



PERSONAL FINANCIAL STATEMENT

(Page 1 of 2)

As of _____, _____

Complete this form for: (1) each proprietor, spouse, (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 providing a guaranty on the loan.

*INCLUDE ONLY PERSONAL ASSETS & LIABILITIES. LIST THE BUSINESS ASSETS & LIABILITIES ON THE BALANCE SHEET & DEBT SCHEDULE.

Name	Business Phone	Mobile Phone
Name	Business Phone	Mobile 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 (attach account statement)	\$	Accounts Payable	\$
Savings Accounts (attach account statement)	\$	Notes Payable to Banks and Others (Describe in Section 2)	\$
IRA or Other Retirement Account	\$	Installment Account (Auto) Monthly Payments \$	\$
Accounts & Notes Receivable	\$	Installment Account (Other) Monthly Payments \$	\$
Life Insurance-Cash Surrender Value Only (Complete Section 8)	\$	Loan on Life Insurance	\$
Stocks & Bonds (Describe in Section 3 and attach account statement)	\$	Mortgages on Real Estate (Describe in Section 4)	\$
Real Estate (Describe in Section 4)	\$	Unpaid Taxes (Describe in Section 6)	\$
Automobile-Present Value	\$	Other Liabilities (Describe in Section 7)	\$
Other Personal Property (Describe in Section 5)	\$		\$
Other Assets (Describe in Section 5)	\$	Total Liabilities	\$
Total Assets		Net Worth (Total Assets – Total Liabilities)	\$
TOTAL (Total Assets)	\$	TOTAL (Total Liabilities + Net Worth)	\$

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 & Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed Type of Collateral

PERSONAL FINANCIAL STATEMENT

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Section 3. Stocks and Bonds. (Attach account statement(s). Use attachments for additional entries 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			
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).

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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).

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Section 7. Other Liabilities. (Describe in detail).

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Section 8. Life Insurance Held. (Give face amount, cash surrender value of policies, name of insurance company and beneficiaries).

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I authorize Houston-Galveston Area Council (HGAC)/Gulf Coast Economic Development District, Inc. (GCEDD) ("Lender") and any of its duly authorized representatives to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above information 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 guaranteeing a loan. I understand that providing FALSE statements or FALSE information may result in forfeiture of benefits and is punishable under federal law.

Signature:	Date:	Social Security Number:
Signature:	Date:	Social Security Number:



PERSONAL CASH FLOW STATEMENT

As of _____, _____

Complete this form for: (1) each proprietor, spouse, (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 providing a guaranty on the loan.

NAME:

NAME:

INCOME	MONTHLY
Salary (Net After Taxes)	\$
Spousal Salary (Net After Taxes)	\$
Rental Income	\$
Interest Income	\$
Other _____	\$
Other _____	\$

TOTAL MONTHLY INCOME:

\$

EXPENSES	MONTHLY
Home Mortgage Payment (Including Taxes & Insurance)	\$
Or Rent Expense	\$
Other Real Estate Mortgage Payments	\$
Auto Loan Payments	\$
Other Loan Payments	\$
Credit Card Payments (Minimum Amount Due Monthly)	\$
Utilities	\$
Insurance (Auto, Health, Life, etc)	\$
Food	\$
Clothing	\$
Child Care	\$
Other Living Expenses	\$
Rental Property Expenses	\$
Other _____	\$
Other _____	\$

TOTAL MONTHLY EXPENSES:

\$

MONTHLY CASH FLOW SURPLUS (DEFICIT):

\$

The undersigned certifies that the above information is valid and correct.

Signature:

Date:

Signature:

Date:



LOAN APPLICATION CHECKLIST

PLEASE SUBMIT THE FOLLOWING ITEMS. ALL EXHIBITS MUST BE SIGNED AND DATED.

Indicate if Attached (X) or Not Applicable (N/A)

