

LOAN CHECKLIST

The following information must be submitted at the time of application.

1. General information form (please complete pages 1-3).
2. Principal Information form (please complete pages 4-6).
3. If real estate is being purchased, please submit a sales contract with all exhibits, copy of warranty deed and detailed list of personal property.
4. If project includes construction or renovations, please submit: copies of builder's contract or American Institute of Architects (AIA) form; projected construction cost breakdown; statement of builder's qualifications (current and past project list, references, resumes, financials, etc.); and preliminary plans and specifications.
5. Business plan with projections for two years and projected monthly cash flow for the upcoming fiscal year of operations (for all companies in business fewer than two years and for existing businesses when historical data does not show the ability to repay).
6. Operating company tax returns, and accountant or company-prepared balance sheet and profit and loss statement for the previous three years. (If a change of ownership occurred, please provide seller's financial statements for past three years).
7. Current interim financial statement of business (balance sheet and income statement dated less than 60 days old).
8. Aging summary of accounts receivable and accounts payable – must be dated the same date as interim financial statements (Please complete page 7 and/or attach an internally prepared summary).
9. Business Schedule of Liabilities – must be dated the same date as interim financial statements. (Please complete page 8 and/or attach an internally prepared schedule).
10. Affiliate company (if applicable) Fiscal Year End (FYE) financial statements– balance sheet and profit and loss statements and/or complete copies of tax returns for past two years and current interim financial statement of business (balance sheet and income statement dated less than 60 days old).
11. Complete personal tax returns for previous three years on all proprietors, partners and stockholders owning 20 percent or more of voting stock, and all guarantors.
12. Personal financial statements on all proprietors, partners and stockholders owning 20 percent or more of voting stock, and all guarantors must be provided (please complete pages 9-10 and/or submit a suitable substitution).
13. Source of capital injection and/or other equity (copy of recent bank or brokerage statement, for example).
14. Environmental questionnaire to be completed by the seller of the property (please submit pages 11-13).
15. Articles of Incorporation and Bylaws or Partnership Agreement or Limited Liability Company Operating Agreement or Sole Proprietor's Fictitious Name Statement.

GENERAL INFORMATION FORM

Operating Company Name:		
Trade Name (DBA as registered with Div. of Corporations):		
Address:		County:
City:	State:	Zip Code:
Office #:	Fax #:	Mobile #:
Operating Company Tax ID Number:		
E-Mail Address:		
Entity Type: Corporation S Corporation <input type="checkbox"/> Partnership Proprietorship Limited Liability Company or LLP		
Operating Company Start Date:		
Description of Business Activity: <input type="checkbox"/>		
Company Web Address:		
Existing or New Business? Existing New		Is business engaged in exporting? Yes No
Is your company involved in any bankruptcy/insolvency proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have any company officers been involved in bankruptcy/insolvency proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No		
The next six answers are not required. However, the SBA may offer additional benefits for businesses owned 51 percent or more by women, minorities, veterans, or for businesses accomplishing specific public policy goals.		
Veteran-Owned? <input type="checkbox"/> Yes <input type="checkbox"/> No	Woman-Owned? <input type="checkbox"/> Yes <input type="checkbox"/> No	Minority-Owned? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is project located in a community revitalization or redevelopment area? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	Is the project located in an area affected by federal budget cutbacks? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	Will the proceeds be used for plant re-tooling or modernization of manufacturing facilities? <input type="checkbox"/> Yes <input type="checkbox"/> No

COMPANY PRINCIPALS

A principal information sheet should be completed for each individual listed below with 20 percent or greater ownership. Information sheets can be found in the attached forms packet.

Stockholders/Owners:	Title:	Ownership % (must total 100%):

OTHER KEY CORPORATE OFFICERS

Name:	Title:

INFORMATION ON PROPERTY TO BE ACQUIRED

Seller's Name:		
Property Address:		
City:	State:	Zip:
County:	Percentage of building to be occupied by the business _____ %	

ELIGIBLE PASSIVE COMPANY (EPC) INFORMATION

(An eligible passive company is defined as a company created to hold ownership of property or real estate associated with the project.)

