SBA 7(a) Loan Application Checklist

Please provide the following documents to complete the 7(a) Loan Application. All documents must be signed and dated. Please mark N/A if not applicable.

Personal Information

	SBA Form 912 : Personal History Statement for each principal owning 20% or more of the borrowing and operating company. (Form available on website)
	SBA Form 413 : Personal Financial Statement for each principal owning 20% or more of the borrowing and operating company. If married, each spouse must sign this form. (Form available on website)
	Resume for each principal and key management. (Sample form provided in Application packet)
	Complete Personal Tax Returns for the past 3 years for each principal owning 20% or more of the borrowing and operating company.
Busin	ess Information
	Completed SBA 7(a) Loan Application.
	History of the business or business plan.
	Complete Business Tax Returns for the past 3 years for the borrowing and operating company.
	Current balance sheet and income statement dated within 90 days for the borrowing and/or operating company together with an aging of the accounts receivable and accounts payable.
	Two years of profit and loss projections with assumptions . For a new business the first year must include a monthly cash flow analysis.
	A schedule of existing business debt for the borrowing and operating company. (Form provided in Application packet)
	Notice of any previous government financing. (Form provided in Application packet)
	Franchise information.
	Copies of project cost documents such as real estate purchase agreements, construction bids and equipment quotes.
	Copy of lease.
	Complete Business Tax Returns for the past 3 years for any affiliate business in which a principal(s) own a controlling interest.

Please sign and date all exhibits.



LOAN APPLICATION

OPERATING COMPANY INFORMATION

Company Name:						
Address:		City			_State Zip	
Contact Person:		Phone ()	Fax (_)	E-mail	
Type of Business:			Date Esta	ablished:	Tax ID #	
Type of Entity (Check One):	Corporation Par	tnership Proprietorsh	nip 🗖 LLC			
OPERATING COMPA	ANY OWNERSHIP					
Name	Title	% Ow	nership	Phone ()	E-mail	
Name	Title	% Ow	nership	Phone ()	E-mail	
Name	Title	% Ow	nership	Phone ()	E-mail	
Name	Title	% Ow	nership	Phone ()	E-mail	
PROJECT INFORMA	TION					
Address:		City			_State Zip	
Size (sq. ft.) of the proposed f	acility?					
BORROWING COMP	PANY INFORMATIO	DN (if different from abo	ove) (use if a rea	I estate holding c	ompany is applicable)	
Company Name:						
Address:						
Contact Person:		Phone ()	Fax (_)	E-mail	
Type of Business:			Date Esta	ablished:	Tax ID #	
Type of Entity (Check One):	Corporation Partne	rship Proprietorship	LLC			
BORROWING COMP	ANY OWNERSHIP					
Name	Title	% Own	ership	Phone ()	E-mail	
Name	Title	% Own	ership	Phone ()	E-mail	
Name	Title	% Own	ership	Phone ()	E-mail	
Name	Title	% Own	ership	Phone ()	E-mail	

DETAIL OF PROPOSED USES OF FUNDS (PROJECT COSTS)

Α.	LAND (and purchase of existing buildings)	COMMENTS
	Land Purchase Price	
	Building - Existing, Purchase Price	
	TOTAL COST	
В.	Building (new construction, remodeling, improvements)	
	Building - New Construction Contract	
	Remodeling Costs	
	Leasehold Improvements	
	Running new Utilities	
	Grading, Sidewalks, Curbs	
	Parking lot, paving	
	Landscaping	
	Other (specify)	
	TOTAL COST	
C	Machinery* & Equipment* (no vehicles)	
Ο.	* Must have a life expectancy (useful life) of 10 or more years	
	Machinery (provide list)	
	Equipment (provide list)	
	Office Fixtures/Furniture (limited)	
	Office Equipment (limited)	
	Installation Cost	
	Transportation Cost Other (specify)	
	TOTAL COST \$	
D.	Professional Fees	
	Accounting	
	Appraiser	
	Architect	
	Engineer	
	Environmental Study Legal (except organization cost)	
	Surveyor	
	Other (specify)	
	TOTAL COST \$	
Ε.	Other Expenses	
	Contingency (up to 10% of construction cost)	
	Other (specify)	
	Other (specify)	
	TOTAL COST	
	GRAND TOTAL, ALL PROJECT COST \$	