____ 1.	Complete Loan Application	____ 11.	Schedule of Previous Government Financing
____ 2.	Business Plan	____ 12.	A monthly and annual projected income statement for the first two years after the loan with a <u>description of assumptions</u> attached.
____ 3.	Personal Profile for each guarantor, including spouse, officer and director (regardless of ownership) and each proprietor, partner and stockholder with 20% or more ownership of the small business concern (SBC) and, if different, each owner with 20% or more ownership of the business.	____ 13.	A monthly cash flow analysis for the first 12 months of operation after the loan or 3 months beyond the break-even point (whichever is longer). Include a <u>description of assumptions</u> .
____ 4.	a. Personal Financial Statement (SBA Form 413) & b. Personal Cash Flow Statement DATED within 60 days for each guarantor, including spouse, proprietor, partner or stockholder with 20% or more ownership of the SBC, and, if different, each owner with 20% or more ownership of the business. c. Include Bank Account statement(s)	____ 14.	Franchise Agreement <u>and</u> Franchisor's Disclosure Statement . or License/Dealer Agreement
____ 5.	Personal Tax Returns for the last three years and IRS Form 4506-T Request for Transcript of Tax Return (DATED within 30 days) for each guarantor, proprietor, partner or stockholder with 20% or more ownership of the SBC, and, if different, each owner with 20% or more ownership of the business. Submit complete return including all schedules.	____ 15.	Key cost documents (current) such as real estate purchase agreements, contractor cost estimates, vendor quotes for machinery and equipment, furniture, and inventory, etc.
____ 6.	Business Tax Returns for the last three years and IRS Form 4506-T Request for Transcript of Tax Return (DATED within 30 days). Submit complete return including all schedules. Also, submit for Affiliate businesses.	____ 16.	Existing or proposed lease agreement
____ 7.	Year End Balance Sheet and Income Statement for the last three year ends or a signed and dated statement that year end financial statements were not kept. Also, submit for Affiliate businesses.	____ 17.	Business Entity Documents: Assumed Name Certificate, Articles of Incorporation, etc.
____ 8.	Interim Balance Sheet & Income Statement, Aging of Accounts Receivable & Accounts Payable (dated within 60 days and all of the same month end date). Also, submit for Affiliate businesses.	____ 18.	Appraisal – Real Estate and Equipment, as applicable. GCEDD, Inc. will order. Submit existing appraisals.
____ 9.	List of Assets-indicate items to be offered as collateral.	____ 19.	Environmental analysis. GCEDD, Inc. will order. Submit existing environmental reports.
____ 10.	Schedule of Debt (dated same as Interim Financial Statements) which includes short-term and long-term debt that the business currently has outstanding or has planned for the next 12 months. Also, submit for Affiliate businesses.	____ 20.	a. A commitment letter from the participating lender stating the terms and conditions of its participation and the reason why it will not finance the entire project. or b. Evidence that credit is not available elsewhere from another lending source such as a bank, credit union, etc. (i.e. a declination letter).

This is a Preliminary Standard Checklist.

Some items may or may not be required depending on the business and purpose of the loan request.



LOAN APPLICATION (HURRICANE IKE)

BUSINESS INFORMATION

Full Name/Borrowing Entity:

Year Business Established:		Applicant Owned Since:		Tax ID #/ SS#:	
Structure:	Sole proprietorship:	Partnership:	Corporation:	Limited Liability Company:	
Type of business:		Industry:		NAICS/SIC Code:	
Business Phone:		Fax:		Website:	

Primary Contact Person:

Mobile:	E-mail:
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Business Street Address:

City:	County:	State:	ZIP Code:
Location:	Owned?	Leased?	Payment
			Term
			Expires

Address Before Ike (if different):	Proposed New Business Address (if applicable):

Is your Bank participating in the loan request? Y N

Bank Name	Loan Officer
Phone	Email

Number of Current Employees (denote full and part time, indicate if applicant(s) are included):

Number of Employees after loan (denote full and part time, indicate if applicant(s) are included):

PRINCIPAL OWNERS (MUST ACCOUNT FOR 100% OWNERSHIP OF THE BUSINESS)

FULL LEGAL NAME	SSN #	ADDRESS	% OWNED	TITLE

AFFILIATE BUSINESSES

BUSINESS NAME	OWNER (APPLICANT BUSINESS OR INDIVIDUAL)	% OF OWNERSHIP	TITLE



OTHER BUSINESS INFORMATION (IF NOT APPLICABLE PLEASE ANSWER N/A)

Do you have a current business plan? Y N		If not, are you in the process of developing a business plan? Y N	
What products and/or services does the business offer? (include any available, photos, catalogs and/or brochures)			
Geographic market area			
List key customers			
List competitors			
Sales in best month and year:		Sales in worst month and year:	
		Is the business seasonal?	
List suppliers/vendors:			
Payment Method:	Cash	Credit	Vendor Financing: Y N Terms:
Federal Income Taxes filed through what year?			
Is the business operating now? Y N		How soon after Ike did the business re-open? Y N	
Has the business applied for SBA disaster loan assistance? Y N		Have funds been received? Y N	
Has the business applied for other disaster loan assistance? Y N		Have funds been received? Y N	
Did insurance proceeds cover any of the loss? Y N			
Provide a description of Ike's impact on the business (use attachments as needed). Include information on the business operations prior to and after Ike. Include photos (including before, after, and current photos, as available). Discuss how this loan will help the business.			



