



REI
BUSINESS LENDING

REI Corporate Headquarters
P.O. Box 1335
Durant, OK 74702
580 924.5094 ~ Fax 580.920.2745
www.reibusinesslending.org

Loan Application & Supporting Forms

This checklist has been provided to assist you through the process of gathering the necessary information for the evaluation of your loan request. **Complete** information will be necessary to process your application. If you need assistance completing the loan application please give us a call at 800.658.2823.

All loan applicants must complete the following:

- ___ 1. Completed Loan Application* (Use full legal name(s))
- ___ 2. Personal Financial Statement* complete on all owners, partners, officers, directors, key employees, guarantors, stockholders with 20% or more ownership of applicant business.
- ___ 3. Three years Personal Federal Tax Returns, with all schedules, on each individual referred to in #2 above.
- ___ 4. Owner/Management Resume* on all individuals referred to in #2 above.
- ___ 5. Copy of Drivers License on all individuals referred to in #2 above.
- ___ 6. Statement of Personal History* on all individuals referred to in #2 above.
- ___ 7. Business plan or detailed description of the business.
- ___ 8. Projections for the current and future three fiscal years & assumptions to the projections. *
- ___ 9. Copy of Corporate, LLC or Partnership docs, if applicable.
- ___ 10. Copy of Franchise Agreements and/or Fuel Supply Agreement, if applicable.
- ___ 11. Request for Counseling.*
- ___ 12. List of machinery/equipment and/or furniture/fixtures to be acquired, if applicable.
- ___ 13. List of machinery & equipment or furniture & fixtures, including model & serial number, offered as collateral.
- ___ 14. Itemized breakdown of working capital, if applicable.
- ___ 15. Affiliate Company(s) Federal Tax Returns for three years, plus a current interim statement. (An affiliate company is one in which any key principal in the application has a 20% or more ownership interest or in which they are a general partner or operating partner.), if applicable.
- ___ 16. Copies of Permits/Licenses necessary for the business.
- ___ 17. Credit investigation fee of \$50.00.
- ___ 18. D&B Number

If an existing business, provide items 1-18 and the following:

- ___ 19. Business tax returns for the past three years.
- ___ 20. Complete financial statements (including balance sheet and income statement for the past three years) plus interim statements no more than 60 days old.

- ___ 21. Detailed Business Debt Schedule, balancing with interim financial statements. *
- ___ 22. A recent aging of account receivable & payable, balancing with interim financial statements.
- ___ 23. 4506-T form on business – (to be completed by owner or officer of business). *

If purchasing an existing business, provide items 1-18 and the following:

- ___ 24. Reason for the sale of the business.
- ___ 25. Business tax returns for the past three years.
- ___ 26. Complete financial statements (including balance sheet and income statement for the past three years) plus interim statements no more than 60 days old.
- ___ 27. Copy of Sales Agreement.
- ___ 28. 4506-T form on business – (to be completed by seller of business).

If real estate and/or construction is involved, provide items 1-18 and the following:

- ___ 29. Copy of Sales Agreement.
- ___ 30. Copy of Construction Contract, Cost Breakdown, and/or Bids, if applicable.
- ___ 31. Environmental Questionnaire, including legal description, on real estate being purchased or offered as collateral - (to be completed by owner of real estate). *
- ___ 32. Name of Interim Lender.

If refinancing existing debt, provide items 1-18 and the following:

- ___ 33. Copies of bank transcripts on loans to be refinanced.

* Forms Enclosed

**REI Oklahoma Headquarters
P. O. Box 1335
Durant, OK 74702
580.924.5094
580.920.2745 – Fax
www.reibusinesslending.org**

FOR MORE INFORMATION CALL 1-800-658-2823

Please be advised that all financial statements and tax returns must have original signatures and dates. After photocopying financial statements and tax returns, **please sign again and affix current date.**

LOAN REQUEST FORM

APPLICANT COMPANY:

Company Name _____ Phone _____
Address _____ City _____ State _____ Zip _____
Type of Business _____ Date Established _____
Type of Entity: Corporation _____ Partnership _____ Sole Proprietorship _____
Federal ID # _____ NAICS Code _____
D & B # _____
Current number of employees _____ FT _____ PT Number of jobs to be created _____ FT _____ PT
E-Mail Address _____

OWNERSHIP OF APPLICANT COMPANY: List all officers, directors, partners, owners & co-owners, and all stockholders with 20% or more of total stock issued.

NAME	TITLE	% OF OWNERSHIP
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

AFFILIATES: List all business concerns in which the applicant company or any of the individuals listed in the Ownership Section above have an ownership interest of 20% or more.