Are you planning on forming an EPC? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, go to next section) <input type="checkbox"/> Unsure (please fill in blanks with "To Be Determined" or "TBD")		
EPC Name:	EPC Start Date:	
EPC Ownership Percentage:		
Name:	Title:	Ownership%:

JOB CREATION (please estimate if unsure)

Number of current employees:	Jobs to be created in the next two years:
Number of jobs to be retained due to the project:	

**TOTAL LOAN AMOUNT REQUESTED (not including soft and/or closing costs)
(please estimate if unsure)**

Real Estate (Purchase Price):	\$
Construction/Renovations:	\$
Equipment:	\$
Total:	\$

DESCRIPTION OF PROJECT

(Please describe what the proceeds of the loan will be used for. Attach an additional sheet if necessary)

NARRATIVE HISTORY OF BUSINESS

(Please describe the history of the business, competitive advantages, key customers and major competitors. Use additional sheets if necessary and/or available sales and marketing materials).

As part of this application, I/We understand that McGrover Commercial Capital (MCC) and its authorized agents may make inquiries they deem necessary in evaluating the loan request for the Applicant and Guarantors listed below. The Applicant and Guarantors authorize MCC to undertake the following:

1. Verify at any time any information submitted to MCC by the Applicant, Guarantors, or their representatives or agents on their behalf.
2. Obtain further information concerning the credit standing of the Applicant and Guarantors.
3. Exchange such credit information with other interested parties as MCC deems necessary.

This authorization includes permission to obtain Business and Consumer Credit Reports on the Applicant and Guarantors at any time as deemed necessary by MCC.

APPLICANT NAME

GUARANTOR NAME

GUARANTOR NAME

BY: _____, as

BY: _____, as

BY: _____, as

Title: _____

Guarantor

Guarantor

McGrover Commercial Capital

PRINCIPAL INFORMATION FORMS

(Please list information on all company principals, owners and loan guarantors. Anyone who co-signs for the loan or owns more than 20 percent of stock in the operating company should be listed as a principal. Make additional copies of this blank form if necessary).

Principal 1

First Name:	Full Middle Name:	Last Name:
Aliases or maiden names (If known by more than one name, please give dates)		
1	From: (Mo/Yr)	To: (Mo/Yr)
2	From: (Mo/Yr)	To: (Mo/Yr)
Title:		
Ownership Percentage:		Date of Birth:
Place of Birth:		Social Security Number:
U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, provide resident alien number and a copy of front and back of resident alien card		Home Telephone Number:
Home Address:		From: (Mo./Yr.) To: (Mo./Yr.)
City:	State:	Zip Code:
Prior Home Address (if fewer than 10 years at above):		From: (Mo./Yr.) To: (Mo./Yr.)
City:	State:	Zip Code:
Have you ever been an active member of the U.S. military? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, were you honorably discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No

DISCLOSURES

(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 any of the following three questions, furnish details on a separate sheet (please 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).

Are you presently under indictment, on parole or probation? (If yes, indicate date parole or probation is to expire)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you <u>ever</u> been charged with and or arrested for any criminal offense other than a minor motor vehicle violation? Include offenses that have been dismissed, discharged, or not prosecuted. (All arrests must be disclosed and explained on an attached sheet)	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

[Type text]

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

MANAGEMENT RESUME

Please fill in all spaces. If an item is not applicable, please indicate such. If you would like to submit a different version of your resume, please do so. You may include additional relevant information on a separate exhibit.

Personal information:

Name: _____ SS#: _____

Date of Birth: _____ Place of Birth: _____

Residence Telephone: _____ Business Telephone: _____

Residence Address: _____

From: _____ To: _____ Present Date.

Previous Address: _____

From: _____ To: _____

Spouse's Name: _____ SS#: _____

Are you employed by the U.S. Government? Yes No Agency/Position: _____

Are you a U.S. citizen? Yes No If no, give Alien Registration Number: _____

Education:

High School/College/Technical Name/Location	Dates Attended	Major	Degree/Certificate
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Military Service Background:

Branch of Service: _____ Dates of Service: _____

Work Experience: List chronologically, starting with present employment.

