

1. GENERAL BUSINESS INFORMATION

Business Name _____ DBA _____
 Address _____ Business Phone _____ Ext _____
 City/State/Zip _____ Fax _____
 Type of Business _____ Website _____

2. BUSINESS CONTACT INFORMATION

Principal 1	Principal 2	Principal 3
Name _____	Name _____	Name _____
Business Phone _____	Business Phone _____	Business Phone _____
Cellular Phone _____	Cellular Phone _____	Cellular Phone _____
Fax _____	Fax _____	Fax _____
Email _____	Email _____	Email _____

3. USE OF PROCEEDS

<input type="checkbox"/> Real Estate Purchase	\$ _____	<input type="checkbox"/> Working Capital	\$ _____
<input type="checkbox"/> Construction	\$ _____	<input type="checkbox"/> Business Acquisition	\$ _____
<input type="checkbox"/> Refinance	\$ _____	<input type="checkbox"/> Inventory	\$ _____
<input type="checkbox"/> Equipment Purchase	\$ _____	<input type="checkbox"/> Other:	\$ _____

Briefly Describe Project:

How will this loan change or aid the growth of your business?

What is the source of your cash injection/down payment (i.e., personal accounts, business accounts, etc.)?

4. FOR REAL ESTATE ACQUISITIONS, PLEASE ANSWER THE FOLLOWING

How many square feet is the proposed building? _____ How far is current location to proposed location? _____
 How many square feet is the lot? _____ Will any of it be leased to another occupant? Yes No
 When does your current lease expire? _____ If yes, how many tenants? _____
 How many square feet do you currently occupy? _____ Percentage of space to be leased? _____

5. OTHER BUSINESS OWNERSHIP

We need information for any business concern in which the applicant company (or any of its owners) has 20% or more ownership or controlling interest (includes any situation where an individual has control of the subject business or another concern, despite less than 20% ownership).

Does your company (or any of its owners) have ownership as described above in other companies? Yes No

If yes, give number of businesses: _____

If yes, complete 'INFORMATION ON OTHER BUSINESS OWNED' and a 'BUSINESS DEBT SCHEDULE' for each of these businesses.

1. BUSINESS INFORMATION / LOAN REQUEST

Business Name _____ Current Bank _____
 Date Established _____ Bank Address _____
 C-Corp S-Corp LLC LLP Partnership Sole Prop Bank City/State/Zip _____
 Amount Requested \$ _____ Use of Proceeds _____

2. OWNERSHIP AND OFFICERS

- (A) List all Owners – Percentage of ownership must equal 100%.
 (B) Identify all Officers regardless of ownership – For a Corporation: President, Vice President, Secretary and Treasurer.
 For an LLC: Managing Members and Members. For a Partnership: Managing Partners and General Partners.

Name	Title(s) – see instruction "B" above	% Ownership

3. BUSINESS OVERVIEW

Briefly describe the business, including products and/or services provided.

How many employees do you currently have? _____ How many employees do you expect to have after this loan? _____

Describe customer profile. (Target Market, % Retail, % Wholesale, etc.)

List Key Customers _____ List Key Competitors _____

4. ADDITIONAL QUESTIONS

- a. Are you or any owner delinquent on any business or personal taxes?..... Yes No
 b. Have you or any officer of your company ever been involved in bankruptcy or insolvency proceedings?..... Yes No
 c. Are you or your business involved in any pending lawsuits?..... Yes No
 d. Does any applicant or their spouse or any member of their household, or any one 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 or ACE, any Federal Agency, or the participating lender?..... Yes No
 e. Do you buy from, sell to, or use the services of any concern in which someone in your company has a significant financial interest?..... Yes No
 f. Is this business a franchise? If yes, franchise name _____ Yes No
 g. Does your business presently, or will it as a result of this loan, engage in export trade?..... Yes No
 If yes, total export sales this loan would support \$ _____
 h. Would you like additional information on exporting?..... Yes No
 i. Have you received counseling or training from SBA (e.g., SCORE, ACE, SBDC, WBC, etc)?..... Yes No
 j. Does your company (or any of its owners) have an existing or prior SBA or other government loan?..... Yes No
 If Yes, Name of Agency (i.e., SBA) _____

Original Loan Amount \$ _____ Date of Loan _____ Status: Current Closed (If more, attach additional page.)

Signature _____ Title _____ Date _____

THE FINANCING DESK PERSONAL FINANCIAL STATEMENT

As of _____

This form must be completed by each principal with 20% or more ownership in the Applicant Company and any person providing a guaranty of the loan. **MUST INCLUDE PRINCIPAL & SPOUSE'S INFORMATION & SIGNATURES.**

Name _____ Spouse _____

Include personal assets and liabilities only. Do not include business assets and liabilities on this form.