COMPANY NAME	OWNER (Applicant company or individuals)	% OF OWNERSHIP
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

ESTIMATED PROJECT:

Loan Amount Needed:	\$ _____
New building construction (provide construction bids)	\$ _____
Land and/or building acquisition (provide purchase agreement)	\$ _____
Building improvements or repairs (provide bids)	\$ _____
Acquisition of machinery/equipment (provide detailed list)	\$ _____
Other Costs	
Working capital	\$ _____
Inventory	\$ _____
Furniture/Fixtures	\$ _____
Refinance	\$ _____

TOTAL ESTIMATED PROJECT AMOUNT	\$ _____
BORROWER'S FUNDS TO BE USED IN PROJECT	\$ _____

LOAN REQUEST FORM

BUSINESS OWNERS:

Please provide the name, home address, date of birth and social security number for all principals of the business. This information will be used for obtaining credit reports.

Full Legal Name _____

Address _____

% Owned _____ Date of Birth _____ Social Security Number _____

Full Legal Name _____

Address _____

% Owned _____ Date of Birth _____ Social Security Number _____

Full Legal Name _____

Address _____

% Owned _____ Date of Birth _____ Social Security Number _____

Full Legal Name _____

Address _____

% Owned _____ Date of Birth _____ Social Security Number _____

REFERENCES: *(For existing businesses only)*

Please provide references from all financial institutions with whom your company has significant borrowing, leasing or depository relationship (attach additional sheets if necessary)

Financial Institution: _____ Financial Institution: _____

Address: _____ Address: _____

Contact person & phone number _____ Contact person & phone number _____

Nature & extent of relationship (include account numbers)

--

Nature & extent of relationship (include account numbers)

--

If borrowing or leasing relationship, include:

Collateral: _____

Guarantors: _____

If borrowing or leasing relationship, include:

Collateral: _____

Guarantors: _____

SEASONAL INFLUENCES TO THE BUSINESS:

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STATISTICAL INFORMATION

The U.S. Small Business Administration (SBA) has requested that we obtain the following information for statistical purposes only. Please check all those that apply:

Business Owned by: ☐ Female (100%) ☐ Female (51%) ☐ Male (100%) ☐ Male (51%)

Veteran Status: ☐ Non-Veteran ☐ Vietnam-era Veteran ☐ Other Veteran

Race/Ethnicity: ☐ Black ☐ Hispanic ☐ Puerto Rican ☐ Asian/Pacific Islander
☐ Eskimo/Aleuts ☐ American Indian ☐ Multi Group ☐ White

Number of Female employees _____ Number of Minority employees _____

As of the date of this application, your combined household income is: \$ _____

Number of people in your household: _____

Please indicate below how you became aware of our loan programs.

- ☐ Newspaper
- ☐ Radio
- ☐ REI Business Lending Website
- ☐ Internet Search
- ☐ Newsletter
- ☐ Referral ☐ Personal Referral, by whom _____
- ☐ Organization _____
- ☐ Facebook
- ☐ Other _____

Does any principal of the business have delinquent and/or past due child support? Yes

☐

No

☐

If yes, please provide detailed explanation below:

Has the business, or any principals of the business, been involved in bankruptcy? Yes ☐

No

☐

If yes, please provide a copy of the bankruptcy documents and provide detailed explanation below:

Is the business, or any principals of the business, currently involved in lawsuit or pending litigation?

Yes

☐

No

☐

If yes, please provide detailed explanation below:

Has the business, or any principals of the business, received previous government financing?Yes ☐ No ☐
(SBA, Rural Development, VA, FHA, etc)

If yes, please complete the following:

Borrower Name	Federal Source	Loan Program Type	Loan Number	Original Balance	Current Balance	Status

Additional Comments:

I give authorization to REI to verify government debt with the appropriate lending agency and authorize the agency to release information to REI concerning the status of this debt.

Signature

Date

AUTHORIZATION TO RELEASE INFORMATION

I/We hereby authorize the release to Rural Enterprises of Oklahoma, Inc. of any and all information they may require at any time for any purpose related to our credit transaction with them including but not limited to all information which I/we provide to the Certified Development Company and the Certified Development Company acquires with request to my/our loan application. We further authorize Rural Enterprises of Oklahoma, Inc. to release such information to any entity it deems necessary for any purpose related to our credit transaction with them.