Company Name/Location: _____

From: _____ To: _____

Duties: _____

Company Name/Location: _____

From: _____ To: _____

Duties: _____

Company Name/Location: _____

From: _____ To: _____

Duties: _____

Signature: _____ **Date:** _____

AUTHORIZATION TO RELEASE INFORMATION

I/We hereby authorize the release to McGrover Commercial Capital (MCC) and/or assigns and the U.S. Small Business Administration (SBA) (collectively, "MCC") any and all information MCC and/or assigns may require at any time for any purpose related to our credit application and/or loan transaction with MCC and/or assigns.

I/We hereby authorize MCC to release any and all information and/or data (including but not limited to personal and/or business financial statements, personal and/or business income tax returns, payment and/or credit history) to any entity MCC deems necessary for any purpose related to our credit application/loan transaction with MCC and/or assigns.

I/We hereby acknowledge that all loan approvals will be in writing and subject to the terms and conditions set forth in the Loan Authorization issued by the U.S. Small Business Administration.

Authorized Signature, Title

Date

Authorized Signature, Title

Date

Authorized Signature, Title

Date

Authorized Signature, Title

Date

AGING SUMMARY OF ACCOUNTS RECEIVABLE (A/R) AND ACCOUNTS PAYABLE (A/P)

(A/R and A/P must match interim balance sheet)

If you have your own version of an aging summary, please submit in lieu of this version.

<u>Aging:</u>	<u>Accounts Receivable</u>	<u>Accounts Payable</u>
Under 30 Days	_____	_____
30 – 59 Days	_____	_____
60 – 89 Days	_____	_____
Over 90 Days	_____	_____

A/R Detail:

List any customer concentrations that are **greater than or equal to 10%** of total A/R:

<u>Name:</u>	<u>%</u>	<u>Any Issues (Collection, etc.)?</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List any customers with A/R over 90 days and indicate whether account is collectable:

<u>Name:</u>	<u>Collectable (Y/N)</u>	<u>Extended Terms:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

A/P Detail:

List any A/P over 90 days and indicate whether you have extended terms and list terms:

<u>Name:</u>	<u>Extended Terms (Y/N)</u>	<u>Terms:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Applicant Signature: _____ Date: _____

BUSINESS SCHEDULE OF LIABILITIES

As of _____, 20____.

Existing Debt Obligations. List separately all obligations of the company evidenced by note or capital lease, including drawn-upon lines of credit and vehicle loans or leases. This section requires more detail than that found on any CPA prepared financial statements. It is a critical part of the information we analyze.

Name of Creditor	Original Amount Date	Present Balance	Rate of Interest	Monthly Pmt. (\$)	Other Pmt.	Maturity Date	Collateral
_____	\$	\$	%	\$	\$		
_____	\$	\$	%	\$	\$		
_____	\$	\$	%	\$	\$		
_____	\$	\$	%	\$	\$		
_____	\$	\$	%	\$	\$		
_____	\$	\$	%	\$	\$		
_____	\$	\$	%	\$	\$		
_____	\$	\$	%	\$	\$		
_____	\$	\$	%	\$	\$		
_____	\$	\$	%	\$	\$		
_____	\$	\$	%	\$	\$		

The information contained on this schedule is a supplement to your balance sheet and should balance to the liabilities presented on that form. Please date and match this form to the liabilities listed on your interim balance sheet.

Signature: _____

Title: _____

Date: _____

PERSONAL FINANCIAL STATEMENT

AS OF _____

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 person or entity providing a guaranty on the loan.

Name:	Business Phone:
Residence Address:	Residence Phone:
City, State, & Zip Code:	
Business Name or Applicant/Borrower:	

