

LOAN APPLICATION CHECKLIST

- \$500 Application Fee.** Please make check payable to Community Ventures Corporation.

BUSINESS INFORMATION:

- History and Nature of Business** (form included)
- Business Financial Statements** for fiscal year ending last two years for operating and holding company (if applicable)
- Business Tax Returns** including all schedules for prior two years for operating and holding company (if applicable)
- Interim Financial Statements** to include balance sheet and income statement dated within 90 days of application for operating company and holding company (if applicable)
- Business Debt Schedule** for the operating company (form included)
- Projected Annualized Income Statement** detailing projections for the first two years after the project is complete (form included)
- Articles of Incorporation and By-Laws** for any Corporation
- Articles of Organization and Operating Agreement** for any Limited Liability Company
- Partnership Agreement** for any General Partnership
- Franchise Agreement** if applicable
- Name of any affiliated businesses** (through ownership or management control) as well as the last two fiscal year-end financial statements for each of these entities, if applicable

PERSONAL INFORMATION (for each owner of 20% or greater):

- Personal Tax Returns** for the last one year including all schedules
- Personal Financial Statement** (form included)
- Personal Resume** (form included)

REAL ESTATE INFORMATION:

- Offer to Purchase Agreement or Settlement Statement** if land already owned
- Contractor Cost Estimates and/or Equipment Invoices**
- Existing Environmental Studies**



SMALL BUSINESS ADMINISTRATION 504 APPLICATION

OPERATING COMPANY INFORMATION <i>(if different, Borrower's information is requested below)</i>
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Company Name including d/b/a: _____

Current Address: _____

Business Phone: _____ Fax: _____ Cell: _____

NAICS #: _____ Year Co. Established: _____ Fed. ID No. _____

Type of Business: _____

Type of Entity: () Proprietorship () Partnership () Corporation () LLC () LLP

BORROWER'S OR REAL ESTATE HOLDING COMPANY INFORMATION
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Borrower Name: _____ EIN: _____

Type of Entity: () Proprietorship () Partnership () Corporation () LLC () LLP

NEW PROJECT INFORMATION

New Project Address: _____

City: _____ State: _____ Zip: _____ County: _____

Jobs at Application: _____ #of New Jobs to be created within the next two years: _____

Square footage of new building: _____ Square footage your company will occupy: _____
(Please note: SBA requires your company to occupy 51% of an existing building or 60% of a new building)

If there are any tenants that will lease a portion of the building, please provide the following information:

Tenant Name	Square Footage	Rent Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL PROJECT COSTS

Project Costs

1. Land Acquisition: \$ _____
2. Land Improvements: \$ _____
3. Purchase of land and building: \$ _____
4. Rehab, New construction: \$ _____
5. Construction contingencies
(up to 10% of line 4): \$ _____
6. Equipment: \$ _____
7. Furniture & Fixtures: \$ _____
8. Interest during construction: \$ _____
9. Professional Fee: \$ _____
10. Other (specify): \$ _____
11. **Total Project Costs:** \$ _____

Project Financing

- Bank (or private loan) \$ _____
- SBA 504 loan: \$ _____
- Other: \$ _____
- Borrower Injection \$ _____
- (must be at least 10% of line 11)
- Total:** (must equal line 11) \$ _____
- Desired term of SBA 504 loan: ___ 10 years
___ 20 years
- Source of Borrower's Injection:

PERSONAL INFORMATION

(To be completed in full by each officer, director, key employee, 20% or more owner of the operating company and the real estate holding company.)

Full Name: _____	Full Name: _____
SSN: _____	SSN: _____
Birthdate: _____	Birthdate: _____
Birthplace: _____	Birthplace: _____
US Citizen: Yes _____ No _____	US Citizen: Yes _____ No _____
Veteran: _____ Vietnam: _____	Veteran: _____ Vietnam: _____
% Ownership Real Estate: _____	% Ownership Real Estate: _____
% Ownership Operating Company: _____	% Ownership Operating Company: _____
Title: _____	Title: _____
Home Phone: _____	Home Phone: _____
Present Residence: _____	Present Residence: _____
From: _____ To: Present _____	From: _____ To: Present _____

Former Residence: _____ Former Residence: _____

From: _____ To: _____ From: _____ To: _____

MISCELLANEOUS QUESTIONS

Have you or any of your company ever been involved in bankruptcy or insolvency proceedings?