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 _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

PERSONAL FINANCIAL STATEMENT**U.S. SMALL BUSINESS ADMINISTRATION**

As of _____, _____

Complete this form for: (1) each proprietor; (2) general partner; (3) managing member of a limited liability company (LLC); (4) each owner of 20% or more of the equity of the Applicant (including the assets of the owner's spouse and any minor children); and (5) any person providing a guaranty on the loan. Return completed form to: 7(a) loans - to the lender processing the SBA application; 504 loans - to the Certified Development Company processing the SBA application; Disaster loans - to the Disaster Processing and Disbursement Center at 14925 Kingsport Road, Fort Worth, TX 76155-2243; and 8(a)/BD applicants who are *individuals claiming social and economic disadvantaged status and their spouses* - electronically at <http://www.sba.gov> or send hard copy with paper application to either of the two following offices:

8(a) BD only	Mail to the following address, if your firm is located in one of the states below:	Mail to the following address, if your firm is located in one of the states below:
	US Small Business Administration DPCE Central Office Duty Station Parkview Towers 1150 First Avenue 10th Floor, Suite 1001 King of Prussia, PA 19406	Small Business Administration Division of Program Certification and Eligibility 455 Market Street, 6th Floor San Francisco, CA 94105
	MA, ME, NH, CT, VT, RI, NY, PR (Puerto Rico), VI (US Virgin Islands), NJ, PA, MD, VA, WV, DC, DE, GA, AL, NC, SC, MS, FL, KY, TN	IL, OH, MI, IN, MN, WI, TX, NM, AR, LA, OK, MO, IA

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)	
(Describe in Section 5)		Installment Account (Auto)	\$
Accounts & Notes Receivable	\$	Mo. Payments \$	
(Describe in Section 5)		Installment Account (Other)	\$
Life Insurance-Cash Surrender Value Only	\$	Mo. Payments \$	
(Complete Section 8)		Loan on Life Insurance	\$
Stocks and Bonds	\$	Mortgages on Real Estate	\$
(Describe in Section 3)		(Describe in Section 4)	
Real Estate	\$	Unpaid Taxes	\$
(Describe in Section 4)		(Describe in Section 6)	
Automobiles - Total Present Value	\$	Other Liabilities	\$
(Describe in Section 5, and include Year/Make/Model)		(Describe in Section 7)	
Other Personal Property	\$	Total Liabilities	\$
(Describe in Section 5)		Net Worth	\$
Other Assets	\$		
(Describe in Section 5)			
Total	\$	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 attachment if necessary. Each attachment must be identified as a part of this statement and signed.)

	Property A	Property B	Property C
Type of Real Estate (e.g. Primary Residence, Other Residence, Rental Property, Land, etc.)			
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)

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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.)

--

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.

CERTIFICATION: (to be completed by each person submitting the information requested on this form)

By signing this form, I certify under penalty of criminal prosecution that all information on this form and any additional supporting information submitted with this form is true and complete to the best of my knowledge. I understand that SBA or its participating Lenders, or Certified Development Companies will rely on this information when making decisions regarding an application for a loan from SBA or an SBA Participating Lender, or for participation in the SBA 8(a) Business Development (BD) program.

Signature _____

Date _____

Print Name _____

Social Security No. _____

Signature _____

Date _____

Print Name _____

Social Security No. _____

NOTICE TO LOAN APPLICANTS: CRIMINAL PENALTIES AND ADMINISTRATIVE REMEDIES FOR FALSE STATEMENTS:

Knowingly making a false statement on this form is a violation of Federal law and could result in criminal prosecution, significant civil penalties, and a denial of your loan. A false statement is punishable under 18 U.S.C. §§ 1001 and 3571 by imprisonment of not more than five years and/or a fine of up to \$250,000; under 15 U.S.C. § 645 by imprisonment of not more than two years and/or a fine of not more than \$5,000; and, if submitted to a Federally insured institution, a false statement is punishable under 18 U.S.C. § 1014 by imprisonment of not more than 30 years and/or a fine of not more than \$1,000,000.

NOTICE TO APPLICANTS OR PARTICIPANTS IN THE 8(a) BD PROGRAM: CRIMINAL PENALTIES AND ADMINISTRATIVE REMEDIES FOR FALSE STATEMENTS:

Any person who misrepresents a business concern's status as an 8(a) Program participant or SDB concern, or makes any other false statement in order to influence the 8(a) certification or other review process in any way (e.g., annual review, eligibility review), shall be: (1) Subject to fines and imprisonment of up to 5 years, or both, as stated in Title 18 U.S.C. § 1001; (2) subject to fines of up to \$500,000 or imprisonment of up to 10 years, or both, as stated in Title 15 U.S.C. § 645; (3) Subject to civil and administrative remedies, including suspension and debarment; and (4) Ineligible for participation in programs conducted under the authority of the Small Business Act.