ASSETS	(Omit Cents)	LIABILITIES	(Omit Cents)
Cash on hand & in Banks.....	\$ _____	Account Payable.....	\$ _____
Savings Accounts.....	\$ _____	Notes Payable to Banks and Others.....	\$ _____
IRA or Other Retirement Account.....	\$ _____	(Describe in Section 2)	
Accounts & Notes Receivable.....	\$ _____	Installment Account (Auto).....	\$ _____
Life Insurance-Cash Surrender Value Only.....	\$ _____	Mo. Payments \$ _____	
(Complete Section 8)		Installment Account (Other).....	\$ _____
Stocks and Bonds.....	\$ _____	Mo. Payments \$ _____	
(Describe in Section 3)		Loan on Life Insurance.....	\$ _____
Real Estate.....	\$ _____	Mortgages on Real Estate.....	\$ _____
(Describe in Section 4)		(Describe in Section 4)	
Automobile-Present Value.....	\$ _____	Unpaid Taxes.....	\$ _____
Other Personal Property.....	\$ _____	(Describe in Section 6)	
(Describe in Section 5)		Other Liabilities.....	\$ _____
Other Assets.....	\$ _____	(Describe in Section 7)	
(Describe in Section 5)	\$ _____		
Total	\$ _____	Total.....	\$ _____
		Net Worth (Assets minus Liabilities).....	\$ _____

Section 1. Source of Income	Contingent Liabilities
Salary.....	\$ _____
Net Investment Income.....	\$ _____
Real Estate Income.....	\$ _____
Other Income (Describe below)*.....	\$ _____
	As Endorser or Co-Maker.....
	\$ _____
	Legal Claims & Judgments.....
	\$ _____
	Provision for Federal Income Tax.....
	\$ _____
	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 towards 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 Noteholder(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 attachment 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 surrender value of policies – name of insurance company and beneficiaries).

I authorize MCC and/or assigns to make inquires 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.

Signature: _____ **Date:** _____ **Social Security Number:** _____

Signature: _____ **Date:** _____ **Social Security Number:** _____

Environmental Questionnaire

Borrower Name: _____

Telephone: _____

Contact Person: _____

Telephone: _____

Person Completing Environmental Questionnaire: _____

Telephone: _____

Questionnaire Completion Date: _____

Property Address: _____

1. Is the subject property presently used as an industrial use facility (including gas stations, manufacturing operations, dry cleaners, printing operations, junkyards, landfills and auto repairs)? No Yes

If yes, please describe

2. Has the subject property ever been used as an industrial use facility (including gas stations, manufacturing operations, diy cleaners, printing operations, junkyards, landfills and auto repairs)? No Yes

If yes, please describe

3. Is the subject property structure a multi-tenant (10+ units) residential dwelling, nursing home or daycare center constructed prior to 1978? If yes. please describe No Yes

4. Is there historical or archeological significance in the subject property? No Yes

5. Is the subject property structure to be significantly renovated or demolished? N/A No Yes

6. Is there Asbestos Containing Material (ACM) in the building materials of the subject property structure? No Yes

7. Is any of the properties on any side of the subject property presently used as an industrial use facility (including gas stations, manufacturing operations, dry cleaners, printing operations, junkyards, landfills and auto repairs)? If yes, please describe: No Yes

North: _____

South: _____

East: _____

West: _____

[Type text]

(If a road/street abuts any side of the subject property, please identify the land use beyond the road/street)

- | | | |
|---|----|-----|
| 8. Have any of the properties on any side of the subject property ever been used as an industrial use facility (including gas stations, manufacturing operations, dry cleaners, printing operations, junkyards, landfills and auto repairs)? If yes, please describe: | No | Yes |
| <hr/> <hr/> | | |
| 9. Are there any transformers or other stationary hydraulic equipment on the subject property which are owned by the property owner? | No | Yes |
| 10. Are there underground storage tanks (UST's) currently on the subject property? If yes, attach copies of the registration, spill insurance certificate, recent tank and line tightness test results (within last six months) and verification that UST's meet all current compliance requirements. | No | Yes |
| 11. Have UST's ever been removed from the subject property or abandoned in place? If yes, state the year removed and attach a copy of all removal documents and the "No Further Action" letter issued by the State Fire Marshall's Office. | No | Yes |
| 12. Are there currently or have there ever been any fill pipes, vent pipes or access ways protruding from the ground on the subject property that would indicate the presence of a UST or former UST/ | No | Yes |
| 13. Are there above ground storage tanks (AST's) without secondary containment on the subject property? | No | Yes |
| 14. Is the subject property registered with the EPA regarding any permits or for hazardous waste generation, treatment, storage or disposal? If yes, attach a copy of permit, registration, and/or ID. # respectively. | No | Yes |
| 15. Is any hazardous waste including petroleum products currently being treated or dispensed at the subject property? If yes, describe the type and method of treatment, storage and/or disposal. | No | Yes |
| <hr/> <hr/> | | |
| 16. Is any hazardous waste including petroleum products currently being disposed of off-site? If yes, attach a copy of the most recent waste manifest for the disposed waste. | No | Yes |
| 17. Has any hazardous waste including petroleum products ever been disposed of on or off-site? If yes, attach a copy of the most recent manifest and the borrower's Hazardous Waste T.D.# and describe waste(s) disposed of. | No | Yes |
| <hr/> <hr/> | | |
| 18. Are there any present/past enforcement actions by a regulatory agency for the subject property? If yes, describe: | No | Yes |
| <hr/> <hr/> | | |

