

BUSINESS LOAN CHECKLIST

Items Required for Underwriting – Borrower to Provide

General Information

- Business Loan Application (signed and dated)
- Business and Strategic Plan (*if Applicable*)

Principals/Guarantors

- Personal Financial Statement (must be current within 90 days and signed and dated)
- Personal Tax Returns (previous 2 years and copy of extension if applicable)
- 4506-T Tax Verification Form (*if Applicable*)

Operating Company (Borrowing Business)

- Business Balance Sheet and Income Statement for the last two years plus Interim Financial Statement for Current Year (current within 90 days and signed and dated)
- Cash Flow Statement
- Trend Analysis and Projections
- Bank Statement for Operating Accounts (*must be current within 90 days*)
- Business Tax Returns (previous 3 years and copy of extension if applicable)
- Complete Business Debt Schedule: list all business debt that reconciles to the interim balance sheet (*must be current within 90 days and signed and dated*)
- 4506-T Tax Verification Form (*if Applicable*)
- Business License and Entity Documents (Corporation =Articles of Incorporation, Bylaws, Current Business License and Certificate of Incorporation; Limited Liability Company = Articles of Organization and Operating Agreement; Partnership = Partnership Agreement; Sole Proprietorship = Fictitious Name Filing)
- Real Estate Purchase Contract 'REPC' (*if Applicable*)
- Current Rent Roll (*if Applicable*)
- Copies of leases for all tenants (*if Applicable*)
- Property Management Company Information (*if Applicable*)
- Collateral and Equity Documents (if Applicable)
- Bank turn down letter demonstrating that credit is not otherwise available

Additional Items That May Be Required – Borrower to Provide

If Business Has Affiliates (required if any principal/guarantor owns 25% or more or has controlling interest in another business. Provide for each affiliate)

- Business Balance Sheet and Income Statement (current within 90 days and signed and dated)
- A/R and A/P Aging Reports (if Applicable) (current within 90 days and signed and dated)
- Business Tax Returns (previous 2 years and copy of extension if applicable)
- Complete Business Debt Schedule: list all business debt that reconciles to the interim balance sheet (*must be current within 90 days and signed and dated*)
- Business Entity Documents

 (Corporation = Articles of Incorporation, Bylaws, Current Business License and Certificate of Incorporation; Limited Liability Company =
 Articles of Organization and Operating Agreement; Partnership = Partnership Agreement; Sole Proprietorship = Fictitious Name Filing)

If Purchasing Assets

- Invoices (for purchase of equipment, inventory, fixtures, furniture, machinery, etc.)
- Purchase Agreement (if loan is to be used to purchase real estate, personal property or a business acquisition)

If Loan Will Be Used For Construction

- Cost Breakdown / Construction Budget
- Construction Contract and Contractor / Builder Background and Financials

Items – Lender to Obtain

- Personal Credit Reports (current within 90 days of application)
- Site Inspection Report
- Appraisal Report (if available at time of underwriting submission)
- Business Credit Reports (current within 90 days of application)

* This list may not be all-inclusive. Additional items may be required as the information is reviewed and analyzed.

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BUSINESS LOAN APPLICATION

I.GENERAL BUSINESS INFORMATION	
Borrower Name:	Federal Tax ID# (EIN):
DBA Name:	Web Address:
Business Physical Address (No. P.O. Boxes):	Mailing Address (if different):
Street	Street
City State ZIP	City State ZIP
Business Phone: ()	Business Fax: ()
Industry Type DWholesale DConstruction	Number of Employees: Before loan After Loan
(mark only one):	
Describe the primary nature of your business and its products or services:	
Date the business was established: Curren Is this business the subject of and Federal State or local citations (including proba	t owners since:
preclude it from normal busines operations?	\Box Yes ² \Box No
Does the borrower or a principal of the borrower have controlling interest, as an	owner, principal, partner, or manager
in any other business?	\Box Yes ³ \Box No
Does the borrower or a principal of the borrower have any outstanding SBA loans	s? □ Yes ⁴ □ No
Is this business a franchise?	🗆 Yes 🗆 No
Is this business for profit?	🗆 Yes 🛛 No

Is this business for profit?