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.**

OWNER / MANAGEMENT RESUME

(Please copy if additional forms are required)

Please fill in all spaces. Use full first, middle, last and maiden names, no initials. If an item is not applicable, please indicate so. You may include additional relevant information on a separate exhibit. Sign and date where indicated.

Name _____ SS# _____
First Middle Maiden Last

Date of Birth _____ Place of Birth _____

Residence Phone _____ Business Phone _____ Fax _____

Residence Address _____
Street City State Zip

Previous Address _____
Street City State Zip

Lived there from _____ to _____
Month and Year Month and Year

Spouse's Name _____ SS# _____
First Middle Maiden Last

Are you a U. S. Citizen? Yes ☐ No ☐ If no, give Alien Registration Number _____

Have you ever been charged with or convicted of any criminal offense other than a misdemeanor involving a motor vehicle violation? Yes ☐ No ☐ If yes, furnish details in a separate exhibit.

Are you involved in any lawsuit at this time or have you ever filed for personal bankruptcy protection? Yes ☐ No ☐ If yes, furnish details in a separate exhibit.

Have you ever obtained credit under any other name(s)? Yes ☐ No ☐ If yes, furnish details in a separate exhibit.

EDUCATION:

College or Technical Training. Name and Location	Dates Attended From/To	Major	Degree or Certificate
_____	_____	_____	_____
_____	_____	_____	_____

WORK EXPERIENCE: (List chronologically, beginning with present employment)

Company Name/Location _____
From _____ To _____ Title _____
Duties _____

Company Name/Location _____
From _____ To _____ Title _____
Duties _____

Company Name/Location _____
From _____ To _____ Title _____
Duties _____

Signature _____ Date _____

BUSINESS DEBT SCHEDULE

COMPANY NAME: _____

DATE: _____
(Same as Interim Balance Sheet)

This schedule should include loans for contracts/notes payable and lines of credit, ***not*** accounts payable or accrued liabilities.

CREDITOR Name/Address	ORIGINAL DATE	ORIGINAL AMOUNT	TERM OR MATURITY DATE	PRESENT BALANCE	INTEREST RATE	MONTHLY PAYMENT	COLLATERAL OR SECURITY	WHAT WAS LOAN FOR?
TOTAL PRESENT BALANCE (Total must agree with balance shown on Interim Balance Sheet.)								

Signature _____ Date _____

12 MONTH PROJECTIONS

[illegible]

THREE YEAR PROJECTIONS

	Year 1	Year 2	Year 3
Sales	<hr/>	<hr/>	<hr/>
COGS	<hr/>	<hr/>	<hr/>
Gross Profit	<hr/>	<hr/>	<hr/>
Expenses:			
Owner Withdraws	<hr/>	<hr/>	<hr/>
Employee Wages	<hr/>	<hr/>	<hr/>
Accounting & Legal Fees	<hr/>	<hr/>	<hr/>
Advertising	<hr/>	<hr/>	<hr/>
Rent	<hr/>	<hr/>	<hr/>
Supplies	<hr/>	<hr/>	<hr/>
Electricity	<hr/>	<hr/>	<hr/>
Telephone	<hr/>	<hr/>	<hr/>
Interest	<hr/>	<hr/>	<hr/>
Depreciation	<hr/>	<hr/>	<hr/>
Repairs	<hr/>	<hr/>	<hr/>
Insurance	<hr/>	<hr/>	<hr/>
Bad Debts	<hr/>	<hr/>	<hr/>
Miscellaneous	<hr/>	<hr/>	<hr/>
Total Expenses	<hr/>	<hr/>	<hr/>
Net Profit	<hr/>	<hr/>	<hr/>

ENVIRONMENTAL QUESTIONNAIRE

CDC Name: Rural Enterprises of Oklahoma, Inc

Applicant Name: _____

OC Name(s) (If applicant is an EPC): _____

SBA 504 Loan Number (If assigned): _____

SBA 504 Loan Name (If assigned): _____

PART I - COLLATERAL PROPERTY

Address: _____

Current Owner: _____

Current Operator of site (if different from current Owner): _____

1. Past and Present Uses of Collateral Property.

a. Past use(s):

(1) Did the past use(s) of the property involve an environmentally sensitive industry? *(If yes, then list NAICS code(s) from SOP 50-10(5) Appendix 4)*

b. Present use:

(1) Does the present use of the property involve an environmentally sensitive industry? *(If yes, then list NAICS code(s) from SOP 50-10(5) Appendix 4)*