ASSETS		LIABILITIES			
Cash, Savings, Checking Accounts	\$	Vehicle Loan(s)	Monthly Payment(s)	\$	\$
IRA or Other Retirement Accounts	\$	Unpaid Taxes (Schedule 5)			\$
Stocks & Bonds (Schedule 1)	\$	Loan(s) on Life Insurance (Schedule 2)			\$
Life Insurance-Cash Surrender Value Only (Schedule 2)	\$	Mortgages & Real Estate (Schedule 3)			\$
Real Estate (Schedule 3)	\$	Credit Cards, Notes Payable, etc. (Schedule 4)			\$
Vehicle(s) - Current Value	\$	Other Liabilities (Schedule 5)			\$
Other Assets (Schedule 5)	\$	TOTAL LIABILITIES			\$
TOTAL ASSETS		(Assets minus Liabilities) NET WORTH			\$
		(Liabilities plus Net Worth) TOTAL			\$

SCHEDULE 1: Stocks & Bonds – List individual securities or name of brokerage account. Attach additional sheet if necessary.

# of Shares	Name of Security/Broker Accounts	Current Value	# of Shares	Name of Security/Broker Accounts	Current Value
		\$			\$
		\$			\$

SCHEDULE 2: LIFE INSURANCE – List information for policies with cash surrender value only.

Insured	Insurance Company	Beneficiary	Face Value	Cash Value
			\$	\$
			\$	\$

SCHEDULE 3: REAL ESTATE OWNED – List each parcel separately. Attach additional sheet if necessary.

Type of Property	Property A		Property B		Property C	
	Address					
Date Purchased (mo/yr)						
Original Cost						
Current Market Value						
Mortgage Holder	1 st Mortgage	2 nd Mortgage	1 st Mortgage	2 nd Mortgage	1 st Mortgage	2 nd Mortgage
Mtg Balance or Line Max.						
Monthly Payment						
Status of Mortgage	<input type="checkbox"/> Current <input type="checkbox"/> Past Due	<input type="checkbox"/> Current <input type="checkbox"/> Past Due	<input type="checkbox"/> Current <input type="checkbox"/> Past Due	<input type="checkbox"/> Current <input type="checkbox"/> Past Due	<input type="checkbox"/> Current <input type="checkbox"/> Past Due	<input type="checkbox"/> Current <input type="checkbox"/> Past Due
Receive Rental Income? If yes, give amount.	<input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____/month		<input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____/month		<input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____/month	

SCHEDULE 4: CREDIT CARDS, INSTALLMENT ACCOUNTS & OTHER NOTES PAYABLE – Attach additional sheet if necessary.

Lender	Original Balance	Current Balance	Monthly Payment	Security/Collateral
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	

SCHEDULE 5: OTHER ASSETS AND LIABILITIES

Other Contingent Liabilities and Obligations: _____ Describe Other Assets Listed Above: _____
 Alimony and/or Child Support: No Yes \$ _____/month _____
 Co-Signer on Loan: No Yes Balance \$ _____/month _____
 Other: No Yes Type of Liability: _____ \$ _____/month _____

I authorize SBA/Lender to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above and the 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. (Ref 18 U.S.C. 1001).

Applicant Signature _____ Social Security # _____ Date _____

Spouse Signature _____ Social Security # _____ Date _____

THE FINANCING DESK

PERSONAL PROFILE

This form must be completed by each principle with 20% or more ownership in the Applicant Company and any person providing a guaranty of the loan. INCLUDE APPLICANT & SPOUSE'S INFORMATION & SIGNATURES.

