

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

Present Balance	Interest Rate	Maturity Date	Monthly Payment	Collateral/ Security Status	Current/Past Date

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

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).