Does this business restrict patronage? Describe the purpose of this loan and how it will benefit your business and the community: _

II.USE OF LOAN PROCEEDS The following section relates to your planned use for the funds from this loan request

Please be as accurate as specific as	possible in breaking out antic	ipated expenditures by category

□ Yes

🗆 No

Project Items		Project Cost
Land & Building Acquisition		\$
Land Acquisition		\$
Building Construction / Improvement (Hard Costs)		\$
Building Construction / Improvement (Soft Costs)		\$
Debt Refinance (Complete section III below)		\$
Business Acquisition (List of assets & purchase agreement required)		\$
Machinery / Equipment Acquisition		\$
Inventory		\$
Furniture		\$
Fixtures		\$
Working Capital		\$
Other (Describe):		\$
	Total Project Cost:	\$
Common of Tailortions	Less Borrower's Injection:	\$
Source of Injection:	Total Loan Request:	\$

III. FOR DEBT REFINANCE

A copy of all promissory notes and commercial security agreements, with per diem payoff quotes are required (attach additional sheets if more space is required)

Creditor Name	Outstanding Balance	Monthly Payment	Interest Rate	Loan Maturity (Month/Year)
	\$	\$	%	
	\$	\$	%	
	\$	\$	%	
	\$	\$	%	
	\$	\$	%	

IV. CONFLICT OF INTEREST

Email Address: _

Please provide a detailed written explanation for each affirmative response (Explanations must be attached on a separate sheet)

Is the borrower or a principal of the borrower immediately related to any or an employee of any of the following?

- A. Lending organization or its affiliates?
- B. **U.S. Small Business Administration**
- C. Small Business Administration Associates, Community Organizations or Programs?

D.	Member of the United States military with a rank of Major, Lieutenant Commander, or higher?	□ Yes	🗆 No
E.	Federal employee with a GS-13 clearance level or higher?	□ Yes	🗆 No

- E. Federal employee with a GS-13 clearance level or higher?
- F. Federal Senate or House of Representatives?
- G. Appointed officials of: Federal Judiciary, Senate or House of Representatives?

V. GENERAL PRINCIPAL INFORMATION

Owner(s), General Partner(s), Managing Member(s), or Official(s) Any Person(s) with 20% or more ownership in the borrower must be listed

□ Yes

□ Yes

□ Yes

□ Yes

□ Yes

□ No

🗆 No

🗆 No

🗆 No

🗆 No

🗆 No

1) First Name:			
SSN: Date of Birth:	Title: Ownership %:		
Residence Physical Address (No. P.O. Boxes):			
Street		\Box Yes \Box No ⁵	
City State ZIP	Are you a veteran of the United States Armed Forces?	□ Yes ⁶ □ No	
Residence Phone: ()	Have you ever declare bankruptcy?	□ Yes ⁷ □ No	
Mobile Phone: ()	Are you currently involved in any lawsuits/litigations?	□ Yes ⁷ □ No	
Monthly child support/alimony payment: \$	Are you past due on any tax obligations?	□ Yes ⁷ □ No	
Email Address:	Have you ever defaulted on any Federally assisted loan?	□ Yes ⁷ □ No	
2) First Name:	M.I.: Last Name:		
SSN: Date of Birth:		ыр %:	
Residence Physical Address (No. P.O. Boxes):		•	
Street	Are you a United States Citizen?	□ Yes □ No ⁵	
City State ZIP	Are you a veteran of the United States Armed Forces?	□ Yes ⁶ □ No	
Residence Phone: ()	Have you ever declare bankruptcy?	□ Yes ⁷ □ No	
Mobile Phone: ()	Are you currently involved in any lawsuits/litigations?	□ Yes ⁷ □ No	
Monthly child support/alimony payment: \$	Are you past due on any tax obligations?	□ Yes ⁷ □ No	
Email Address:	Have you ever defaulted on any Federally assisted loan?	□ Yes ⁷ □ No	
2) Einet Name	M.L. Last Name		
3) First Name: Date of Birth:		hip %:	
Residence Physical Address (No. P.O. Boxes):	Owners	mh \0.	
Street	Are you a United States Citizen?	□ Yes □ No ⁵	
CityStateZIP	•	□ Yes ⁶ □ No	
Residence Phone: ()	Have you ever declare bankruptcy?	\Box Yes ⁷ \Box No	
Mobile Phone: ()	Are you currently involved in any lawsuits/litigations?	\Box Yes ⁷ \Box No	
Monthly child support/alimony payment: \$	Are you past due on any tax obligations?	$\Box Yes^7 \Box No$	
Monthly child support anniony payment. \$	Are you past due on any tax obligations:		

Have you ever defaulted on any Federally assisted loan? □ Yes⁷

VI. MANAGEMENT RESUME

All items must be completes, if an item is not applicable, please so indicate (attach additional sheets if more space is required)

