



WELCOME TO BANK OF SANTA CLARITA

Thank you for expressing an interest in obtaining a SBA Loan from Bank of Santa Clarita. Bank of Santa Clarita is locally owned and managed and is committed to serving the business needs of its local community.


Our SBA Loan Programs have been designed to meet the business needs of our customers. Loans are available to new and existing businesses and the loan proceeds can be utilized for the refinance, construction and/or purchase of real property occupied by the business. Additionally, proceeds may also be used to finance tenant improvements, working capital, equipment/inventory purchases, business expansions and business acquisitions.

Let us show you why at Bank of Santa Clarita --- It's easier to say "yes".








Should you have any questions during the loan process, please feel free to contact your local Bank of Santa Clarita loan representative. Thank you for your interest in Bank of Santa Clarita's SBA Loan Program. We look forward to serving your business needs.



SBA Loan Application Checklist

This checklist has been designed to assist you in completing this loan application. Your assistance in providing complete information will help in expediting your loan request. Documents labeled with  need to be completed by each principal of the business with 20% or greater ownership interest.

Please provide/complete the following:

- 1. **Applicant's Information Form** (Two Pages).
- 2.  **Personal Financial Statement** (Two Pages) – The statement is to be no older than 60 days.
- 3.  **Management Resume** (Three Pages).
- 4.  **Individual Tax Returns (1040)** – Complete federal tax returns with all accompanying statements and schedules for the most recent three (3) years.
- 5.  **Statement of Personal History (912).**
- 6.  **Request for Transcript of Tax Returns (4506-T)** – To be executed by each principal of the business.
- 7.  **Authorization to Obtain Credit Information.**
- 8.  **U.S. Citizenship and Immigration Services Authorization (non U.S. Citizen only)** – Please include a copy of your Resident Alien Card or Permanent Resident Card.
- 9. **Business History** (Two Pages) – Please include any brochures, advertising material and/or website address.
- 10. **Business Financial Statements and Tax Returns (1065/1120/1120S)** – Complete federal tax returns with all accompanying statements and schedules for the most recent three (3) years.
- 11. **Interim Business Financial Statement** – The statement is to be no older than 60 days.
- 12. **Accounts Receivable and Payable Agings** (If Applicable) – The total receivables and payables and the dates of these reports must match to the Interim Business Financial Statement.
- 13. **Business Debt Schedule** – The total debt and the date of the report must match to the Interim Business Financial Statement.
- 14. **Request for Transcript of Tax Returns (4506-T)** – To be executed by the authorized representative of the subject business entity.
- 15. **Affiliate Information** – An affiliate is defined as person or company with a financial stake in the applicant concern that influences, controls or has the ability to influence or control the business or the applicant. Interim Business Financial Statement and most recent Business Tax Return.
- 16. **Articles of Incorporation & By-Laws / Articles of Organization or Trust / Business License / Fictitious Business Name Statement / Partnership Agreement** (whichever is applicable).
- 17. **Environmental Questionnaire and Disclosure Statement** – Complete if the transaction is to acquire and/or will be secured by commercial real estate.

Additional requirements based upon type of loan request:

- 18. **Real Estate Acquisition:** Escrow Instructions and/or Purchase Agreement
- 19. **Business Acquisition:** Buy/Sell Agreement, Seller's Business Federal Income Tax Returns for the most recent three (3) years, Interim Business Financial Statement no older than 60 days and Request for Transcript of Tax Returns (4506-T).
- 20. **Real Estate Construction:** Copies of Cost Breakdown, Construction Contract and Building Plans.
- 21. **Debt Refinance:** Copy of note to be refinanced and current loan statement.
- 22. **Start-up Business / Business Expansion:** Projected Operating Statement and Assumptions to Projections and Business Plan.
- 23. **Other:** _____



Applicant's Information Form

Name of Company: _____ **Business Phone:** _____
Type of Business: _____ **Fax:** _____
Street Address: _____ **Business TIN:** _____
City / State / Zip Code: _____

Your business entity is a: **Proprietorship** **Partnership** **Corporation** **LLC** **Trust**

Owners / Principals:

	Name	Ownership% / Title	E-mail Address	Cell Number
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

Have you or any officer of your company been involved in bankruptcy or insolvency proceedings?
 No Yes If yes, please attach details.