TOTAL PROJECT COST

USE OF FUNDS		SOURCE OF FUNDS	
PURCHASE LAND	\$	GULF COAST ECONOMIC DEVELOPMENT	\$
PURCHASE EXISTING BUILDING	\$		
CONSTRUCTION	\$	PARTICIPATING LENDER	\$
LEASEHOLD IMPROVEMENTS	\$		
PURCHASE EQUIPMENT	\$	OTHER	\$
PURCHASE FURNITURE & SMALL WARES	\$		
PURCHASE INVENTORY	\$	OTHER	\$
WORKING CAPITAL	\$		
CLOSING COSTS/LOAN EXPENSES	\$	APPLICANT * <u>DETAIL SOURCE OF EQUITY INJECTION FUNDS</u>	\$
PRE-OPENING EXPENSES	\$		
OTHER	\$		
OTHER	\$		
TOTAL PROJECT COST	\$	TOTAL PROJECT COST	\$

BUSINESS ASSETS

Item	Value	Own Free and Clear?	
1.	\$	Y	N
2.	\$	Y	N
3.	\$	Y	N
4.	\$	Y	N

REFERENCES

Accountant:	Firm:	Phone:
Attorney:	Firm:	Phone:
Trade:	Firm:	Phone:
Trade:	Firm:	Phone:
Other:	Firm:	Phone:

CERTIFICATION AND SIGNATURES

The undersigned certifies that all statements in this Application and on each document required to be submitted in connection with this loan request are true, correct and complete.

The undersigned authorizes Gulf Coast Economic Development District, Inc. ("Lender") to make such inquiries as Lender deems necessary and reasonable concerning any information provided to the Lender on this Application or any such required document.

The undersigned authorizes the release of any information required for the purpose of this credit transaction.

NOTE: Spouses of persons owning 20% or more of applicant business must also sign application.

Principal Signature			Title:		Date:	
Principal Signature			Title:		Date:	
Principal Signature			Title:		Date:	
GCEDD use:	Referred by:	Date Received:	Decision Date:	Action:		NAICS:



LOAN APPLICATION

BUSINESS INFORMATION

Full Name of Borrowing Entity:

Year Business Established:		Applicant Owned Since:		Tax ID #/ SS#:	
Structure:	Sole proprietorship:	Partnership:	Corporation:	Limited Liability Company:	
Type of business:		Industry:		NAICS/SIC Code:	
Business Phone:		Fax:		Website:	

Primary Contact Person:

Mobile:	E-mail:
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Business Street Address:

City:	County:	State:	ZIP Code:		
Location:	Owned?	Leased?	Payment	Term	Expires

Proposed New Business Address (if applicable):

Is your Bank participating in the loan request? Y N

Bank Name	Loan Officer
Phone	Email

Number of Current Employees (denote full and part time, indicate if applicant(s) are included):

Number of Employees after loan (denote full and part time, indicate if applicant(s) are included):

PRINCIPAL OWNERS (MUST ACCOUNT FOR 100% OWNERSHIP OF THE BUSINESS)

FULL LEGAL NAME	SSN #	ADDRESS	% OWNED	TITLE

AFFILIATE BUSINESSES

BUSINESS NAME	OWNER (APPLICANT BUSINESS OR INDIVIDUAL)	% OF OWNERSHIP	TITLE



OTHER BUSINESS INFORMATION (IF NOT APPLICABLE PLEASE ANSWER N/A)

Do you have a current business plan? Y N

If not, are you in the process of developing a business plan? Y
N

What products and/or services does the business offer? (include any available, photos, catalogs and/or brochures)

Geographic market area

List key customers

List competitors

Federal Income Taxes filed through what year?

Tell how this loan will help your business.

REFERENCES

Accountant:

Firm:

Phone:

Attorney:

Firm:

Phone:

Trade:

Firm:

Phone:

Other:

Firm:

Phone:



TOTAL PROJECT COST

USE OF FUNDS		SOURCE OF FUNDS	
PURCHASE LAND	\$	GULF COAST ECONOMIC DEVELOPMENT	\$
PURCHASE EXISTING BUILDING	\$		
CONSTRUCTION	\$	PARTICIPATING LENDER	\$
LEASEHOLD IMPROVEMENTS	\$		
PURCHASE EQUIPMENT	\$	PARTICIPATING LENDER	\$
PURCHASE FURNITURE & SMALL WARES	\$		
PURCHASE INVENTORY	\$	OTHER	\$
WORKING CAPITAL	\$		
CLOSING COSTS/LOAN EXPENSES	\$	APPLICANT * <u>DETAIL SOURCE OF EQUITY INJECTION FUNDS</u>	\$
PRE-OPENING EXPENSES	\$		
OTHER	\$		
TOTAL PROJECT COST	\$	TOTAL PROJECT COST	\$

COLLATERAL LIST ASSETS TO BE OFFERED AS COLLATERAL

ASSET	VALUE	TYPE OF VALUATION		PRIOR LIENS
		Cost/Book Value	Appraisal	
	\$	<input type="checkbox"/>	<input type="checkbox"/>	
	\$	<input type="checkbox"/>	<input type="checkbox"/>	
	\$	<input type="checkbox"/>	<input type="checkbox"/>	
	\$	<input type="checkbox"/>	<input type="checkbox"/>	
	\$	<input type="checkbox"/>	<input type="checkbox"/>	

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Signature		Title:		Date:	
Signature		Title:		Date:	
Signature		Title:		Date:	
GCEDD use:	Referred by:	Date Received:	Decision Date:	Action:	NAICS: