

# 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. . . . .	\$ _____
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)		Loans 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>	<b>\$ _____</b>	Net Worth . . . . .	\$ _____
		<b>Total</b>	<b>\$ _____</b>

**Section 1. Source of Income**

Salary . . . . .	\$ _____
Net Investment Income . . . . .	\$ _____
Real Estate Income . . . . .	\$ _____
Other Income (Describe Below)* . . . . .	\$ _____

**Contingent Liabilities**

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 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.).