Are you or your business involved in any pending lawsuits?
 No Yes If yes, please attach details.

Have you ever obtained government financing?
 No Yes If yes, please attach details.

Is any of the collateral (business and/or personal) offered vested in the name of trust?
 No Yes If yes, please attach a copy of the trust.

How will Title to Real Estate collateral be held? **Joint Tenancy** **Community Property** **Tenancy in Common** **Trust**
(Real Estate Transactions only)

Intended purpose of subject loan? _____

How will this loan benefit your business? _____

How many employees do you currently have? _____

How many employees will you hire as a result of the subject loan? _____



Applicant's Information Form

This section relates to your intended use of the funds from the subject loan request. In instances where funds are expected to be used in a variety of ways, it is important to be as accurate as possible in breaking out anticipated expenditures by category. Furthermore, please provide a complete description of the planned use if you are utilizing the "Other" category referenced below.

Project Items	Project Cost
Building Construction / Improvement (Hard Costs)	\$
Building Construction / Improvement (Soft Costs)	\$
Business Acquisition	\$
Debt Refinance	\$
Furniture & Fixtures	\$
Inventory	\$
Land and Building Acquisition	\$
Land Acquisition	\$
Machinery / Equipment Acquisition	\$
Working Capital	\$
Other: _____	\$
Other: _____	\$
Total Project Cost	\$
Less: Borrower's Cash Injection	\$
Total Loan Requested	\$

1. Source of Injection: (i.e. personal savings, home equity loan, business working capital, etc.)

2. Escrow Information: (i.e. name of company, contact, phone number, close date, escrow number, etc.)

3. Name of person who referred you to Bank of Santa Clarita:



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 (Excludes IRA & 401K assets)	\$ _____	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	\$ _____
		Net Worth	\$ _____
Total	\$ _____	<input type="checkbox"/> Calculate	Total \$ _____
			\$0
			\$0
			\$0

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 Bank 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
					\$0
					\$0
					\$0
					\$0
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 case surrender value of policies – name of insurance company and beneficiaries).					
<p>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).</p>					
Signature		Date:	Social Security Number:		
Signature		Date:	Social Security Number:		
<p>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.</p>					





MANAGEMENT RESUME

Please complete the following as thoroughly as possible. Use full names for first, middle and last names (*no initials*) and if an item is not applicable, please write "N/A".

1. APPLICANT HISTORY

Full Name: _____ Social Security Number: _____
First Middle Maiden Last

Date of Birth: _____ Residence Phone No.: _____

Place of Birth: _____ Business Phone No.: _____
City / State / Country

Residence Address: _____

From: _____ To: _____

Previous Address: _____

From: _____ To: _____

Employed by U.S. Government: Yes: No: If yes, Agency / Position: _____

U.S. Citizen: Yes: No: If no, provide Alien Registration Number: _____

Have you ever had a personal or business repossession, foreclosure, bankruptcy or judgment against you?

Yes: No: If yes, please provide details in a separate exhibit.

SPOUSE HISTORY

Full Name: _____
First Middle Maiden Last

Date of Birth: _____ Date of Marriage: _____

Place of Birth: _____ Social Security Number: _____
City / State / Country

Employed by U.S. Government: Yes: No: If yes, Agency / Position: _____

U.S. Citizen: Yes: No: If no, provide Alien Registration Number: _____

Have you ever had a personal or business repossession, foreclosure, bankruptcy or judgment against you?

Yes: No: If yes, please provide details in a separate exhibit.

