

SBA 504 Loan Package

*This application package has been prepared to expedite the SBA loan process as much as possible.
For prompt processing, it will be necessary to fully complete and sign all forms:*

FOR PREQUALIFICATION, ONLY ASTERISK ITEMS 2, 3, 4 & 5 ARE NEEDED IMMEDIATELY

APPLICATION (FORM INCLUDED)

- * **PERSONAL FINANCIAL STATEMENT*** - Form Included
Completed by anyone with 20% or more ownership interest in the business, partnership, corporation's stock, ect. Statements should not be over 45 days old. Copy form as needed. *Please include original signatures*
- * **THREE YEARS FINANCIAL STATEMENTS, PERSONAL & BUSINESS TAX RETURNS***
Income statements, balance sheets and tax returns for the prior three fiscal year ends (two years for any affiliates in which you may own more than 20%) *please include original signatures and date where space allows*. Personal tax returns for each individual defined in #2 above. After photocopying tax returns, resign with blue ink and affix current date.
- * **INTERIM FINANCIAL STATEMENTS***
Not over 45 days old, signed and dated for the Subject business (or any business in which your ownership exceeds 20%). Include any agings of A/R or A/P (Form included if needed). *Please include original signatures*
- * **BUSINESS DEBT SCHEDULE*** - Form Included
This schedule must be dated the same as the Interim Financial Statement requested below and reflect all outstanding liabilities shown on the interim statement. *Please include original signatures*
- HISTORY OF BUSINESS AND BACKGROUND OF MANAGEMENT** - Prior news articles, brochures ect. or use our form with sample questions (three or four paragraphs).
- PERSONAL HISTORY STATEMENT (SBA Form 912)** - Forms Included (please copy blank form if necessary)
To be filled out by each borrower, and or officer of the small business. *Please include original signature*

Please include original signatures where indicated. If you have any questions when completing the attached forms or would like assistance please call (805) 739-1665 and ask for Brian Kearns.

**Coastal Business Finance
APPLICATION FOR SBA 504 LOAN**

COMPANY INFORMATION

Company Name: _____

Address: _____ City _____ State _____ Zip _____

Name of Principal in Charge: _____ Telephone #: _____

Type of Entity (Check One): Corporation _____ Partnership _____ Sole Proprietorship _____

PROJECT INFORMATION

Street Address of Project: _____

City: _____ County: _____ State _____ Zip _____

BORROWING ENTITY

Name of Borrower: _____

Type of Entity: (Select One)

1. _____ Corporation 3. _____ Husband and Wife 5. _____ Limited Liability Co.
2. _____ Partnership 4. _____ Single Principal

Use of Proceeds

Land Acquisition	\$ _____
Land Improvements	\$ _____
Purchase and/or Remodel Building	\$ _____
New Construction	\$ _____
Purchase Machinery and Equipment	\$ _____
Other (contingencies)	\$ _____
Total	\$ _____

EMPLOYEE QUESTIONNAIRE

Number of Existing Employees _____

The number of new employees anticipated as a result of this project within the next two years:

Number of New Employees

Job Type

NEW BUILDING SIZE AND OCCUPANTS

1. What is the square footage of this building?

2. Are there any existing tenants that will remain in the building and/or do you intend to lease out any space?

Yes _____ No _____

If you answered yes to either question, complete the information below.

Tenant

Square Footage

Lease Expires

_____	_____	_____
_____	_____	_____
_____	_____	_____



PERSONAL FINANCIAL STATEMENT

As of _____, _____

U.S SMALL BUSINESS ADMINISTRATION

Complete this form for: (1) each proprietor, or (2) each limited partner who owns 20% or more interest and each general partner, or (3) each stockholder owning 20% or more of voting stock, or (4) 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) \$ _____ Mo. Payments \$ _____
Accounts & Notes Receivable. \$ _____	Installment Account (other). \$ _____ Mo. Payments \$ _____
Life Insurance-Cash Surrender Value Only (Complete Section 8)	Loans on Life Insurance \$ _____
Stocks and Bonds \$ _____ (Describe in Section 3)	Mortgages on Real Estate \$ _____ (Describe in Section 4)
Real Estate \$ _____ (Describe in Section 4)	Unpaid Taxes \$ _____ (Describe in Section 6)
Automobile-Present Value \$ _____	Other Liabilities \$ _____ (Describe in Section 7)
Other Personal Property \$ _____ (Describe in Section 5)	Total Liabilities \$ _____
Other Assets \$ _____ (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 Bank and Others. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed).

Name and Address of Noteholders (s)	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			
Address			
Date Purchased			
Original Cost			
Present Market Value			
Name & Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment per Month/Year			
Status of Mortgage			

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 in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches).

Section 7. Other Liabilities. (Describe in detail).

Section 8. Life Insurance Held. (Give face amount and cash value of policies - name of insurance company and beneficiaries)

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 (Reference 18 U.S.C. 1001).

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 estimate or any other aspect of this information, please contact Chief, Administrative Branch, U.S. Small Business Administration, Washington, 20416, and Clearance Office, Paper Reduction Project (3245-0188), Office of Management and Budget, Washington, D.C. **PLEASE DO NOT SEND FORMS TO OMB.**

HISTORY OF BUSINESS AND MANAGEMENT

1. WHO FOUNDED THE BUSINESS AND WHEN?

2. BRIEFLY DISCUSS YOUR PRODUCT(S) OR SERVICE(S), HOW ITS EVOLVED OVER TIME, AND ANY ADVANTAGE ADVANTAGES BUSINESS ANY ADVANTAGES YOU MAY HOLD OVER THE COMPETITION.

