

SBA Loan Application



This checklist has been provided to assist you in gathering necessary information for the initial evaluation of your SBA 7(a) small loan request. Complete information will be necessary to process your application. Forms are provided for items 1 –11.

- □ 1. Loan Request Form
- □ 2. Description & History of Business to be completed by all applicants
- □ 3. Management Resume to be completed by all active principals and key managers
- □ 4. Signed Authorization to Release Information
- □ 5. **Business Debt Schedule** Attach the most recent loan statement from each creditors. The total of the balance due column should coincide with note balances on the business's most recent financial statement provided (also include for affiliate businesses)
- □ 6. List of Equipment and Fixtures For items with a unit value of \$5,000 or more, the list must include a description and serial number/VIN #
- □ 7. **SBA Form 1919** Complete the form for: (1) the sole proprietor; (2) all general partners and all limited partners owning 20% or more of the equity of the firm; (3) all owners of 20% or more of the corporation and each officer and director; (4) all members owning 20% or more of the company, each officer, director, and managing member; (5) any person hired by the business to manage day to day operations; and (6) any other person who is guaranteeing the loan, if required by SBA. **Click here to access form.**
- **SBA Form 912 (Statement of Personal History)** This form must be completed by each person referenced in #2 above if there is a "YES" response to Question 2 or 3 of SBA Form 1919. Click here to access form.
- 9. If not a U.S citizen, Signed USCIS Form G 845 Document Verification Request with Proof of Resident Alien Status Please attach photocopy both sides of the Alien Registration card
- 10. SBA Form 413 (Personal Financial Statement) Complete the form for: (1) each proprietor; (2) general partner; (3) managing member of a limited liability company (LLC); (4) each owner of 20% or more of the equity of the Applicant (including the assets of the owner's spouse and any minor children); and (5) any person providing a guaranty on the loan-both spouses must sign and date if applicable. Click here to access form.
- □ 11. **IRS Form 4506-C** Guarantors complete request for Transcript of Tax Returns and; if applicant is a corporation, signed by the president; if a partnership, one of the partners; if a sole proprietorship, the individual owner; if the loan is to acquire a business, the same signatures as above apply by the seller. **Click here to access form.**

Additional Required Documents

- □ Corporate Documents of Applicant and All Affiliates If the business is a Corporation, Certificate of Incorporation, SS 4 (EIN) and By Laws; If the business is a Partnership or Limited Partnership, Partnership Agreement; If the business is a Limited Liability Company, Article of Organization, SS 4 (EIN) and Operating Agreement
- Business Plan (startup business, business expansion, or business acquisition) Include a description of management, feasibility analysis and assumptions
- □ **3 Years Projection of Profit & Loss** 1st year by 12 months (attach assumptions)
- □ **Business Tax Returns** Tax returns for three prior fiscal year end for existing business and any affiliates, signed and dated *Tax Returns for the past three years on any business being acquired, signed and dated by the seller
- □ Interim Income Statement and Balance Sheet Current, within 45 days of application, for the business: (1) applicant, (2) all affiliates of applicant, and (3) being acquired if the latest business tax return provided is dated more than 180 days from the date of application
- □ Aging of Accounts Receivable and Accounts Payable Summary should match current balance sheet
- □ **Cash/Equity Injection** Include the last 3 months of bank statements showing the source of cash/equity injection

□ Copy of Existing or Proposed Lease Agreement(s)

- □ **Real Estate and/or BusinessPurchase Agreement**Must include cost allocation of all assets being purchased Attach copy of cancelled Deposit Check if applicable
- List of Equipment and Fixtures to be Acquired Include serial number/VIN # and Invoices
- Renovations or Leasehold Improvements Attach signed contract of general contractor's construction plan estimated cost breakdown
- □ If a franchise, **Copy of Franchise Agreement or Letter of Approval** from Franchisor and Financial Disclosure Document (FDD)
- □ Copies of all Notes, Collateral Documents, Settlement Sheet and Payment History(s) on Debt to be Refinanced
- □ **Personal Tax Returns** Complete Tax Returns (or signed extension) for the past three years on each individual referenced in #10(4) above
- □ **Bank Statements** Include last 3 months for applicant, all affiliates and each individual referenced in #10(4) above
- **Copy of ID** for each individual referenced in #10(4) above
- □ Other

Loan Request Form



The undersigned hereby make request for a loan of \$ ______ repayable in ______ number of monthly installments

Applicant Company

Please check one: Corporation Sole Proprietorship Limited Liability Company Partnership or Limited Partnership

| Name of Company D | | DBA, if applicable | Nature of Business | Date Established | |
|---|-------------------------------|---|--------------------|------------------------|--|
| Business Address (No. & S | treet, City, State, Zip Code) | | | Tax ID Number | |
| Telephone Number | Fax Number | Email Address | | State of Incorporation | |
| Name of Franchise, if applicable | | Does the Applicant Company have any Affiliates? | | | |
| Has this Applicant Company ever applied for a loan or borrowed from Thomaston Savings Bank? Yes INO | | If yes, please describe type of transaction, amount, term and account number: | | | |
| Do any of the Affiliates have an existing loan account at Thomaston Savings Bank? | | If yes, Name of Borrower | | Account Number | |