2. EDUCATION AND TECHNICAL TRAINING

	<i>Dates Attended</i>	<i>Major</i>	<i>Degree/Certificate</i>
High School: _____ <i>(name and location)</i>			
College: _____ <i>(name and location)</i>			
Trade/Vocational: _____ <i>(name and location)</i>			

3. MILITARY SERVICE AND BACKGROUND

Military Service: Yes: No: From: _____ To: _____

Honorable Discharge: Yes: No: Branch: _____

4. OBJECTIVE

Purpose and intent of this resume: _____

Are you presently under indictment, on parole or probation?

No: Yes: If yes, furnish details in a separate exhibit.

Have you ever been **charged** or **arrested** for any criminal offense other than a minor motor vehicle violation?

No: Yes: If yes, furnish details in a separate exhibit.

Have you or your business ever been involved or are involved in any law suit(s)?

No: Yes: If yes, furnish details in a separate exhibit.

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

No: Yes: If yes, furnish details in a separate exhibit.

5. WORK EXPERIENCE

(List chronologically, beginning with your most recent employment)

Company Name: _____ **From:** _____ **To:** _____

Street Address: _____ **City / State:** _____

Duties Performed *(please be as detailed as possible):* _____

Company Name: _____ **From:** _____ **To:** _____

Street Address: _____ **City / State:** _____

Duties Performed *(please be as detailed as possible):* _____

Company Name: _____ **From:** _____ **To:** _____

Street Address: _____ **City / State:** _____

Duties Performed *(please be as detailed as possible):* _____

Company Name: _____ **From:** _____ **To:** _____

Street Address: _____ **City / State:** _____

Duties Performed *(please be as detailed as possible):* _____

Applicant's Signature: _____ **Date:** _____

Spouse's Signature: _____ **Date:** _____

NOTICES REQUIRED BY LAW

The following is a brief summary of the laws applicable to this solicitation of information.

Paperwork Reduction Act (44 U.S.C. Chapter 35)

SBA is collecting the information on this form to make a character and credit eligibility decision to fund or deny you a loan or other form of assistance. The information is required in order for SBA to have sufficient information to determine whether to provide you with the requested assistance. The information collected may be checked against criminal history indices of the Federal Bureau of Investigation.

Privacy Act (5 U.S.C. § 552a)

Any person can request to see or get copies of any personal information that SBA has in his or her file, when that file is retrievable by individual identifiers, such as name or social security numbers. Requests for information about another party may be denied unless SBA has the written permission of the individual to release the information to the requestor or unless the information is subject to disclosure under the Freedom of Information Act.

Under the provisions of the Privacy Act, you are not required to provide your social security number. Failure to provide your social security number may not affect any right, benefit or privilege to which you are entitled. Disclosures of name and other personal identifiers are, however, required for a benefit, as SBA requires an individual seeking assistance from SBA to provide it with sufficient information for it to make a character determination. In determining whether an individual is of good character, SBA considers the person's integrity, candor, and disposition toward criminal actions. In making loans pursuant to section 7(a)(6) the Small Business Act (the Act), 15 USC § 636 (a)(6), SBA is required to have reasonable assurance that the loan is of sound value and will be repaid or that it is in the best interest of the Government to grant the assistance requested. Additionally, SBA is specifically authorized to verify your criminal history, or lack thereof, pursuant to section 7(a)(1)(B), 15 USC § 636(a)(1)(B). Further, for all forms of assistance, SBA is authorized to make all investigations necessary to ensure that a person has not engaged in acts that violate or will violate the Act or the Small Business Investment Act, 15 USC §§ 634(b)(11) and 687b(a). For these purposes, you are asked to voluntarily provide your social security number to assist SBA in making a character determination and to distinguish you from other individuals with the same or similar name or other personal identifier.

When this information indicates a violation or potential violation of law, whether civil, criminal, or administrative in nature, SBA may refer it to the appropriate agency, whether Federal, State, local, or foreign, charged with responsibility for or otherwise involved in investigation, prosecution, enforcement or prevention of such violations. See 56 Fed. Reg. 8020 (1991) for other published routine uses.