3. HOW DO YOU MARKET YOUR PRODUCT OR SERVICE AND TO WHAT GEOGRAPHICAL AREA?

4. WHEN DID YOU GAIN CONTROL OF THE BUSINESS? BRIEFLY DISCUSS ANY CHANGES THROUGH THE YEARS IN THE CONTROL OR MANAGEMENT OF THE BUSINESS.

5. LIST KEY MANAGEMENT PERSONNEL (NON-OWNERS, IF ANY) AND BRIEFLY DISCUSS THEIR BACKGROUND WITH THE BUSINESS AND ANY RELEVANT PAST EXPERIENCE (DEGREE'S, ECT.) ECT.).



United States of America
SMALL BUSINESS ADMINISTRATION
STATEMENT OF PERSONAL HISTORY

Please Read Carefully - Print or Type

Each member of the small business or the development company requesting assistance must submit this form in TRIPLICATE for filing with the SBA application. This form must be filled out and submitted by:

1. By the proprietor, if a sole proprietorship.
2. By each partner, if a partnership.
3. By each officer, director, and additionally by each holder of 20% or more of the ownership stock, if a corporation, limited liability company, or a development company.

Name and Address of Applicant (Firm Name)(Street, City, State, and ZIP Code)

SBA District/Disaster Area Office

Amount Applied for (when applicable) _____ File No. (if known) _____

1. Personal Statement of: (State name in full, if no middle name, state (NMN), or if initial only, indicate initial.) List all former names used, and dates each name was used. Use separate sheet if necessary.

First _____ Middle _____ Last _____

2. Give the percentage of ownership or stocked owned or to be owned in the small business or the development company _____ Social Security No. _____

3. Date of Birth (Month, day, and year) _____

4. Place of Birth: (City & State or Foreign Country) _____

Name and Address of participating lender or surety co. (when applicable and known)

5. U.S. Citizen? YES NO
 If No, are you a Lawful Permanent resident alien: YES NO
 If non- U.S. citizen provide alien registration number: _____

6. Present residence address:
 From: _____
 To: _____
 Address: _____

Home Telephone No. (Include A/C): _____
 Business Telephone No. (Include A/C): _____

Most recent prior address (omit if over 10 years ago):
 From: _____
 To: _____
 Address: _____

PLEASE SEE REVERSE SIDE FOR EXPLANATION REGARDING DISCLOSURE OF INFORMATION AND THE USES OF SUCH INFORMATION.

IT IS IMPORTANT THAT THE NEXT THREE QUESTIONS BE ANSWERED COMPLETELY. AN ARREST OR CONVICTION RECORD WILL NOT NECESSARILY DISQUALIFY YOU; HOWEVER, AN UNTRUTHFUL ANSWER WILL CAUSE YOUR APPLICATION TO BE DENIED.

IF YOU ANSWER "YES" TO 7, 8, OR 9, FURNISH DETAILS ON A SEPARATE SHEET. INCLUDE DATES, LOCATION, FINES, SENTENCES, WHETHER MISDEMEANOR OR FELONY, DATES OF PAROLE/PROBATION, UNPAID FINES OR PENALTIES, NAME(S) UNDER WHICH CHARGED, AND ANY OTHER PERTINENT INFORMATION.

7. Are you presently under indictment, on parole or probation?
 Yes No (If yes, indicate date parole or probation is to expire.)

8. Have you ever been charged with and or arrested for any criminal offense other than a minor motor vehicle violation? Include offenses which have been dismissed, discharged, or not prosecuted (All arrests and charges must be disclosed and explained on an attached sheet.)
 Yes No

9. 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 vehicle violation?
 Yes No

10. I authorize the Small Business Administration Office of Inspector General to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for programs authorized by the Small Business Act, and the Small Business Investment Act.

CAUTION: Knowingly making a false statement on this form is a violation of Federal law and could result in criminal prosecution, significant civil penalties, and a denial of your loan, surety bond, or other program participation. A false statement is punishable under 18 USC 1001 by imprisonment of not more than five years and/or a fine of not more than \$10,000; under 15 USC 645 by imprisonment of not more than two years and/or a fine of not more than \$5,000; and, if submitted to a Federally insured institution, under 18 USC 1014 by imprisonment of not more than thirty years and/or a fine of not more than \$1,000,000.

Signature _____	Title _____	Date _____
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Agency Use Only

11. Fingerprints Waived _____
 Date _____ Approving Authority _____

Fingerprints Required _____
 Date _____ Approving Authority _____

Date Sent to OIG _____

12. Cleared for Processing _____
 Date _____ Approving Authority _____

13. Request a Character Evaluation _____
 Date _____ Approving Authority _____

(Required whenever 7, 8 or 9 are answered "yes" even if cleared for processing.)

PLEASE NOTE: The estimated burden for completing this form is 15 minutes per response. You are not required to respond to any collection of information unless it displays a currently valid OMB approval number. Comments on the burden should be sent to U.S. Small Business Administration, Chief, AIB, 409 3rd St., S.W., Washington D.C. 20416 and Desk Officer for the Small Business Administration, Office of Management and Budget, New Executive Office Building, Room 10202, Washington, D.C. 20503. OMB Approval 3245-0178. PLEASE DO NOT SEND FORMS TO OMB.

