



Centinel Financial Corporation

SBA Loan Checklist (Startup Company)

Enclosed is a checklist of items needed to evaluate your loan request.

1. Enclose a business plan for your proposed company, describing the business, the industry and your company's expected niche in that industry.
2. List the proposed uses of the SBA loan with detailed amounts for each use. Describe why you need the proposed loan and what this loan will do for your company.
3. Enclose proforma financial statements (balance sheet and P&L statements) for the first three (3) years of operation. The first year should be broken down monthly.
4. If you have a 50% or more ownership interest in, or control the operation of any other company or entity, this is generally considered an affiliated company. Please enclose financial statements and federal income tax returns for each affiliate for the past three (3) years (or all applicable years if affiliate is less than 3 years old).
5. A personal financial statement (balance sheet and personal cash flow) for each person who will own 20% or more of the company (form enclosed).
6. Copies of the personal federal income tax returns for each person who will own 20% or more of the company. Please enclose ALL supporting schedules.
7. Personal information form for each person who will own 20% or more of the company (form enclosed).
8. Signed credit report authorization (form enclosed). This authorization is required to obtain a copy of both your personal credit report and the company's business credit report.
9. If the loan request includes a real estate purchase, enclose a copy of the real estate contract.
10. Lists of collateral to be pledged on the proposed SBA loan. This list should include the estimated cost of each item.

Company Profile

Company Name: _____ Contact: _____

Address: _____ Phone: _____ Fax: _____

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

Company Assumed Name (if applicable): _____

Brief Business Description: _____

Business Entity: Corporation Sole Proprietorship Partnership _____

Date Business Formed: _____ Date incorporated: _____

Date current management assumed control: _____

Federal taxpayer identification number: _____

Number of employees at time of application: _____ If loan is approved: _____

Company Ownership (100% ownership must be shown)

| <u>Name & Address</u> | <u>Social Security Number</u> | <u>Ownership %</u> | <u>Company Title</u> |
|---------------------------|-------------------------------|--------------------|----------------------|
| 1 . | | | |
| 2 . | | | |
| 3 . | | | |
| 4 . | | | |
| 5 . | | | |

Name to be used on your business checking account: _____

Designated signers on checking account: _____

CPA Name / Firm: _____ Phone: _____

Attorney Name / Firm: _____ Phone: _____

Insurance Agent / Firm: _____ Phone: _____

Affiliated Companies: _____ # Employees: _____

(if applicable) _____ # Employees: _____

_____ # Employees: _____

Use of Proceeds

The Requested loan funds will be used for the following purpose(s):

| | |
|--|------------------|
| Land Purchase | \$ _____ |
| Building Construction | _____ |
| Building Soft Costs (Engineering, etc.) | _____ |
| Construction Contingency | _____ |
| Inventory Purchase | _____ |
| Equipment Purchase | _____ |
| Leasehold Improvement Purchase | _____ |
| Purchase of Existing Business | _____ |
| Franchise Fees | _____ |
| Debt Refinance | _____ |
| Accounts Payable | _____ |
| Working Capital | _____ |
| Application and Closing Costs | _____ |
| Other: _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| Total Funds Required | \$ _____ |
| Less: Proposed Borrower Down Payment (Equity) | (_____) |
| Total Loan Request | \$ _____ |

Details on construction project (location, size and type of facility, etc.), assets to be purchased (location, description, etc.), items to be refinanced, used of working capital, and source of Borrower's equity:

How will this loan benefit your company ?



PERSONAL FINANCIAL STATEMENT

OMB APPROVAL NO. 3245-0188
EXPIRATION DATE: 03/31/2008

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 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 | LIABILITIES |
|--|---|
| (Omit Cents) | (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 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 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.