Request for Transcript of Tax Return



(Rev. April 2006)

Department of the Treasury
Internal Revenue Service

- ▶ Do not sign this form unless all applicable lines have been completed.
Read the instructions on page 2.
- ▶ Request may be rejected if the form is incomplete, illegible, or any required line was blank at the time of signature.

OMB No. 1545-1872

Tip: Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can also call 1-800-829-1040 to order a transcript. If you need a copy of your return, use **Form 4506**, Request for Copy of Tax Return. There is a fee to get a copy of your return.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return	2b Second social security number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code	
4 Previous address shown on the last return filed if different from line 3	
5 If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information.	

Caution: If a third party requires you to complete Form 4506-T, **do not** sign Form 4506-T if lines 6 and 9 are blank.

6 Transcript requested. Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶ _____

a Return Transcript, which includes most of the line items of a tax return as filed with the IRS. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120A, Form 1120H, Form 1120L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days

b Account Transcript, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 30 calendar days

c Record of Account, which is a combination of line item information and later adjustments to the account. Available for current year and 3 prior tax years. Most requests will be processed within 30 calendar days

7 Verification of Nonfiling, which is proof from the IRS that you **did not** file a return for the year. Most requests will be processed within 10 business days

8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript. The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2003, filed in 2004, will not be available from the IRS until 2005. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 45 days

Caution: If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

9 Year or period requested. Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

_____ / _____ / _____ _____ / _____ / _____ _____ / _____ / _____ _____ / _____ / _____

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, **either** husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer.

Sign Here		Date	Telephone number of taxpayer on line 1a or 2a ()
	Signature (see instructions)		
	Title (if line 1a above is a corporation, partnership, estate, or trust)		
	Spouse's signature	Date	

General Instructions

Purpose of form. Use Form 4506-T to request tax return information. You can also designate a third party to receive the information. See line 5.

Tip. Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

Where to file. Mail or fax Form 4506-T to the address below for the state you lived in when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

Note. If you are requesting more than one transcript or other product and the chart below shows two different service centers, mail your request to the service center based on the address of your most recent return.

Chart for individual transcripts (Form 1040 series and Form W-2)

If you filed an individual return and lived in:	Mail or fax to the "Internal Revenue Service" at:
District of Columbia, Maine, Maryland, Massachusetts, New Hampshire, New York, Vermont	RAIVS Team Stop 679 Andover, MA 05501 978-247-9255
Alabama, Delaware, Florida, Georgia, North Carolina, Rhode Island, South Carolina, Virginia	RAIVS Team P.O. Box 47-421 Stop 91 Doraville, GA 30362 678-530-5326
Arkansas, Kansas, Kentucky, Louisiana, Mississippi, Oklahoma, Tennessee, Texas, West Virginia	RAIVS Team Stop 6716 AUSC Austin, TX 73301 512-460-2272
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nebraska, Nevada, New Mexico, Oregon, South Dakota, Utah, Washington, Wyoming	RAIVS Team Stop 38101 Fresno, CA 93888 559-253-4990
Connecticut, Illinois, Indiana, Iowa, Michigan, Minnesota, Missouri, North Dakota, Ohio, Wisconsin	RAIVS Team Stop 6705-B41 Kansas City, MO 64999 816-823-7667
New Jersey, Pennsylvania, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team DP 135SE Philadelphia, PA 19255-0695 215-516-2931

Chart for all other transcripts

If you lived in or your business was in:	Mail or fax to the "Internal Revenue Service" at:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Georgia, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Tennessee, Texas, Utah, Washington, Wyoming	RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409 801-620-6922
Connecticut, Delaware, District of Columbia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia, Wisconsin	RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250 859-669-3592
A foreign country, or A.P.O. or F.P.O. address	RAIVS Team DP 135SE Philadelphia, PA 19255-0695 215-516-2931

Line 1b. Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

Line 6. Enter only one tax form number per request.

Signature and date. Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the information be sent to a third party, the IRS must receive Form 4506-T within 60 days of the date signed by the taxpayer or it will be rejected.

Individuals. Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Corporations. Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer.