2. Hazardous Substances at Collateral Property.

a. If the property is being used for the storage, generation, treatment, emission or disposal of hazardous substances, then list what hazardous substance(s) *(otherwise, mark N/A)*:

(1) If yes, are all permits current for the storage, generation, treatment, emission or disposal of hazardous substances at the property? *(if permits are not current, please explain)*

b. List any other hazardous substances identified, either in the past or present, as being at, on, in, into, under, above, from or about the property *(if none, mark N/A)*:

ENVIRONMENTAL QUESTIONNAIRE

3. Evidence of Contamination at Collateral Property Is there any evidence of contamination at the property? *(If yes, please explain)*

4. Potential Sources of Contamination at Collateral Property Are there potential sources of contamination¹ at the property? *(If yes, please explain)*

5. Past Evidence of Contamination at Collateral Property Does the borrower, seller or CDC know of any past evidence of contamination or sources of contamination at the property? *(If yes, please explain)*

6. Lawsuits or Administrative Proceedings for Release of Hazardous Substances at Collateral Property Does the borrower, seller or CDC know of any past, threatened or pending lawsuits or administrative proceedings concerning a release or threatened release of hazardous substances at the property? *(If yes, please explain)*

7. Regulatory Actions by Governmental Entity Involving Collateral Property Are there, or have there been, any regulatory actions by any governmental entity for environmental conditions at the property? *(If yes, please explain)*

8. Previous Environmental Risk Studies of Collateral Property Are there any previously performed environmental risk studies pertaining to the property? *(If yes –please attach copies)*

¹ Sources of contamination may include, but are not limited to, the following: (1) damaged or discarded automotive or industrial batteries; (2) pesticides, paints or other chemicals stored in individual containers greater than 5 gallons in volume or 50 gallons in the aggregate; (3) chemicals in industrial drums or sacks; (4) pits, ponds or lagoons used for waste disposal or storage; (5) fill dirt from a contaminated or unknown source; (6) underground or aboveground storage tanks; (7) vent pipes, fill pipes or access ways indicating a fill pipe protruding from the ground; (8) flooring drains or walls within a facility that are stained by substances other than water and/or are emitting noxious odors; (9) clarifiers, pits or sumps; (10) dry wells.

ENVIRONMENTAL QUESTIONNAIRE

9. Lead-Based Pint, Asbestos or PCBs at Collateral Property Is lead-based paint, asbestos or polychlorinated biphenyls (PCBs) present at the property? *(If yes, please explain)*

Owner’s remarks:

Owner’s signature: Date:

Operator of site’s remarks:

Operator of site’s signature: Date:

ENVIRONMENTAL QUESTIONNAIRE

PART II – ADJOINING PROPERTY(IES)

The following must be completed for each adjoining property the border of which is shared in part or in whole with the Collateral Property, or that would be shared in part or in whole with the Collateral Property but for a street, road, or other public thoroughfare separating the properties. If needed, make additional copies of pages 4-5 for each adjoining property.

Address: _____

Location in relation to Collateral Property: _____

Current Owner: _____

Current Operator of site (if different from current Owner): _____

1. Past and Present Uses of Adjoining Property

a. Past use(s):

(1) Did the past use(s) of the property involve an environmentally sensitive industry? *(If yes, then list NAICS code(s) from SOP 50-10(5) Appendix 4)*

b. Present use:

(1) Does the present use of the property involve an environmentally sensitive industry? *(If yes, then list NAICS code(s) from SOP 50-10(5) Appendix 4)*

2. Hazardous Substances at Adjoining Property

a. If the property is being used for the storage, generation, treatment, emission or disposal of hazardous substances, then list what hazardous substance(s) *(otherwise, mark N/A)*:

(2) If yes, are all permits current for the storage, generation, treatment, emission or disposal of hazardous substances at the property? *(if permits are not current, please explain)*

b. List any other hazardous substances identified, either in the past or present, as being at, on, in, into, under, above, from or about the property *(if none, mark N/A)*:

ENVIRONMENTAL QUESTIONNAIRE

3. Evidence of Contamination at Adjoining Property: Is there any evidence of contamination at the property? *If yes, please explain)*

4. Potential Sources of Contamination at Adjoining Property: Are there potential sources of contamination¹ at the property? *(If yes, please explain)*

5. Past Evidence of Contamination at Adjoining Property: Does the borrower, seller or CDC know of any past evidence of contamination or sources of contamination at the property? *(If yes, please explain)*