1. APPLICANT				6. SPOUSE					
Name			Married: <input type="checkbox"/> Yes <input type="checkbox"/> No	Name					
Date of Birth		City & State of Birth		Social Security #					
Date of Birth		City & State of Birth		Social Security #					
Address				Lived Here Since: (month/year)					
Address				Lived Here Since: (month/year)					
City		State		Zip					
City		State		Zip					
Previous Address (if current < 10 years)				From To					
Previous Address (if current < 10 years)				From To					
Home Phone:		Business Phone:		Lived There From (month/year):		To:			
Home Phone:		Business Phone:		Lived There From (month/year):		To:			
Number of Dependents (both spouses):				Ages:					
Number of Dependents (both spouses):				Ages:					
2. EDUCATION - APPLICANT				7. EDUCATION - SPOUSE					
Institution/Location				From To					
Institution/Location				From To					
Major:		Degree/Certificate:		Major:		Degree/Certificate:			
Major:		Degree/Certificate:		Major:		Degree/Certificate:			
Institution/Location				From To					
Institution/Location				From To					
Major:		Degree/Certificate:		Major:		Degree/Certificate:			
Major:		Degree/Certificate:		Major:		Degree/Certificate:			
3. WORK EXPERIENCE - APPLICANT				8. WORK EXPERIENCE - SPOUSE					
Company/Location:				Company/Location:					
Company/Location:				Company/Location:					
Position:		From:		To:		Position:			
Position:		From:		To:		Position:			
Duties:				Duties:					
Duties:				Duties:					
Company/Location:				Company/Location:					
Company/Location:				Company/Location:					
Position:		From:		To:		Position:			
Position:		From:		To:		Position:			
Duties:				Duties:					
Duties:				Duties:					
4. VETERAN STATUS - APPLICANT				9. VETERAN STATUS - SPOUSE					
U.S. Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No Branch:				U.S. Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No Branch:					
U.S. Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No Branch:				U.S. Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No Branch:					
From:		To:		Service Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No		From:			
From:		To:		Service Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No		From:			
Honorable Discharge: <input type="checkbox"/> Yes <input type="checkbox"/> No Rank at Discharge:				Honorable Discharge: <input type="checkbox"/> Yes <input type="checkbox"/> No Rank at Discharge:					
Honorable Discharge: <input type="checkbox"/> Yes <input type="checkbox"/> No Rank at Discharge:				Honorable Discharge: <input type="checkbox"/> Yes <input type="checkbox"/> No Rank at Discharge:					
5. ALL QUESTIONS MUST BE ANSWERED						APPLICANT		SPOUSE	
Are you employed by the U.S. Government? If yes, give Agency, Position: _____						<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you a U.S. citizen?						<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If No, are you a Lawful Permanent Alien?						<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
If Yes, give Alien Registration Number(s): _____						<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Are you presently under indictment, or parole or probation?						<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, attach explanation)		<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, attach explanation)	
Are you presently under indictment, or parole or probation?						<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, attach explanation)		<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, attach explanation)	
Have you ever been charged with or arrested for any criminal offense other than a minor motor vehicle violation, including offenses which have been dismissed, discharged, or not prosecuted?						<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, attach explanation)		<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, attach explanation)	
Have you ever been charged with or arrested for any criminal offense other than a minor motor vehicle violation, including offenses which have been dismissed, discharged, or not prosecuted?						<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, attach explanation)		<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, attach explanation)	
Have you ever been convicted, placed on pretrial diversion, or placed on any form of probation including adjudication withheld pending probation, for any criminal offense other than a minor motor vehicle violation?						<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, attach explanation)		<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, attach explanation)	
Have you ever been convicted, placed on pretrial diversion, or placed on any form of probation including adjudication withheld pending probation, for any criminal offense other than a minor motor vehicle violation?						<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, attach explanation)		<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, attach explanation)	
Are you involved in any lawsuit at this time or have you ever filed for personal or business Bankruptcy Protection?						<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, attach explanation)		<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, attach explanation)	
Are you involved in any lawsuit at this time or have you ever filed for personal or business Bankruptcy Protection?						<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, attach explanation)		<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, attach explanation)	
Information for Government Monitoring Purposes: The following information is requested by the Federal Government for certain types of loans in order to monitor the Lender's compliance with equal credit opportunity laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a Lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations this Lender is required to note race and sex on the basis of visual observation or surname. If you do not wish to furnish the above information, please check the box below.									
Applicant: <input type="checkbox"/> I do not wish to furnish this information.		Applicant Race: (one or more boxes may be selected) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White				Applicant Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Non-Latino		Applicant Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	
Spouse: <input type="checkbox"/> I do not wish to furnish this information.		Spouse Race: (one or more boxes may be selected) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White				Spouse Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Non-Latino		Spouse Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	

I certify the information given above is true and complete.

I certify the information given above is true and complete.

Applicant Signature

Date

Spouse Signature

Date

This form is required for any business concern in which the applicant company (or any of its owners) has 20% or more ownership or controlling interest. Information will be needed for any situations in which an individual has control of your business and another concern, even if the ownership of one or both is small.

1. BUSINESS INFORMATION / LOAN REQUEST

Business Name _____ C-Corp S-Corp LLC LLP Partnership Sole Prop

2. OWNERSHIP AND OFFICERS

- (A) List all Owners – Percentage of ownership must equal 100%.
- (B) Identify all Officers regardless of ownership – For a Corporation: President, Vice President, Secretary and Treasurer.
For an LLC: Managing Members and Members. For a Partnership: Managing Partners and General Partners.

Name	Title(s) – see instruction "B" above	% Ownership

NOTE: Total % of Ownership Must Equal 100%

3. BUSINESS OVERVIEW

Briefly describe the business.

How many employees does this company have? _____

Is this business delinquent on any taxes? Yes No

If yes, please provide additional information below. Include attachment if needed.