- | | | |
|---|----|-----|
| 19. Are there any existing environmental liens, lawsuits, administrative actions or environmental easements Associated with the use of the subject property? If yes, describe: | No | Yes |
| _____ | | |
| _____ | | |
| 20. Are there now or have there ever been pits, ponds or lagoons used for dumping wastes located on the subject property? If yes, describe: | No | Yes |
| _____ | | |
| _____ | | |
| 21. Are there any groundwater monitoring wells (for groundwater contamination) located on the subject property? If yes, state how many and describe their purpose: | No | Yes |
| _____ | | |
| _____ | | |
| 22. Does the subject property discharge waste (or wastewater) to an on-site sewer, on-site septic system, ditch or other waterway? If yes, state the nature of the discharge and attach a copy of the permit. | No | Yes |
| 23. Are there any outstanding Fire and/or Health Department violations for the subject property? If yes, describe: | No | Yes |
| _____ | | |
| _____ | | |
| 24. Does the subject property have any Wetlands? | No | Yes |
| 25. Is the subject property or portion thereof used for agriculture? | No | Yes |

Visual Inspection:

- | | | |
|--|----|-----|
| 1. Is there any evidence that chemicals are used in the operation of the facility? | No | Yes |
| _____ | | |
| 2. Are there any discarded chemical containers on the property? | No | Yes |
| _____ | | |
| 3. Are there any waste piles of any type (ask about buried waste and the presence of underground storage tanks)? | No | Yes |
| _____ | | |
| 4. Is there any evidence of distressed vegetation of non-vegetative areas? | No | Yes |
| _____ | | |
| 5. Is there evidence of oily films on standing water? | No | Yes |
| _____ | | |
| 6. Is there evidence of any discolored soils? | No | Yes |
| _____ | | |
| 7. Are there any unusual odors? | No | Yes |
| _____ | | |

Person Completing Questionnaire: _____ Property Owner _____

PREVIOUS GOVERNMENTAL LOANS

Governmental Loans are VA loans, SBA Loans, Student Loans, Hurricane/Emergency Loans, etc.

If you have had no Previous Governmental Loans for either yourself or your business please mark NO below and sign/date this form.

If you have had Previous Governmental Loans for either yourself or your business please mark YES below, complete the data section, then sign/date this form.

NO, I have had no Governmental Loans.

YES, I have had Governmental Loans as listed below.

_____ / ____ / 200__
signature *date*

LENDER NAME	...LOAN NUMBER	...ORGIN.	AMOUNT	...CURRENT BALANCE	...PAYMENT AMOUNT	...CURRENT STATUS(PA m.cuRRE NT,PASt DUE)

AFFILIATED COMPANY INFORMATION


If the borrower/applicant has more than twenty percent (20%) ownership in any affiliated companies, FFCFC will need the this form completed and returned, along with the affiliated company's last three (3) years tax returns (all schedules) and an current interim financial statement (P&L plus Balance Sheet).