Legal Name: Residence Physical Address (No. P.O. Boxes):		Previous Residence Address:		
Street		Street		
City State	ZIP	City	State ZIP	
Residence Phone: ()		Lived there from:	to:	
A. EDUCATION			College or Technical Training (list most recent degree first)	
Name of Institution:		_		
Location: Dates Attended: from:	to:	-		
Name of Institution:		_		
Location:		Degree/Certificate:		
Name of Institution: Location:				
	to:	0		
C. WORK EXPERIENCE		short narrative of duties and respo		
C. WORK EXPERIENCE		short narrative of duties and respo mployer first) (attach additional sheets		
Name of Company:	(list most recent e	mployer first) (attach additional sheet: Loca	s if more space is required)	
	(list most recent e	mployer first) (attach additional sheet: Loca	s if more space is required)	
Name of Company:	(list most recent e	mployer first) (attach additional sheet: Loca	s if more space is required)	
Name of Company: Dates Employed: from: Duties: 	(list most recent e	mployer first) (attach additional sheet: Loca Position / 7	s if more space is required) tion: Fitle:	
Name of Company: Dates Employed: from:	(list most recent e	mployer first) (attach additional sheets Loca Position / 7 Loca Loca	tion: tion:	
Name of Company: Dates Employed: from: Duties: Name of Company: Dates Employed: from: Duties:	(list most recent e	Imployer first) (attach additional sheets Loca Position / 1 Loca Loca Position / 1 Loca Position / 1 Loca Position / 1 Loca Position / 1	s if more space is required) tion:	
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Name of Company: Dates Employed: from: Duties: Name of Company: Dates Employed: from: Duties:	(list most recent e	mployer first) (attach additional sheets Loca Position / 7 Loca Loca Loca Loca Loca Loca Loca Loca Loca	s if more space is required) tion:	

VI. MANAGEMENT RESUME

All items must be completes, if an item is not applicable, please so indicate (attach additional sheets if more space is required)

Legal Name:			
Residence Physical Address (No. P.O. Box	<u>tes):</u>	Previous Residence Addr	ess:
Street		Street	
City State	ZIP	City	State ZIP
Residence Phone: ()		Lived there from:	to:
A. EDUCATION			College or Technical Training (list most recent degree first)
Name of Institution:			
Location:		-	
Dates Attended: from:	to:	Major:	
Name of Institution:			
Location:		Degree/Certificate:	
	to:		
Name of Institution:			
Location:		Degree/Certificate:	
	to:	5	
B. SKILLS	riease provide a s	(attach additional sheets if more sp	the primary industry of your business bace is required)
B. SKILLS			
	Please provide a s		pace is required)
B. SKILLS	Please provide a s (list most recent em	(attach additional sheets if more sp (attach additional sheets if more sp (attach additional sheet) (attach additional sheet)	pace is required)
C. WORK EXPERIENCE	Please provide a s (list most recent em	(attach additional sheets if more sp (attach additional sheets if more sp (attach additional sheets) (attach additional sheets) (attach additional sheets) (attach additional sheets)	onsibilities as assigned ts if more space is required)
C. WORK EXPERIENCE	Please provide a s (list most recent emto:	(attach additional sheets if more sp (attach additional sheets if more sp (attach additional sheet) (attach additional she	onsibilities as assigned ts if more space is required) ation:
C. WORK EXPERIENCE Name of Company: Dates Employed: from: Duties:	Please provide a s (list most recent em	(attach additional sheets if more spectrum) hort narrative of duties and respective ployer first) (attach additional sheet ployer first) (attach additing additional sheet ployer first) (attach additional sheet pl	onsibilities as assigned ts if more space is required) ation:
C. WORK EXPERIENCE Name of Company: Dates Employed: from: Duties: Name of Company:	Please provide a s (list most recent emto:	(attach additional sheets if more sp hort narrative of duties and resp ployer first) (attach additional shee Loc Position /	pace is required)
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C. WORK EXPERIENCE Name of Company: Dates Employed: from: Duties: Name of Company: Dates Employed: from: Duties:	Please provide a s (list most recent em to:tto:_tto:_tto:tto:_tto:_tto:tto:_tto:tto:tto:tto:ttto:ttot:_ttot:_tto:_ttot:_t	(attach additional sheets if more spectrum) hort narrative of duties and respective ployer first) (attach additional sheet ployer first) (attach additing additional sheet ployer first) (attach additional sheet pl	pace is required)

VI. MANAGEMENT RESUME All items must be completes, if an item is not applicable, please so indicate (attach additional sheets if more space is required)				
Legal Name:				
Residence Phone: ()	Lived there from: to:			
A. EDUCATION	College or Technical Training (list most recent degree first)			
Name of Institution: Location: Dates Attended: from: to:	Degree/Certificate: Major:			
Name of Institution: Location: Dates Attended: from: to: Name of Institution:	Degree/Certificate: Major:			
Location: Dates Attended: from: to:	Degree/Certificate:			
B. SKILLS Please p	provide a short narrative of skills related to the primary industry of your business (attach additional sheets if more space is required)			
	provide a short narrative of duties and responsibilities as assigned t recent employer first) (attach additional sheets if more space is required)			
Name of Company: to: to: to: to: to: to: to:	Location: Position / Title:			
Name of Company:	Position / Title:			
Name of Company: Dates Employed: from: to: Duties:	Position / Title:			