Ownership of Applicant Company

List below all owners, partners, LLC members and shareholders totaling 100% ownership

| Principal 1 - Name Title | | Ownership Percentage | Social Security Number | |
|---|---------------------|----------------------------|------------------------|------------------------|
| Address (No. & Street, City | r, State, Zip Code) | Driver's License # | | Expiration Date |
| Home Phone Number | Cell Phone Number | Email Address | Date of Birth | |
| Principal 2 - Name | | Title Ownership Percentage | | Social Security Number |
| Address (No. & Street, City, State, Zip Code) | | | Driver's License # | Expiration Date |
| Home Phone Number Cell Phone Number | | Email Address | | Date of Birth |

Affiliates

List below business concerns in which the applicant company or any of the individuals listed in the Ownership Section above have 50% ownership or controlling interest. **Where an individual(s) has control of the company and other concern(s) even though the ownership of one or both is small

Please check one: Corporation Sole Proprietorship Limited Liability Company Partnership or Limited Partnership

| Name of Company D | | DBA, if applicable | Nature of Business | Date Established |
|--|------------|----------------------------|-----------------------|------------------------|
| Business Address (No. & Street, City, State, Zip Code) | | | | Tax ID Number |
| Telephone Number | Fax Number | Email Address | | State of Incorporation |
| Name of Individual | | Title | | Ownership Percentage |
| If additional Affiliates, please check the box right and attach on a separate shee | | attach on a separate sheet | Additional Affiliates | |

Estimate Project Costs (Use of Proceeds)



| Description | Amount | Comments |
|---|------------------------------|--------------------|
| Purchase Land only | | |
| Purchase Land and Improvements | | |
| Purchase Improvements only | | |
| Construct a Building | | |
| Add an Addition to an Existing Building | | |
| Make Renovations to an Existing Building | | |
| Payoff Interim Construction Loan | | |
| Payoff Lender's Interim Loan | | |
| Leasehold Improvements | | |
| Purchase Equipment | | |
| Purchase Furniture and Fixtures | | |
| Purchase Inventory | | |
| Pay Trade of Account Payable | | |
| Pay Note Payable – not Same Institution Debt | | |
| Pay Note Payable – Same Institution Debt | | |
| Purchase Business – Asset Purchase | | |
| Purchase Business – Stock Purchase | | |
| Refinance SBA Loan – not Same Institution Debt | | |
| Refinance SBA Loan – Same Institution Debt | | |
| Working Capital | | |
| SBA Guaranty Fee Professional Fees Other | | |
| Total Estimated Project Costs \$ | \$ | |
| *LESS Applicant's Cash/Equity to be Injected \$ | \$ | |
| **LESS Seller Carryback, if applicable \$ | \$ | |
| Total Loan Requested for Project \$ | \$ | |
| *Comments & Explanation for Cash/Equity Injection: Please Indicate Source of Equity Injection (i.e. savings, broker age/investment account, proceeds from asset sale, gift, etc.) | | |
| **Please Disclose the Repayment Terms for the Seller Carryback Term: | Note Term: Interest Rate: | Montly Payment: \$ |

The undersigned (applicant and each individual principal) represents, warrants, and affirms that the statements made in this Loan Request and accompanying financial statements are true and correct and have been made to induce you to grant a loan to the undersigned with knowledge that you will rely thereon. For the same purpose, the undersigned affirms, represents, and warrants that undersigned is not obligated to any bank, loan company, corporation or individual, and that no suits, judgements or legal claims of any kind whatsoever are now pending against undersigned, except as stated in the financial statements.

The undersigned (applicant and each individual principal) agrees that you may exchange credit information about the undersigned with others. You may request a credit report on the undersigned and if the undersigned asks, you will tell the undersigned the name and address of the consumer reporting agency that furnished it. If you update, renew, orextend the loan, you may request a new credit report without telling the undersigned.

Applicant Company Name:

Signature by Principal Name

Date

SBA Loan Application

Description & History of Business



Description & History of Business (Additional sheets may be attached as needed to complete responses).

Background and History of Applicant Company/Business (including Business to be Acquired)

Qualifications and Experience of Management Team of Applicant Company/Business

Nature of Business, Types of Products/Services Business Operation (including location description, operating days and hours, # of employees, etc.)

Customer Base and List Key Customers

List Major Competitors

Pricing Policy (Mark Up) & Percentage of Cash/Credit/Check Sales

Marketing Plan or Strategies (advertising, cold calls, fliers, etc.)

Future Expansion Plans

How will this Loan Benefit Your Company/Business?

Will the Funding of this Loan Create New Employment Opportunities? If yes, how many?



Management Resume



Please fill in all spaces. If an item is not applicable, please indicate as such. You may include additional relevant information on a separate exhibit. SIGN and DATE where indicated.