AFFILIATED COMPANY NAME	OWNER NAME	OWNERSHIP PERCENTAGE	TANGIBLE NET WORTH OF AFFILIATED COMPANY	TWO (2) YEAR AVERAGE NET INCOME
1.		%	\$	\$
2.		%	\$	\$
3.		%	\$	\$
4.		%	\$	\$
5.		%	\$	\$
6.		%	\$	\$

Borrower Signature

Borrower

date- / / 20__

 <p>United States of America SMALL BUSINESS ADMINISTRATION STATEMENT OF PERSONAL HISTORY</p>	<p style="text-align: center;">Please Read Carefully - Print or Type</p> <p>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:</p> <ol style="list-style-type: none"> 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.
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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.	2. Give the percentage of ownership or stocked owned or to be owned in the small business or the development company	Social Security No.			
<table style="width:100%; border: none;"> <tr> <td style="width:33%;">First</td> <td style="width:33%;">Middle</td> <td style="width:33%;">Last</td> </tr> </table>	First	Middle	Last	3. Date of Birth (Month, day, and year)	
First	Middle	Last			
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 <input type="checkbox"/> NO <input type="checkbox"/>
	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:
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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 6, 7, OR 8, 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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.) <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Fingerprints Waived _____ Date _____ Approving Authority <input type="checkbox"/> Fingerprints Required _____ Authority Date Sent to OIG _____	12. Cleared <input type="checkbox"/> for Processing _____ Date _____ Approving Authority 13. <input type="checkbox"/> Request a Character Evaluation _____ Date _____ Approving Authority Date Approving (Required whenever 7, 8 or 9 are answered "yes" even if cleared for processing.)
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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.**



NOTICES REQUIRED BY LAW

The following is a brief summary of the laws applicable to this solicitation of information.

Paperwork Reduction Act (44 U.S.C. Chapter 35)

SBA is collecting the information on this form to make a character and credit eligibility decision to fund or deny you a loan or other form of assistance. The information is required in order for SBA to have sufficient information to determine whether to provide you with the requested assistance. The information collected may be checked against criminal history indices of the Federal Bureau of Investigation.

Privacy Act (5 U.S.C. § 552a)

Any person can request to see or get copies of any personal information that SBA has in his or her file, when that file is retrievable by individual identifiers, such as name or social security numbers. Requests for information about another party may be denied unless SBA has the written permission of the individual to release the information to the requestor or unless the information is subject to disclosure under the Freedom of Information Act.

Under the provisions of the Privacy Act, you are not required to provide your social security number. Failure to provide your social security number may not affect any right, benefit or privilege to which you are entitled. Disclosures of name and other personal identifiers are, however, required for a benefit, as SBA requires an individual seeking assistance from SBA to provide it with sufficient information for it to make a character determination. In determining whether an individual is of good character, SBA considers the person's integrity, candor, and disposition toward criminal actions. In making loans pursuant to section 7(a)(6) the Small Business Act (the Act), 15 USC § 636 (a)(6), SBA is required to have reasonable assurance that the loan is of sound value and will be repaid or that it is in the best interest of the Government to grant the assistance requested. Additionally, SBA is specifically authorized to verify your criminal history, or lack thereof, pursuant to section 7(a)(1)(B), 15 USC § 636(a)(1)(B). Further, for all forms of assistance, SBA is authorized to make all investigations necessary to ensure that a person has not engaged in acts that violate or will violate the Act or the Small Business Investment Act, 15 USC §§ 634(b)(11) and 687b(a). For these purposes, you are asked to voluntarily provide your social security number to assist SBA in making a character determination and to distinguish you from other individuals with the same or similar name or other personal identifier.

When this information indicates a violation or potential violation of law, whether civil, criminal, or administrative in nature, SBA may refer it to the appropriate agency, whether Federal, State, local, or foreign, charged with responsibility for or otherwise involved in investigation, prosecution, enforcement or prevention of such violations. See 56 Fed. Reg. 8020 (1991) for other published routine uses.

Existing Business Assumptions:

Revenues/Income:

1. What is the basis for your change in monthly/annual revenue figures?
 - a. Are you operating at capacity? If so, how much additional revenue are you attributing to the added space? How many additional patients will this account for?
 - b. Are you expanding your workforce significantly? If so, how much additional revenue are you attributing to the addition workforce? How many new employees will help generate these additional revenues?