SOURCE OF YOUR	R DOWN PAYMENT		
Cash \$	Project Land Cost \$	Other \$	
EMPLOYEE QUES	TIONNAIRE		
Total Number of Existing I	Employees		
	yees anticipated as a result of this project within the		
Num	ber of New Employees	Job Type	
HISTORY AND NA	FURE OF YOUR BUSINESS		
When was your company e	established and by whom?		
When did you gain control	of the business?		
What products or services	do you sell? (Enclose any catalogs or brochures)		
What is your geographic m	arket area?		
How do you market your p	roduct or service? (i.e., type of advertising, direct m	ail, outside salesmen, etc.)	
What is the size (sq. ft.) of	your current facility?		
When does your present le	ase expire?		
DI FASE ANSWED	FHE FOLLOWING QUESTIONS AND	DDAVINE THE ADDADDIATE IN	EODMATION IE ADDI ICA DI E
		I KOVIDE I IIE AI I KOI KIATE IN	FORMATION, IF AT I LICADLE
Do any of the principals ha	ive a Trust? Yes No		
Do you have any affiliate a	nd/or subsidiary firms? Yes No		
If so, list them on Exh	nibit 12 and please provide the last three years Feder	al Tax Returns for the listed firms.	
If your business is a franch	ise, include a copy of the Franchise Agreement and	the Franchisor's FTC Disclosure Statement.	If not applicable check here
Has there been any previou	is government financing to any principals or affiliate	es (including SBA or student loans).	es No
If so, complete Exhib	it 11.		
Has there been any owners	hip changes in the business within the last 6 months?	Yes No	
If there are any tenants th Also provide copies of the Tenant Name	nat will remain in the building and/or will be occup lease agreements. Rent Amount	bying the building after the purchase, please please please Expiration Date	provide the following information: Square Footage
			Square r ootage

BUSINESS DEBT SCHEDULE

List all Installment Debts, Notes Payable, Contracts, and Mortgages

Do not include Accounts Payable or Accrued Liabilities.

Date:

Creditor Name	Original Balance	Original Date	Present Balance	Interest Rate	Maturity Date	Monthly Payment	Collateral	Current/ Delinquent
		Total Mor	nthly Payment					

*Total must agree with the balance shown on your most recent business financial statement.

NOTES AND COMMENTS:

CHECKLIST

BUSINESS INFORMATION PERSONAL INFORMATION (each owner of 20% or more) Business Federal Tax Returns for the last three years Personal Federal Tax Returns for the prior three years Business Financial Statements for the last three years, if available **REAL ESTATE INFORMATION** Interim Financial Statement dated within the last 60 days Existing property lease(s) Purchase Agreement Articles of Incorporation and Bylaws (if corporation) Construction cost breakdown and/or equipment bids Partnership Agreement (if partnership) Fictitious Business Name Statement and Business License (if proprietorship) **OTHER BUSINESS OPERATIONS/INVESTMENTS** Articles of Organization and Operating Agreement (if LLC) Business Federal Tax Returns for the last three years Interim Financial Statement dated within the last 60 days, if available

AUTHORIZATION TO RELEASE INFORMATION

I/We authorize Mo-Kan Development, Inc. (MKDI) to make inquiries as necessary to verify the accuracy of the

statements made in order to determine my creditworthiness. I authorize MKDI to share this information with the participating lender. 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. 10001). I/We hereby authorize the release to MKDI of any and all information they may require at any time for any purpose related to our credit transaction with them. I/We further authorize MKDI to release such information to any entity they deem necessary for any purpose related to our credit transaction with them.

I/We hereby certify that the "U.S. Small Business Administration Application For Section 502/504 Loan, Part C, Statements Required by Laws and Executive Orders" (SBA Form 1244) is enclosed for my/our review (if applicable).

I/We hereby certify that the enclosed information (plus any attachments or exhibits) is valid and correct to the best of my/our knowledge.

Signature of applicant

Date

Signature of applicant

Date

ADDITIONAL INFORMATION AND/OR COMMENTS:

Exhibit 12.

The names of affiliated (through ownership or management control) or subsidiary businesses as well as the last two fiscal year-end financial statements and federal income tax returns for the last two years (or three years, if the alternate 7(a) size standard is being used)

<u>Affiliated/Subsidiary Business</u>, through Ownership or Management. List business name(s) and describe the relationship of the Affiliate/Subsidiary and the Borrower.

Company Name	% Ownership

I certify that the above fairly and accurately reflects any and all affiliate or subsidiary businesses related to the borrower/s.

Borrower/s signature/s

Date

Borrower/s signature/s

Date

Exhibit 11.