Partnerships. Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

All others. See Internal Revenue Code section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

Documentation. For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the Letters Testamentary authorizing an individual to act for an estate.

Privacy Act and Paperwork Reduction Act Notice

We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. Sections 6103 and 6109 require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form**, 10 min.; **Preparing the form**, 12 min.; and **Copying, assembling, and sending the form to the IRS**, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6406, Washington, DC 20224. Do not send the form to this address. Instead, see *Where to file* on this page.



AUTHORIZATION TO OBTAIN CREDIT INFORMATION

TO ALL CONSUMER REPORTING AGENCIES, EMPLOYERS, CREDITORS AND DEPOSITORIES OF THE UNDERSIGNED:

Applicant Name: _____

Street Address, City, State and Zip Code: _____

Federal Tax Identification Number: _____

Full Name of Individual: _____

Street Address, City, State and Zip Code: _____

Social Security Number: _____

Full Name of Individual: _____

Street Address, City, State and Zip Code: _____

Social Security Number: _____

Please be advised that each of the undersigned, has made an application to Bank of Santa Clarita (Bank), requesting an extension of credit. Therefore, each of the undersigned hereby authorizes you to release to Bank of Santa Clarita and/or any agent or employee thereof, any information requested by Bank of Santa Clarita.

A photocopy of this authorization may be deemed to be the equivalent of the original authorization.

The undersigned certifies that all the information provided is complete, true and correct and authorizes Bank of Santa Clarita or its agent to obtain credit reports, and to release credit information to others (including without limitation, companies affiliated with the Bank) to check the individual and/or business credit rating of both the business and the individual(s).

By: _____
(Signature of Individual/Title)

Date: _____

By: _____
(Signature of Individual/Title)

Date: _____



U.S. CITIZENSHIP AND IMMIGRATION SERVICES AUTHORIZATION

I authorize the U.S. Citizenship and Immigration Services to release information regarding my immigration status to Bank of Santa Clarita. Also, I authorize the U.S. Citizenship and Immigration Services to release alien verification information about me to Bank of Santa Clarita because I am applying for a U.S. Small Business Administration Loan.

Print Name

Date of Birth

Address:

Street

City

State

Zip

Signature



BUSINESS HISTORY

Please write about each of the business elements listed below and include any brochures, advertising materials and/or printed history of the company.

General Information:

Date business was established: _____

Type of business (*construction, manufacturing, retail, service, etc.*): _____

Date business originally acquired by the seller and reason for selling: _____

Products Or Services / Description of Business Activity:

If you are a manufacturer, describe the products you produce. If you are a retailer, discuss the various types of goods you sell. If you are a service business, describe the services you offer.

Sales / Marketing Activity:

Who are your customers (*retailers, wholesalers, general public, etc.*)?

List your key customers.

How are your sales made?

Who are your suppliers and what are their credit sales terms?

How do you determine the price of your products or services?

How do you advertise? What promotional activities do you conduct to generate sales?

Competition:

Briefly list and describe your major competitors?

What advantage does your business have over your competitor's operation?

What is the approximate distance of your competitors, relative to your current location?

Location:

If a retail business, describe your area and customer base.

Describe your business location's advantages and disadvantages.

Facilities:

Describe the type and condition of your building *(if applicable)*.

What improvements are needed, if any?



BUSINESS DEBT SCHEDULE

Loan Applicant _____

CREDITOR	ORIGINAL AMOUNT	ORIGINAL DATE	PRESENT BALANCE*	INTEREST RATE	MATURITY DATE	COLLATERAL SECURITY	MONTHLY PAYMENT
TOTALS							

This is certified correct to the best of my knowledge as of _____, 20____. Signature of Applicant: _____

* Present Balance Total must match to the Interim Business Financial Statement for the same period.



ENVIRONMENTAL QUESTIONNAIRE AND DISCLOSURE STATEMENT

Applicant: _____

Property Address: _____

The purpose of this questionnaire is to provide information upon which the Bank will rely as part of the loan application. Please respond to every question. Clarifications to answers should be made in the space immediately following the question. Where space is inadequate, please attach additional pages, as needed referring to the appropriate question number. In cases where an answer is not available or appropriate, places have been provided to indicate so. Information provided will be for Bank use only and will remain confidential.

