPENSES | | | | | | | | | | | | | | | |
| ACCTING, LEGAL, PROFESSIONAL | | | | | | | | | | | | | | | |
| ADVERTISING EXPENSE | | | | | | | | | | | | | | | |
| AUTO & TRUCK EXPENSE | | | | | | | | | | | | | | | |
| BAD DEBT | | | | | | | | | | | | | | | |
| ENTERTAINMENT, TRAVEL | | | | | | | | | | | | | | | |
| EQUIPMENT RENTAL | | | | | | | | | | | | | | | |
| INSURANCE | | | | | | | | | | | | | | | |
| OFFICE EXPENSE | | | | | | | | | | | | | | | |
| OFFICER, OWNER SALARIES | | | | | | | | | | | | | | | |
| RENT, PROPERTY EXPENSE | | | | | | | | | | | | | | | |
| REPAIRS, MAINTENANCE | | | | | | | | | | | | | | | |
| SUPPLIES | | | | | | | | | | | | | | | |
| TAXES, LICENSES | | | | | | | | | | | | | | | |
| TELEPHONE, UTILITIES | | | | | | | | | | | | | | | |
| WAGES | | | | | | | | | | | | | | | |
| MISCELLANEOUS | | | | | | | | | | | | | | | |
| TOTAL EXPENSES | | | | | | | | | | | | | | | |
| NET OPERATING PROFIT | | | | | | | | | | | | | | | |
| OTHER INCOME <EXPENSES> | | | | | | | | | | | | | | | |
| PROFIT BEFORE TAXES | | | | | | | | | | | | | | | |

SIGNATURE _____ DATE _____