



# SBA & Conventional Loan Application

Business Name \_\_\_\_\_ Date Established \_\_\_\_\_ Tax I.D. \_\_\_\_\_

Current Address \_\_\_\_\_ Tel \_\_\_\_\_ Fax \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Type of Business \_\_\_\_\_

Number of Employees: Before Loan \_\_\_\_\_ After Loan \_\_\_\_\_

Business Structure	
<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership
<input type="checkbox"/> LLC	<input type="checkbox"/> Sole Prop.

Proposed New Address \_\_\_\_\_

\_\_\_\_\_

Current Bank and Address \_\_\_\_\_

\_\_\_\_\_

## Capital Required

- Land Acquisition \$ \_\_\_\_\_
- New Building Construction \$ \_\_\_\_\_
- 10% Contingency \$ \_\_\_\_\_
- Land and Building Acquisition \$ \_\_\_\_\_
- Building Improvements or Repairs \$ \_\_\_\_\_
- Leasehold Improvements \$ \_\_\_\_\_
- Machinery & Equipment \$ \_\_\_\_\_
- Furniture & Fixtures \$ \_\_\_\_\_
- Inventory Purchase \$ \_\_\_\_\_
- Acquisition of Existing Business \$ \_\_\_\_\_
- Refinance Existing Bank Loan \$ \_\_\_\_\_
- Other Debt Repayment \$ \_\_\_\_\_
- Working Capital \$ \_\_\_\_\_
- Closing Costs \$ \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_

## Down Payment Funds

- Personal Cash \$ \_\_\_\_\_
- Business Cash \$ \_\_\_\_\_
- Gift \$ \_\_\_\_\_
- Personal Loan \$ \_\_\_\_\_
- Proceeds from sale of assets \$ \_\_\_\_\_

Other (Indicate Source and Amounts below.)  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_

**TOTAL CAPITAL REQUIRED** \$ \_\_\_\_\_

**TOTAL DOWN PAYMENT FUNDS** \$ ( \_\_\_\_\_ )

**LOAN AMOUNT REQUESTED** \$ \_\_\_\_\_

**Have you ever had any previous SBA or other Federal Government debt?**

NAME OF AGENCY	ORIGINAL AMOUNT OF LOAN	DATE OF REQUEST	APPROVED OR DECLINED	BALANCE	CURRENT OR PAST DUE

**ASSISTANCE** – List the name and occupation of anyone who assisted in the preparation of this form.

Name \_\_\_\_\_ Fees Paid \$ \_\_\_\_\_

Occupation \_\_\_\_\_

**MANAGEMENT** (proprietor, partners, officers, directors, and all holders of outstanding stock – 100% of ownership must be shown)

NAME	TITLE	DATE OF BIRTH	EXPERIENCE	% OWNERSHIP

**AFFILIATES** (List below any business concern in which the applicant company or any of the individuals listed above have any ownership.)

NAME	TITLE	DATE AFFILIATE ACQUIRED	BUSINESS TYPE	% OWNERSHIP

- |   |                            |                          |
|---|----------------------------|--------------------------|
|   | <b>YES*</b>                | <b>NO</b>                |
| • Have you or any officer of your company ever been involved in bankruptcy or insolvency proceedings?   | <input type="checkbox"/> * | <input type="checkbox"/> |
| • Are you or your business involved in any pending lawsuits?  | <input type="checkbox"/> * | <input type="checkbox"/> |
| • Are there any outstanding tax liens or judgements filed against you or your company?  | <input type="checkbox"/> * | <input type="checkbox"/> |
| • 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 household work for the Small Business Administration, Small Business Advisory Council, SCORE or ACE, and Federal Agency, or the participating lender? | <input type="checkbox"/> * | <input type="checkbox"/> |
| • Does your business presently, or as a result of this loan, engage in export trade?  | <input type="checkbox"/> * | <input type="checkbox"/> |
| • Does the company or any owner own title to a patented, trademarked, or copyrighted product?   | <input type="checkbox"/> * | <input type="checkbox"/> |
| • Does the company maintain Life Insurance on any owner or officer?   | <input type="checkbox"/> * | <input type="checkbox"/> |

Insured \_\_\_\_\_ Beneficiary \_\_\_\_\_ Amount \$ \_\_\_\_\_

Insured \_\_\_\_\_ Beneficiary \_\_\_\_\_ Amount \$ \_\_\_\_\_

**\* If YES, please provide the details.**



COMMERCIAL FUNDING GROUP, LLC  
LENDING & INVESTING

# Management Profile

### Who Needs to Complete?

Proprietor, each partner, holder of 20% or more of common stock, and/or key management.

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Place \_\_\_\_\_

U. S. Citizen?  YES  NO If No, give Alien Registration No. \_\_\_\_\_ and copy of Green Card.

Home Telephone \_\_\_\_\_ Social Security Number \_\_\_\_\_

E-mail Address \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

**Present Residence** — From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

City, State, County, Zip \_\_\_\_\_

**Immediate Past Residence** — From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

City, State, County, Zip \_\_\_\_\_

<b>Please answer these next three questions.</b>	(*If YES, please provide the details.)		YES*	NO
Are you presently under indictment, on parole or probation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been charged with or arrested for any criminal offense other than a minor motor vehicle violation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been convicted of any criminal offense other than a minor motor vehicle violation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Gender:**  Male  Female

**Ethnicity:**  Hispanic or Latino  Not Hispanic or Latino

**Race:**  American Indian, Alaskan Native  Asian  Black or African American

Native Hawaiian or Pacific Islander  White

**Military Status** — From \_\_\_\_\_ To \_\_\_\_\_ Branch \_\_\_\_\_

Non-Veteran  Veteran-other  Service-Disabled Veteran • **Discharge:** Rank \_\_\_\_\_ Honorable? Yes / No

(This data is collected for statistical purposes only. It has no bearing on the credit decision to approve or decline the application.)

_____ DATE	_____ YOUR SIGNATURE
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# Personal Cash Flow Statement

Please provide the following information regarding sources and uses of cash during the calendar year and your projections for the current year. If a cash flow deficit exists, explain how the existing or requested debt will be serviced.

Individual Statement

Joint Statement

## INCOME:

Annual

Available Draw from business being started or acquired	_____
Gross Salary (Principal)	_____
Gross Salary (Spouse)	_____
Rental Income Received (Gross)	_____
Interest Income (Recurring)	_____
Other Income (Recurring)	_____

## TOTAL INCOME:

Alimony or child support payments need not be disclosed unless it is desired to have such payments counted toward total income.

\_\_\_\_\_

## EXPENSES:

Annual

Mortgage Expense (P&I)	_____
Rental Mortgage Expense (P&I)	_____
Rental Repair & Maintenance, Etc. (less dep. & int.)	_____
Auto Loans (ALL)	_____
Installments Loans (ALL)	_____
Revolving Loans	_____
Living Expenses (estimate)	_____
Income Taxes (Historical Rate)	_____
Property Taxes (Historical Rate)	_____
Alimony/Child Support (if applicable)	_____
Other Expenses	_____
Miscellaneous	_____

## TOTAL EXPENSES:

\_\_\_\_\_

**This Cash Flow Statement is a part of my financial statement:**

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CO-APPLICANT'S (SPOUSE) SIGNATURE



**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 .....	\$	_____
<b>Total</b>	\$	_____	Net Worth .....	\$	_____
			<b>Total</b>	\$	_____

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.**