A. USE AND HISTORY

1. Site Owners

List site owners for the last ten years, the dates of ownership, and the site use.

Owner 1: _____

Owner 2: _____

Owner 3: _____

2. Crops

List any crops that have been grown on the property in the last ten years.

3. List on site building and / or facilities.

B. ASBESTOS

Describe any asbestos presence and discuss whether or not it has been disturbed. Also discuss the results of and any inspections of which you are aware.

C. POLYCHLORINATED BIPHENYLS (PCB)

1. Are there electrical transformers, capacitors or other such equipment on the property that may contain PCB? (Explain)

D. STORAGE TANKS, DRUMS, PIPELINE

1. Are there any underground storage tanks (UST) located on the property.
Yes () No () Don't Know () If so, please provide
Information below.

Size (Gallons)	Construction (Steel, Fiberglass, etc.)	Double / Single	Age	Product Stored (Gas, Diesel, Solvent, etc.)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If yes, to D. 1, describe the tanks based on capacity, construction (fiberglass, steel, etc.), double or single wall, age and substance store.

If yes to D. 1, are any tanks known to leak? Have they leaked in the past?

Are there above ground tanks? If yes, answer D. 2 and D. 3 here, as they pertain to above ground tanks.

2. Are there any underground storage tanks, above ground tanks or drums to leak now or to have leaked in the past?

Yes () No () Don't Know ()

3. Are there any permanent above ground storage tanks or below ground pipelines containing petroleum, chemicals or other substances, (including water and sanitary sewers), located on the property?

Yes () No () Don't Know () Not Applicable ()

If so, please attach list of tanks including size and product stored.

4. Are there drums on the property? How long have they been there? Who put them there? What do they contain? Are they leaking? Have they leaked? Is there standing water under the drums?

5. Are any chemicals on the property in drums or other containers? Yes () No ()
If so, please provide a listing of the types and quantities and stored and the types and condition of drums or other containers.

6. Have any containers known to have ever leaked or have been inspected or tested for leakage? Yes () No () Don't Know () Not Applicable ()

If so, please describe.

7. Are appropriate permits for the tanks or other storage facilities current? Please attach copies. Yes () No ()

8. Are there any above or below ground pipelines (including sewer) located on the property? Describe. Have they been tested for leakage? Explain. Do they now or have they ever leaked?

E. AIR EMISSIONS

1. Are air emissions from the site subject to air pollution control regulations? If so, please describe type of emission, type of burners, fuel, control devices, etc.

2. If yes to E. 1, what were the results of the last two regulatory inspections?

F. WATER AND DRAINAGE

1. What is the source of water for the site? (Site well, public, etc.)

2. What is the water used for at the site?

3. Is there any on-site disposal of wastewater? Explain.

4. Is wastewater / irrigation water collected for treatment or removed from the site?
Where is it sent? What company disposes of the waste? Where?

G. WASTE GENERATION, STORAGE AND DISPOSAL

1. Are any solid or liquid wastes (other than waste water) generated at the site, or have they been in the past? If so, describe the waste, its quantity and any removal activities.

2. Is there on-site storage of disposal of wastes? Explain.

3. Is there off-site disposal or recycling of wastes? Who transports the waste? Where does it go?

H. PESTICIDES / HERBICIDES AND AGRICULTURAL CHEMICALS

1. Have pesticides, herbicides or other agricultural chemicals ever been applied to the property? If so, list and describe method of storage.

I. ENVIRONMENTAL STUDIES, REPORTS, CITATIONS, ENFORCEMENT AND CLEANUP ACTIONS

1. Have any environmental assessment studies been performed for the site with respect to soil, groundwater, air or site facilities? If so, explain briefly and attach dated copies of such reports.