6. Lawsuits or Administrative Proceedings for Release of Hazardous Substances at Adjoining Property: Does the borrower, seller or CDC know of any past, threatened or pending lawsuits or administrative proceedings concerning a release or threatened release of hazardous substances at the property? *(If yes, please explain)*

7. Regulatory Actions by Governmental Entity Involving Adjoining Property: Are there, or have there been, any regulatory actions by any governmental entity for environmental conditions at the property? *(If yes, please explain)*

¹ Sources of contamination may include, but are not limited to, the following: (1) damaged or discarded automotive or industrial batteries; (2) pesticides, paints or other chemicals stored in individual containers greater than 5 gallons in volume or 50 gallons in the aggregate; (3) chemicals in industrial drums or sacks; (4) pits, ponds or lagoons used for waste disposal or storage; (5) fill dirt from a contaminated or unknown source; (6) underground or aboveground storage tanks; (7) vent pipes, fill pipes or access ways indicating a fill pipe protruding from the ground; (8) flooring drains or walls within a facility that are stained by substances other than water and/or are emitting noxious odors; (9) clarifiers, pits or sumps; (10) dry wells.



United States of America
SMALL BUSINESS ADMINISTRATION
STATEMENT OF PERSONAL HISTORY

Please Read Carefully: SBA uses Form 912 as one part of its assessment of program eligibility. Please reference SBA Regulations and Standard Operating Procedures if you have any questions about who must submit this form and where to submit it. For further information, please call SBA's Answer Desk at 1-800-U-ASK-SBA (1-800-827-5722), or check SBA's website at www.sba.gov. **DO NOT SEND COMPLETED FORMS TO OMB as this will delay the processing of your application; send forms to the address provided by your lender or SBA representative.**

Name and Address of Applicant (Firm Name)(Street, City, State, and ZIP Code)

SBA District/Disaster Area Office

Amount Applied for (when applicable)

File No. (if known)

1. Personal Statement of: (State name in full, if no middle name, state (NMN), or if initial only, indicate initial.) List all former names used, and dates each name was used. Use separate sheet if necessary.

2. Give the percentage of ownership or stock owned or to be owned in the small business or the development company

Social Security No.

First

Middle

Last

3. Date of Birth (Month, day, and year)

4. Place of Birth: (City & State or Foreign Country)

Name and Address of participating lender or surety co. (when applicable and known)

5. U.S. Citizen? ☐ YES ☐ NO

INITIALS: _____

If No, are you a Lawful Permanent resident alien: ☐ YES ☐ NO

If non- U.S. citizen provide alien registration number: _____

6. Present residence address:

From:

Most recent prior address (omit if over 10 years ago):

From:

To:

To:

Address:

Address:

Home Telephone No. (Include Area Code):

Business Telephone No. (Include Area Code):

PLEASE SEE REVERSE SIDE FOR EXPLANATION REGARDING DISCLOSURE OF INFORMATION AND THE USES OF SUCH INFORMATION.

YOU MUST INITIAL YOUR RESPONSES TO QUESTIONS 5,7,8 AND 9.

IF YOU ANSWER "YES" TO 7, 8, OR 9, FURNISH DETAILS ON A SEPARATE SHEET. INCLUDE DATES, LOCATION, FINES, SENTENCES, WHETHER MISDEMEANOR OR FELONY, DATES OF PAROLE/PROBATION, UNPAID FINES OR PENALTIES, NAME(S) UNDER WHICH CHARGED, AND ANY OTHER PERTINENT INFORMATION. AN ARREST OR CONVICTION RECORD WILL NOT NECESSARILY DISQUALIFY YOU; HOWEVER, AN UNTRUTHFUL ANSWER WILL CAUSE YOUR APPLICATION TO BE DENIED AND SUBJECT YOU TO OTHER PENALTIES AS NOTED BELOW.

7. Are you presently subject to an indictment, criminal information, arraignment, or other means by which formal criminal charges are brought in any jurisdiction?

☐ Yes ☐ No

INITIALS: _____

8. Have you been arrested in the past six months for any criminal offense?

☐ Yes ☐ No

INITIALS: _____

9. For any criminal offense – other than a minor vehicle violation – have you ever: 1) been convicted; 2) plead guilty; 3) plead nolo contendere; 4) been placed on pretrial diversion; or 5) been placed on any form of parole or probation (including probation before judgment).

☐ Yes ☐ No

INITIALS: _____

10. I authorize the Small Business Administration Office of Inspector General to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for programs authorized by the Small Business Act, and the Small Business Investment Act.