Expenses:

1. Please explain the basis for any addition, deletion, or significant changes in fixed monthly costs?
 - a. Owner Salary:
 - b. Employee Salaries (if you are adding additional employees, please make sure to include this increase in your projections):
 - c. Taxes (including payroll and real estate taxes):
 - d. Licenses:
 - e. Insurance (building, health, workman's comp., life, etc.):
 - f. Interest (on existing and new loans/leases):
 - g. Utilities (electric, water, cable, trash, etc.):
 - h. Telephone:
 - i. Equipment Rental:
 - j. Other:

2. Please explain the basis for any significant changes in your variable monthly expenses?
 - a. Advertising:
 - b. Repairs & Maintenance:
 - c. Professional Fees (Legal & Accounting):
 - d. Travel Expense:
 - e. Vehicle Expense:
 - f. Office Expense:
 - g. Materials & Supplies:
 - h. Credit Card Expense:
 - i. Merchant/Credit Card Fees:
 - j. Other:

Note: This is a broad range of fixed and variable expense categories and some categories may not apply to your business. Please mark "N/A" next to those that do not apply. Also, please add any significant category that is not listed above that is pertinent to your business.

Other:

1. Will you need any additional loans to successfully expand your business? If so, how much money do you need and for what purpose? Have you spoken to a lender about additional financing? What are your anticipated terms (length of loan) and conditions (interest rate, interest-only loan, fixed rate loan, etc)?

Assumptions:

Revenues/Income:

1. What is the basis for your monthly/annual revenue figures?
 - a. Example (Restaurant): Number of days you will be open, average price per meal, average # of meals served per day, hours of operation.
 - b. Example (Daycare): Number of children per age group, weekly income per child per age group, number of days you will be open, hours of operation, revenue from additional services (including what additional services will be offered).
 - c. Example (Hotel): Number of rooms, average daily rate (ADR), anticipated daily occupancy %, revenue from additional services (including what additional services will be offered). What is your competition's ADR and occupancy?
 - d. Example (Manufacturer): What products will your business be manufacturing each month? What is the average number of products manufactured per month? Will your company be selling your product wholesale or retail or both (if both, please provide % for each)? Will there be a discount for selling wholesale? If so, how much? What is your product mix (i.e. % of each type or product line sold)? What is the anticipated average number of each type of product sold per month?
 - e. Example (Retailer/Distributor): Will your business be catering to a specific market? If so, what markets? What is your anticipated monthly traffic count (number of persons you expect to serve)? What is the anticipated average income per person? If your business is product specific, what products will you sell and at what price? What is your product mix (i.e. % of each type or product line sold)? What is the anticipated average number of each type of product sold per month? Do you have exclusive distribution rights for your geographic area? What other sources of income related to sales will you have (i.e. repair, refills, warranty fees, servicing income, activation fees or monthly user fees)?
 - f. Example (Professional Offices): How many clients do you expect to receive on average per month? What is the anticipated average income per client? Do you anticipate any "other" income per month outside of client revenues (i.e. consulting, etc.)? If so, how much?
 - Medical offices: Are based upon insurance billings, will there be a delay in receipt of income and will there be a discount in the amount of billings collected? Provide detail list of services provided to patients and average cost per each service provided. How many patients do you expect to receive the first week? First month? Do you expect this number to grow during the first two years? By how many?
 - Legal practices: Are your revenues based upon contingency? What is your average collection time for receipt of income? Will you also have a fixed income stream from other services provided? If so, how much and from what source? What would be the average retainer per client? Will there be a fixed fee or will fee income be based on a percentage of amounts collected for client?
 - Other professional offices: Please note any anticipated variations in revenue receipt? For example, will you bill for services and, if so, will there be a delay in receipt of revenue? Will you offer any discounts for payment at time service is rendered?

2. Are you expecting a constant revenue stream (revenue \$'s remaining the same each month) or is your business seasonal?
3. If your business is seasonal, what months are you expecting your highest revenues? The lowest? Will you need additional funds during your "off season" to cover fixed expenses? If so, please provide source of funds or terms and conditions for a Line of Credit (LOC).
4. Every new business requires operating capital (also known as working capital) until the business can sustain its own operations. How much operating capital do you anticipate the business will need to meet payroll and other fixed expenses until it stabilizes? What is the source of this operating capital?
5. Will your business have any competition locally (within a 5 mile radius)? If so, how do you plan to compete? What do estimate your competition's monthly income at? How long has your competition been in business?