2. Has any public agency ever investigated or cited the property for violation or possible violation of an environmental law or commenced enforcement or cleanup action under environmental law with respect to the property? If so, please explain and attach any reports that accompanied the complaint for violation.

3. Has any public agency ever listed the property as a site requiring or qualifying for cleanup under any environmental law? If so, please explain and attach any supporting material.

J. CERTIFICATION

I certify that the answers to this questionnaire are true and complete to the best of my knowledge.

Signature

Date

Print Name



PROJECTED OPERATING STATEMENT

Reporting Period - From: _____ To: _____ Name of Business: _____

	1 st Month	2 nd Month	3 rd Month	4 th Month	5 th Month	6 th Month	7 th Month	8 th Month	9 th Month	10 th Month	11 th Month	12 th Month	Totals
Gross Sales / Receipts													
Less: Cost of Goods Sold													
Gross Profit													
Less: Expenses													
Accounting & Legal													
Advertising													
Bad Debts													
Depreciation													
Insurance													
Interest													
Rent													
Repairs and Maintenance													
Salaries/Wages													
Supplies													
Taxes/Licenses													
Other Expenses													
Total Expenses													
Net Profit													
Projected Owner's Draw													
Net Profit Before Taxes													

This is certified correct to the best of my knowledge as of _____, 20____. Signature of Applicant: _____



ASSUMPTIONS TO PROJECTIONS

Name of Business: _____

Please use this page to explain the assumptions used to generate the projection figures. For business expansion loans, be sure to address the specific reasons as to why the figures differ significantly from previous years for Revenue, Cost of Goods Sold, Expenses and Owner's Draw.

Explanations:

BANK OF SANTA CLARITA

PRIVACY POLICY

At Bank of Santa Clarita, respecting the privacy and security of your customer information is important to us. This privacy policy is designed to inform you of our practices for the collection, use, retention, and security of customer information.

PRIVACY PLEDGE

At Bank of Santa Clarita, we understand that your financial information is personal. We know it is important to keep this information about you and/or your business with us confidential.

- Bank of Santa Clarita values the trust you have placed with us.
- The security of customer information is vital.

INFORMATION COLLECTED

Bank of Santa Clarita collects non-public personal information about you from the following sources:

- Information we receive from you on applications, other forms, or by telephone.
- Information about your transactions with the bank or others.
- Information we receive from third parties, such as a consumer reporting agency.

INFORMATION USED

Bank of Santa Clarita may use and share information that we collect for the following purposes:

- To provide you with products and services requested.
- To offer you additional products and services from us that may be of interest to you.
- To comply with reporting and legal requirements.
- To otherwise conduct business.

INFORMATION DISCLOSED

Bank of Santa Clarita does not disclose non-public personal information of customers or former customers to anyone except as permitted by law. Under the law, the bank may disclose non-public personal information about you to non-affiliated third parties in order to service your accounts and products. For example, the bank may disclose customer information to check printers, ATM networks, computer services, government entities in response to subpoenas, and credit bureaus.

We also may disclose all of the information we collect, as described above, to companies that perform marketing services on our behalf.

SECURITY AND CONFIDENTIALITY OF INFORMATION

Bank of Santa Clarita restricts access to customer information. We only grant access to non-public personal information to those employees and service providers so they may provide or offer products to you, process and service your accounts, and administer business. Employees are responsible for maintaining the confidentiality of customer information and they are required to comply with our privacy policy. Even if you are no longer a customer, we continue to treat your non-public personal information in the same way as if you were still a customer.

Bank of Santa Clarita maintains physical, electronic and procedural safeguards that comply with federal and state standards to guard your non-public personal information.

GLOSSARY

1) We, our, us, bank, refers to Bank of Santa Clarita.

2) You, your, refers to each individual who is a customer or former customer, or an individual who obtains or requests a financial service or product.

3) Customer information means personally identifiable financial information about a consumer that is considered non-public personal information within the meaning of the Federal Privacy Act.

4) Non-public personal information means personally identifiable financial information that the bank obtains about you in connection with providing a financial service or product.