A schedule of any previous government financing received by the applicant small business concern or any affiliated company of the applicant as well as any associate (as defined by \$120.10) or principal of the applicant. Include the name of the agency, the original date and amount, the outstanding balance, status of the loan (<u>*CU*</u>rrent, <u>*DE*</u>linquent, <u>*PAID*</u> in full, or <u>*CH*</u>harged off), and collateral securing the loan.

If you have never received any government financing, including student loans, please mark 'N/A' in the comments section of this form and sign and date it.

Agency Name and Loan #	Date of Application	Original Amount	Outstanding Balance	Loan Status	Collateral	\$ Amount of Loss to the Government

Other information, explanations or comments:

I certify that the above fairly and accurately reflects any and all previous and current government financing.

Borrower/s signature/s

Date

Borrower/s signature/s

MANAGEMENT RESUME THE FOLLOWING FORMS MUST BE COMPLETED BY EACH PRINCIPAL

Name:				
First	Middle	Maiden	Last	Social Security #
Date of Birth/	/	Place of Birth		
If not a U.S. Citizen - alien registra	tion #		Enclos	e a copy of your Alien Registration Card
Home Address			~	
Street			City	State Zip
From	To prese	ent		
Immediate Past Address				
Street			City	State Zip
From	To			
Marital Status Single M	farried Divorced	Widowed	# of Children	
Spouse's Name:				
First	Middle	Maiden	Last	Social Security #
Date of Birth/	/	Place of Birth		
Are you employed by the U.S. Gov	ernment? Yes	No If yes, give name of	agency and position	
MILITARY SERVICE BAG	CKGROUND			
Branch	From	m: To:		
Rank at Discharge	Hono	orable? Yes No	Job Description	
BE SURE TO ANSWER T	HE NEXT THRE	E QUESTIONS COR	RECTLY	
Are you presently under indictment	, on parole or probation	?		

Have you ever been charged with or arrested for any criminal offense other than a minor motor vehicle violation?	, □ _{No}
Have you ever been convicted of any criminal offense other than a minor vehicle violation?	, ∟ _{No}

If yes, to any of the above, furnish details in a separate exhibit.

EDUCATION				
College or Technical Training Name and Location	Dates Atter From	nded To	Major	Degree or Certificate
1				
Comments				
2				
Comments				
3				
Comments				

WORK EXPERIENCE

List chronologically, beginning with present employment.

Name of Company				
		City		
From:	_ To:			
Title:		Duties:		
Name of Company				
		City	State	Zip
From:	_ To:			
		Duties:		
Name of Company				
		City		
				Zip
From:				
Title:		Duties:		

AUTHORIZATION TO RELEASE INFORMATION

I/We have submitted a loan application to Mo-Kan Regional Council and/or Mo-Kan Development, Inc. (hereinafter referred to as Mo-Kan) to obtain small business financing, and I/we understand that Mo-Kan m ust assimilate certain information, which may be personal in nature, including, but not limited to, personal and business financial information in the processing of this loan application. I/W e hereby ag ree to provide and disclose a ll information pertinent to this application as may be requested by Mo-Kan, its affiliates or agents.

In addition, as regards this loan application, I/we hereby:

- 1. AUTHORIZE Mo-Kan and its af filiates and agents, to make all inquiries it deem s necessary to verify the accuracy of all information provided them and to determine my/our credit worthiness for any purpose related to <u>this</u> loan transaction.
- 2. AUTHORIZE Mo-Kan, its af filiates and agents, to f urnish relevant information to all necessary sources including va rious federal, state, county agencies, and private lending institutes to obtain the best sources of funding for the project.
- 3. AUTHORIZE Mo-Kan, its <u>affiliates</u> and agents, to <u>furnish</u> relevant information to its Loan Review Committee and to its Board of Directors and affiliate Council in processing <u>this</u> loan application.
- 4. AUTHORIZE Mo-Kan, its affiliates and agents, to report statistical and business financial information to the appropriate organizations as a part of its routine reporting requirements.
- 5. CERTIFY that the enclosed application information, including attachments and exhibits, is valid and correct to the best of my/our knowledge.
- 6. FURTHER agree <u>that</u> I/we <u>shall</u> indemnify and hold Mo -Kan, its affiliates and a gents, harmless from any claim or cause of action ar ising because of incorrect, inaccurate or incomplete information furnished by m e/us, whether the furnishing of such incorrect, inaccurate or incomplete information was accidental or intentional and in consideration of Mo-Kan's assistance, I/we waive all <u>claims</u> against Mo-Kan, its affiliates and agents arising from this assistance.

Signature: Borrower	Date
Signature: Borrower	Date
Signature: Borrower	Date
Signature: Borrower	Date