Expenses:

1. To achieve your revenue goals, what size building do you need (square footage)? How many employees? Will you need to gradually add employees? If so, at what rate (how many per month)?
2. Do you need to purchase start-up inventory? If so, what is the anticipated cost and what funds do you plan to utilize for this expense?
3. Does your industry have Cost of Goods Sold (COGS)? If so, what is your anticipated monthly COGS and what is it comprised of (some common examples are: labor, purchases, depreciation):
4. What are your fixed monthly costs?
 - a. Owner Salary:
 - b. Employee Salaries (detail breakdown of salary expense: management, administrative staff, professional staff, etc.):
 - c. Taxes (including payroll and real estate taxes):
 - d. Licenses:
 - e. Insurance:
 - f. Interest:
 - g. Utilities:
 - h. Telephone:
 - i. Equipment Rental:
 - j. Rent:
 - k. Other:
 - **Note: FOR THE FIXED AND VARIABLE EXPENSES – These are broad ranges of expense categories and some categories may not apply to your business. Please mark "N/A" next to those that do not apply. Also, please add any significant category that is not listed above that is pertinent to your business.**
5. Have you obtained quotes for your fixed expenses? If not, what is the basis for your fixed expenses?
6. What are your variable monthly expenses?
 - a. Advertising:
 - b. Repairs & Maintenance:
 - c. Professional Fees (Legal & Accounting):
 - d. Travel Expense:
 - e. Vehicle Expense:
 - f. Office Expense:
 - g. Materials & Supplies:

- h. Merchant Fees/Credit Card Expense:
- i. Royalty/Franchise Fees:
- j. Bad Debt Expense:
- k. Other:

7. What is the basis for your variable expenses?
8. Will you need to replace equipment frequently such as computers, office equipment, vehicles, etc.? Have you built a reserve into your monthly expenses to help accumulate the necessary replacement costs? If so, how much?

Other:

1. Will you need any additional loans to successfully start your business? If so, how much money do you need and for what purpose? Have you spoken to a lender about additional financing? What are your anticipated terms (length of loan) and conditions (interest rate, interest-only loan, fixed rate loan, etc)?
2. If you are constructing a building or renovating a building, have you planned for potential cost overruns?
 - A 10% building contingency is built into every project for such costs, but above and beyond that can be the responsibility of the borrower and inclusion of these additional costs are done on a case-by-case basis.

If you need additional funds, what sources do you have for such funds (Examples: Home-Equity Loan, Retirement Funds, Family Gift)?

3. What is the source of your equity requirement (Cash, Home-Equity Loan, Retirement Funds, Family Gift, Seller Note)? If a loan, terms and conditions of the loan (length of time for the loan along with the interest rate) must be provided. If a seller loan, the loan must have a term of 20 years (no balloons) and the interest rate must be provided.

ESTIMATED PROJECTION FOR THREE YEAR'S EARNINGS

	FIRST YEAR		SECOND YEAR		THIRD YEAR	
	Estimates	% of Gross Receipts	Estimates	% of Gross Receipts	Estimates	% of Gross Receipts
INCOME						
Total Sales						
Net Sales						
Cost of Goods Sold						
Gross Profit						
EXPENSES						
Owner's Salaries						
Salaries & Compensation						
Payroll Taxes						
Repairs & Maintenance						
Bad Debt Expense						
Rent						
Taxes & Licenses						
Depreciation						
Advertising						
Pension, Profit Sharing, etc.						
Employee Benefit Program						
Insurance						
Supplies						
Telephone						
Utilities						
Accounting & Legal						
Travel & Entertainment						
Dues and Subscriptions						
Miscellaneous						
Other:						
Other:						
Other:						
Interest						
Total Operating Expense						
Profit Before Taxes						
Income Taxes						
Net Profit After Taxes						

ASSUMPTIONS:

Growth is projected annually at
 Taxes are calculated at the rate of
 Ending cash balance is reinvested into firm.