VII. BUSINESS HISTORY	Please p		ve for each of the business eler tional sheets if more space is rea		
Include any broch	ures, advertising r	naterials, web pages, o	or printed history of the busin	ess is available	
A. PRODUCTS OR SERVICES If a manufacturer, describe the products you plan to make. If a retailer, discuss the various types of goods to be sold. If a service business, describe the services offered (attach additional sheets if more space is required)					
B. SALES / MARKETING AC	TIVITY				
To whom are your products / services List your key customers:	sold?	□ Retailers	□ Wholesaler	☐ The General Public	
How are your sales made?					
Who are your suppliers & what are th	neir credit sales ter	rms?			
How do you determine the price of yo	ur products / serv	ices?			
How will or do you advertise and wha	t promotional acti	ivities will you or do yo	ou conduct to generate sales?		
Incl	ude the advanta proximate distar	ge your business wil 1ce of your competit	ng and listing all of your m l have or has over our com ors from your present / pro if more space is required)	petitor and the	

D. LOCATION	your business is o location. If this is	r will be located a new business,	, including all advan	nd the customer base in which ntages and disadvantages of the eed for the business in the area
E. FACILITIES			our building, includi	rative describing the type and ng any needed improvements ets if more space is required)
F. AGING OF ACCOUNTS	a	accounts payable	e. It is important than the businesses curr	ccounts receivable and at the accounts aging report rent balance sheet ets if more space is required)
Standard Terms Received on Account:				
Standard Terms Offered on Account:				
Standard Terms Offered or Received:				
G. COLLATERAL		o be pledged as	detailed description security for this loar dditional sheets if more	a of all collateral items that are n request space is required)
Description	Year Acquired	Market Value	Lien Amount	Lien Holder

VIII. AUTHORIZED SIGNATURES AND CERTIFICATION

Each person signing below certifies that such person is at least eighteen (18) years of age, and is an owner, shareholder, officer, director, member, manager, or partner of the Borrower with the Authority to bind the Borrower to the terms of any promissory notes or other similar instruments. Each such person authorizes the Lender to obtain business and consumer credit bureau reports and to exchange information about such person and the Borrower in connection with extensions of credit, increases, the review and collection of the Borrower's credit line. Lender will provide the name and address of each credit bureau from which Lender obtained credit reports if any of the persons signing below asks for such information in writing.

Each person signing below certifies that all loan proceeds will be used only for business related purposes. Loan amounts may be adjusted on a case-to-case basis as determined by credit union policies and procedures.

Each person signing below certifies that the statements contained in this application are true and accurate as of the date of application. These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. Each such person understands that FALSE statements, including over valuation of a security, may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General, which may result in fines up to \$10,000 and/or imprisonment for not more than five years under 18 USC1001; if submitted 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.

1)	Signature (corresponds to principal #1)	Printed Name and Title ID Type: Diver License ID Issuer ID Issue Date	_ ID Number		
2)	Signature (corresponds to principal #2)	Printed Name and Title ID Type: □ Driver License	e 🗆 Other	Date	(Specify)
		ID Issuer ID Issue Date			
3)	Signature (corresponds to principal #3)	Printed Name and Title ID Type: □ Driver License	e 🗆 Other	Date	(Specify)
		ID Issuer ID Issue Date	_ ID Number		

Borrower - Name of the proprietor for Sole Proprietorships, or the name of the entity for Partnerships, Limited Liability Companies and Corporations

² Affirmative responses require written explanation

³ An affiliate is a business where the borrower or a principal of the borrower has controlling interest in any other business; additional information will be required

⁶ Please provide a written statement including the name of the military branch in which service was provided, the dates of service and the disposition of discharge, if applicable ⁷ Please provide a detailed written explanation for each affirmative response. (Explanations must be attached on a separate sheet)

Please Note – This loan application is designed to assist in gathering essential loan information. Any information item left blank will necessitate follow-up by the Lender and will delay loan processing. If there are any questions regarding the information requested in this application, please contact your loan officer.

⁴ All outstanding Small Business Administration loans, including all open lines of credit, must be current and in good standing; additional information will be required ⁵ The Small Business Administration can provide financial assistance to businesses that are at least 51% owned and controlled by persons who are not citizens of the United State provided the persons are lawfully in the United States. The processing procedures and the terms and conditions will vary, depending upon the status of the owners as assigned by the United Stated Citizenship and Immigration Services (USCIS)