CAUTION - PENALTIES FOR FALSE STATEMENTS: Knowingly making a false statement on this form is a violation of Federal law and could result in criminal prosecution, significant civil penalties, and a denial of your loan, surety bond, or other program participation. A false statement is punishable under 18 USC 1001 and 3571 by imprisonment of not more than five years and/or a fine of up to \$250,000; under 15 USC 645 by imprisonment of not more than two years and/or a fine of not more than \$5,000; and, if submitted to a Federally insured institution, under 18 USC 1014 by imprisonment of not more than thirty years and/or a fine of not more than \$1,000,000.

Signature

Title

Date

Agency Use Only

11. ☐ Fingerprints Waived

Date _____ Approving Authority _____

☐ Fingerprints Required

Date _____ Approving Authority _____

Date Sent to OIG _____

12. ☐ Cleared for Processing

Date _____ Approving Authority _____

13. ☐ Request a Character Evaluation

Date _____ Approving Authority _____

(Required whenever 7, 8 or 9 are answered "yes" even if cleared for processing.)

PLEASE NOTE: The estimated burden for completing this form is 15 minutes per response. You are not required to respond to any collection of information unless it displays a currently valid OMB approval number. If you wish to submit comments on the burden for completing this form, direct these comments to U.S. Small Business Administration, Chief, AIB, 409 3rd St., S.W., Washington D.C. 20416 and Desk Officer for the Small Business Administration, Office of Management and Budget, New Executive Office Building, Room 10202, Washington, D.C. 20503. OMB Approval 3245-0178. **DO NOT SEND COMPLETED FORMS TO OMB as this will delay the processing of your application; send forms to the address provided by your lender or SBA representative.**

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 74 Fed. Reg. 14890 (2009) for other published routine uses.



U.S. Small Business Administration Counseling Information Form

OMB Approval No.:3245-0324
Expiration Date: 11/30/2009

Client Number:
Location Code:
Initials of Data Inputter:

1. Name of the Office Providing the Service _____ 1a. Type of Client: ☐ Face to Face ☐ Online ☐ Telephone
2. City/State of Office Location _____

PART I: Client Request for Counseling

3. Client Name (Name of the person completing the form/representative of the business) (Last, First, MI)		4. Email	
5. Telephone Primary _____ Secondary _____		6. Fax	
7. Street Address/PO Box (give business address if currently in business)		8. City	9. State
		10. Zip	+4
11 I request business counseling service from the Small Business Administration (SBA) or an SBA Resource Partner. I agree to cooperate should I be selected to participate in surveys designed to evaluate SBA services. I permit SBA or its agent the use of my name and address for SBA surveys and information mailings regarding SBA products and services (Yes <input type="radio"/> No <input type="radio"/>). I understand that any information disclosed will be held in strict confidence. (SBA will not provide your personal information to commercial entities.) I authorize SBA to furnish relevant information to the assigned management counselor(s). I further understand that the counselor(s) agrees not to: 1) recommend goods or services from sources in which he/she has an interest, and 2) accept fees or commissions developing from this counseling relationship. In consideration of the counselor(s) furnishing management or technical assistance, I waive all claims against SBA personnel, and that of its Resource Partners and host organizations, arising from this assistance. Please note: The estimated burden for completing this form is 3 minutes. You are not required to respond to any collection information unless it displays a currently valid OMB approval number. Comments on the burden should be sent to: U.S. Small Business Administration, 409 3rd Street, SW, Washington, DC 20416, and to: Desk Officer SBA, Office of Management and Budget, New Executive Office Building, Room 10202, Washington, D.C., 20503. OMB Approval (3245-0324). PLEASE DO NOT SEND FORMS TO OMB.			
12. Preferred date & time for appointment Date: _____ Time: _____		13. Client Signature _____ Date: _____	

PART II: Client Intake (to be completed by all Clients)