PERSONAL CASH FLOW STATEMENT

Name: _____ Spouse: _____

This Cash Flow Statement is a part of my financial statement dated _____ Individual () Joint ()

| SOURCES OF CASH | PRIOR YEAR | CURRENT YEAR | NEXT YEAR |
|--|------------|--------------|-----------|
| Salary, Bonuses, Commissions | | | |
| Rental Income | | | |
| Interest, Royalties, Dividends, Etc. | | | |
| Distribution from Estates and Trusts | | | |
| Sale of Assets | | | |
| Cash Received from Individual Businesses | | | |
| Cash Received from Partnerships | | | |
| Cash Received from "S" Corporations | | | |
| IRA Distributions | | | |
| Other | | | |
| Other | | | |
| Other | | | |
| Other | | | |
| Other | | | |
| Other | | | |
| Other | | | |
| TOTAL CASH RECEIVED | | | |

| USES OF CASH | PRIOR YEAR | CURRENT YEAR | NEXT YEAR |
|---|------------|--------------|-----------|
| Bank Loans (Principal and Interest) | | | |
| Mortgage Loans (Principal and Interest) | | | |
| Insurance | | | |
| Household Expenses (Food, Clothing, Etc.) | | | |
| Charge Accounts | | | |
| IRA Contributions | | | |
| Charitable Contributions | | | |
| Business Payments (Capitalizations, Etc.) | | | |
| Income Taxes | | | |
| Other | | | |
| Other | | | |
| Other | | | |
| Other | | | |
| Other | | | |
| TOTAL CASH OUTLAYS | | | |
| CASH FLOW SURPLUS (DEFICIT) | | | |

| CONTINGENT LIABILITIES | PRIOR YEAR | CURRENT YEAR | NEXT YEAR |
|--------------------------------------|------------|--------------|-----------|
| As Endorser, Comaker or Guarantor | | | |
| On Leases or Contracts | | | |
| Legal Claims or Judgments | | | |
| Other (Alimony, Child Support, Etc.) | | | |
| TOTAL CONTINGENT LIABILITIES | | | |

Signature

Date: _____

Signature

Date: _____

Personal History Statement

First, Middle, Last Name: _____

Company Title: _____ Percent Ownership in Company: _____

Social Security Number: _____ Date of Birth: _____

Place of Birth: _____ U.S. Citizen? Yes No

Have you ever been in bankruptcy? Yes No Alien Registration No. (if applicable): _____

Spouse First, Middle, Last Name: _____

Company Title: _____ Percent Ownership in Company: _____

Social Security Number: _____ Date of Birth: _____

Place of Birth: _____ U.S. Citizen? Yes No

Have you ever been in bankruptcy? Yes No Alien Registration No. (if applicable): _____

Current Address: _____

City, State, Zip: _____ From: _____ To: _____

Home Phone: _____ Business Phone: _____

Former Address: _____

City, State, Zip: _____ From: _____ To: _____

Military (Branch): _____

Service Date Entered: _____ Date Discharged: _____

Rank at Discharge: _____ Type of Discharge: _____

Education:

Institution: _____ City and State: _____

From: _____ To: _____ Major: _____ Degree: _____

Institution: _____ City and State: _____

From: _____ To: _____ Major: _____ Degree: _____

Employment History (Attach More Detailed Resume for Key Employees:

Employer: _____ City and State: _____

From: _____ To: _____ Title: _____ Duties: _____

Employer: _____ City and State: _____

From: _____ To: _____ Title: _____ Duties: _____

Employer: _____ City and State: _____

From: _____ To: _____ Title: _____ Duties: _____

Employer: _____ City and State: _____

From: _____ To: _____ Title: _____ Duties: _____

Are you presently under indictment, on parole or probation? Yes No

Have you ever been charged with or arrested for any criminal offense other than a minor motor vehicle violation? Yes No

Have you ever been convicted, placed on pretrial diversion, or placed on any form of probation including adjudication withheld pending probation, for any criminal offense other than a minor motor vehicle violation? Yes No

Authorization to Release Personal Credit Information

I / We hereby authorize Centinel Financial Corporation to contact any Credit Reporting Agency or any other credit references for the purpose of verifying my / our credit history.

Names: _____

Address: _____

Social Security Number: _____

Social Security Number: _____

Signed: _____

Dated: _____

Signed: _____

Dated: _____

Authorization to Release Business Credit Information

I / We hereby authorize Centinel Financial Corporation to contact any Credit Reporting Agency or any other credit references for the purpose of verifying my / our business credit history.

Company: _____

Address: _____

Tax Identification Number: _____

Signed: _____

Dated: _____

Title: _____