Yes _____ No _____ *(If yes, please provide details on separate sheet)*

Are you and your business involved in any pending or prior lawsuits?

Yes _____ No _____ *(If yes, please provide details on separate sheet)*

Has your company, any of its 20% or more owners, or affiliates ever had SBA or government financing including student loans and disaster loans?

Yes _____ No _____ *(If yes, please specify terms of financing on a separate sheet of paper.)*

IMPORTANT INFORMATION ABOUT IDENTIFICATION PROCEDURES FOR PROCESSING A SBA 504 LOAN

To help the government fight the funding of terrorism and money laundering activities, Federal law requires Certified Development Companies to obtain, verify, and record information that identifies each person who applies for a 504 loan.

What this means for you: When you apply for a 504 Loan, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may ask to see your driver's license or other identifying documents.

AUTHORIZATION TO RELEASE INFORMATION

I declare that the information provided in this application is true and correct. I hereby authorize the release of any and all credit report and other information required in the processing of my loan application and as required in the servicing and/or during the term of my loan. I further authorize Community Ventures Corporation and its successor to release such information to any entity as required in the processing of my loan application.

I/We hereby certify that the enclosed information, including any attachments or exhibits provided here within or at a later date, is valid and correct to the best of my/our knowledge.

By: _____
Signature of Applicant

Date: _____

History and Nature of Business

Company Name:

When and by whom was your company established? _____

When did you gain control of the business? _____

Please describe the nature of your business and its primary products or services: _____

What is the geographic market area served by your business? _____

List key customers: _____

List key competitors: _____

Please provide a narrative history of the business and include any benefits that will result from obtaining an SBA 504 loan: _____

Signature: _____ Date: _____

PROJECTED ANNUALIZED INCOME STATEMENT

Business Name (Existing or New) _____

Description	1st year Projections		2nd year Projections		3rd year Projections	
	Dollar Estimates	% of Gross Sales	Dollar Estimates	% of Gross Sales	Dollar Estimates	% of Gross Sales
Total Revenue	\$	%	\$	%	\$	%
Cost of Goods (COGS)						
Gross Profit						
Operating Expenses						
Depreciation						
Rent						
Officer's Salaries						
Salaries & Wages						
Interest						
Accounting & Legal						
Advertising						
Dues & Subscriptions						
Insurance						
Payroll Taxes						
Repairs						
Supplies						
Taxes						
Telephone						
Travel & Entertainment						
Utilities						
Amortization						
Other -						
Other -						
Other -						
Other -						
Other -						
Total Operating Expenses						
Operating Profit Before Tax						
Other Income						
Total Income						
Income Taxes						
Net Profit After Tax	\$	%	\$	%	\$	%

Attach Narrative Explaining Basis for Figures, Showing Receipts, Expense and Profits

I certify that the foregoing data fairly represents potential annual earnings to the base of my/our knowledge

Signature	Title	Date



PERSONAL FINANCIAL STATEMENT

U.S. SMALL BUSINESS ADMINISTRATION

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 of Applicant/Borrower _____

ASSETS		(Omit Cents)	LIABILITIES		(Omit Cents)
Cash on hand & in Banks	\$	_____	Accounts 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 Liabilities	\$	_____
Total	\$	_____	Net Worth	\$	_____
			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 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 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 this estimate or any other aspect of this information, please contact Chief, Administrative Branch, U.S. Small Business Administration, Washington, D.C. 20416, and Clearance Officer, Paper Reduction Project (3245-0188), Office of Management and Budget, Washington, D.C. 20503. **PLEASE DO NOT SEND FORMS TO OMB.**

RESUME
For

Birthdate: _____

Birthplace: _____

SSN: _____

Veteran: Yes _____ No _____

Educational Background

High School Graduate From: _____

Colleges Attended: _____

Degrees Received: _____

Work Experience

To-From: _____ Name of Company: _____

Title: _____ Duties: _____

To-From: _____ Name of Company: _____

Title: _____ Duties: _____

To-From: _____ Name of Company: _____

Title: _____ Duties: _____

To-From: _____ Name of Company: _____

Title: _____ Duties: _____

To-From: _____ Name of Company: _____

Title: _____ Duties: _____