PERSONAL INFORMATION

| Last Name | First Name | Middle | Date of Birth MM/DD/YEAR | |
|--|------------------------|----------------------------------|--------------------------|--|
| Place of Birth | | City | Country | |
| Home Address (No. & Street, City, State, Zip Code) | | Resided From to Present Date | | |
| Home Phone Number | Cell Phone Number | Email Address | | |
| Previous Address (No. & Street, | City, State, Zip Code) | Resided From to Present Date | | |
| Spouse's Last Name | Spouse's First Name | Spouse's Middle | Date of Birth MM/DD/YEAR | |
| Are you a U.S Citizen? 🗆 Yes 🗆 No | | If No, Give Alien Registration # | | |
| Are you Employed by the U.S. G | overnment? 🗆 Yes 🗆 No | If yes, Agency/Position | | |

WORK EXPERIENCE (List chronologically beginning with present employment.)

| 1. Company Name | Title & Duties |
|-----------------|-----------------|
| Location | Empoyment Dates |
| 2. Company Name | Title & Duties |
| Location | Empoyment Dates |
| 3. Company Name | Title & Duties |
| Location | Empoyment Dates |

EDUCATION

| 1. Name of School | Type of Degree / Major(s) |
|-------------------|---------------------------|
| Location | Date Attended |

Signature: ____

Date: _____



AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize Thomaston Savings Bank to conduct any inquiries it deems are necessary to verify the accuracy of the information submitted to you, related to an application for credit, to determine the creditworthiness of the undersigned. I authorize any person or credit reporting agency to give you any information it may have on me. It is understood that a copy of this form will also serve as authorization.

If I request, I will be informed whether or not a consumer report was requested, and if such a report was requested, I will be informed of the name and address of the consumer reporting agency that furnished the report. The bank may at any time in the future obtain additional credit reports to review my account.

I certify that the financial statements given to you herewith are true and correct with knowledge that you will rely on them.

| Name | | | Date of Birth |
|-----------------------------|---------------------|---------------|------------------------|
| Address (No. & Street, City | ı, State, Zip Code) | | Social Security Number |
| Home Phone Number | Cell Phone Number | Email Address | |

| Name | | | Date of Birth |
|-----------------------------|---------------------|---------------|------------------------|
| Address (No. & Street, City | ı, State, Zip Code) | | Social Security Number |
| Home Phone Number | Cell Phone Number | Email Address | |

| Name | | | Date of Birth |
|-----------------------------|---------------------|---------------|------------------------|
| Address (No. & Street, City | ı, State, Zip Code) | | Social Security Number |
| Home Phone Number | Cell Phone Number | Email Address | |



Business Debt Schedule



Applicant Company Name: _____

As of Date: _____

(Same as Interim Balance Sheet)

INDEBTEDNESS: Furnish the following information on all installment debts, contracts, notes, and mortgages payable, not accounts payable or accrued liabilities. Indicate by an asterisk (*) items to be paid by loan and reason for paying them.

| Borrower | To Whom Payable | Account Number | Type of Loan | Original Amount | Original Date |
|----------|--------------------|-------------------|-----------------|--------------------|------------------|
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| Present Balance | Interest Rate | Maturity Date | Monthly Payment | Collateral/ Security Status | Current/Past Date |
|--------------------|------------------|------------------|--------------------|--------------------------------|----------------------|
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| | | | | | |
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Signature: _____

Date: _____





Section II - PERSONAL PROPERTY

All items with an original value greater than \$5,000 listed herein must show manufacturer ormake, model, year, and serial number. Items withno serial number must be clearly identified (use additional sheet if more space is required).

| Description - Show Manufacturer, Model, Serial No. | Year Aquired | Original Cost | Market Value | Current Lien Balance | Name of Lienholder |
|--|-----------------|------------------|-----------------|-------------------------|-----------------------|
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All information contained herein it TRUE and CORRECT to the best of knowledge. If you knowingly make a false statement or overvalue a security to obtain a guaranteed loan from SBA, you can be fined up to \$10,000 and/or imprisoned for not more than five years under 18 USC 1001; ifsubmitted to a Federally insured institution, under 18 USC 1014 by Imprisonment of not more than twenty years and/or a fine of not more than \$1,000,000. I authorize the SBA's Office of Inspector General to request criminal record information about me fromcriminal justice agencies for the purpose of determining my eligibility for programs authorized by the Small Business Act, as amended.

| Name | Date |
|------|------|
| Name | Date |

NOTE: The estimated burden for completing this form is 0.5 hours per response. You will notbe required to respond to collection of information unless it displays a currently valid OMB approval number. Comments on the burden should be sent to the U.S. Small Business Administration, Chief, AIB, 409 3rd. St., S.W. Washington, D.C., 20416 and Desk Office for Small Business Administration, Office of Management and Budget, New Executive Office Building, Room 10202, Washington, D.C. 20503. OMB Approval (3245-0016).