14. Race (mark one or more) <input type="radio"/> Asian <input type="radio"/> Black or African American <input type="radio"/> Native American or Alaska Native <input type="radio"/> Native Hawaiian or other Pacific Islander <input type="radio"/> White		15. Ethnicity <input type="radio"/> Hispanic Origin <input type="radio"/> Not of Hispanic Origin	16. Gender <input type="radio"/> Male <input type="radio"/> Female	17. Do you consider yourself a person with a disability? <input type="radio"/> Yes <input type="radio"/> No
18. Veteran Status <input type="radio"/> Non-Veteran <input type="radio"/> Veteran <input type="radio"/> Service-Disabled Veteran		18a. Military Status <input type="radio"/> On Active Duty <input type="radio"/> Member of Reserve or National Guard		
19. What inspired you to contact us? (mark all that apply) <input type="checkbox"/> SBA <input type="checkbox"/> Other Client <input type="checkbox"/> Chamber of Commerce <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Bank <input type="checkbox"/> Magazine <input type="checkbox"/> Educational Institution <input type="checkbox"/> Business Owner <input type="checkbox"/> Internet <input type="checkbox"/> Local Economic Development Official <input type="checkbox"/> Television/Radio <input type="checkbox"/> Newspaper <input type="checkbox"/> Word of Mouth				
20. Is the client currently in business? <input type="radio"/> Yes <input type="radio"/> No (if no, skip to 30)		21. Name of Company		
22. Type of Business (choose primary category) <input type="radio"/> Mining <input type="radio"/> Manufacturing <input type="radio"/> Real Estate & Rental & Leasing <input type="radio"/> Professional, Scientific & Technical Services <input type="radio"/> Utilities <input type="radio"/> Finance & Insurance <input type="radio"/> Health Care & Social Assistance <input type="radio"/> Management of Companies & Enterprises <input type="radio"/> Information <input type="radio"/> Wholesale Trade <input type="radio"/> Accommodation & Food Services <input type="radio"/> Agriculture, Forestry, Fishing & Hunting <input type="radio"/> Construction <input type="radio"/> Public Administration <input type="radio"/> Arts, Entertainment & Recreation <input type="radio"/> Administrative & Support <input type="radio"/> Retail Trade <input type="radio"/> Educational Services <input type="radio"/> Transportation & Warehousing <input type="radio"/> Waste Management & Remediation Services <input type="radio"/> Other Services (except Public Administration)				
23. Business Ownership – What percentage of your business is male or female ownership? _____ % Male _____ % Female		24. Month & Year Business Started?	25. Do you conduct business online? <input type="radio"/> Yes <input type="radio"/> No	26. Is this a home based business? <input type="radio"/> Yes <input type="radio"/> No
27. Total No. of Employees (full & part time)	28. For your most recent full business year, what were your: Gross Revenues/Sales \$ _____ +Profits/-Losses \$ _____	29. What is the legal entity of your business? <input type="radio"/> Sole Proprietorship <input type="radio"/> Corporation <input type="radio"/> LLC <input type="radio"/> S-Corporation <input type="radio"/> Partnership <input type="radio"/> Other (specify) _____		
30. What is the nature of counseling you are seeking? (Choose primary category) <input type="radio"/> Start-up Assistance (How do I start a small business?) <input type="radio"/> Human Resources/ Managing Employees <input type="radio"/> Marketing/Sales (promotion, market research, pricing, etc.) <input type="radio"/> Technology/Computers <input type="radio"/> Business Plan <input type="radio"/> Customer Relations <input type="radio"/> Government Contracting (including certifications) <input type="radio"/> eCommerce (using the Internet to do business) <input type="radio"/> Financing/Capital (such as applying for a loan, building equity capital) <input type="radio"/> Cash Flow Management <input type="radio"/> Franchising <input type="radio"/> Legal Issues (such as, Should I incorporate?) <input type="radio"/> Managing a Business <input type="radio"/> Tax Planning <input type="radio"/> Buy/Sell Business <input type="radio"/> International Trade				
Describe specific assistance requested in the space provided. <div style="border: 1px solid black; height: 40px; width: 100%;"></div>				

NOTICE

IMPORTANT INFORMATION ABOUT IDENTIFICATION PROCEDURES WHEN OBTAINING A SBA 504 LOAN

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all Certified Development Companies to obtain, verify, and record information that identifies each person who applies for a SBA 504 loan.

What this means to you: When you apply for a SBA 504 loan, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

Request for Transcript of Tax Return

▶ Request may be rejected if the form is incomplete or illegible.

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 quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Order a Transcript" or call 1-800-908-9946. 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, individual taxpayer identification number, or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number or individual taxpayer identification number if joint tax return

3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)

4 Previous address shown on the last return filed if different from line 3 (see instructions)

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.

REI Business Lending, Beverly Hill, PO Box 1335, Durant, OK 74702

Caution. If the tax transcript is being mailed to a third party, ensure that you have filled in lines 6 through 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your IRS transcript to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.

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. A tax return transcript does not reflect changes made to the account after the return is processed. 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 provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. 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. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. 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 2010, filed in 2011, will not be available from the IRS until 2012. 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.

Check this box if you have notified the IRS or the IRS has notified you that one of the years for which you are requesting a transcript involved **identity theft** on your federal tax return ☐

Caution. Do not sign this form unless all applicable lines have been completed.

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.

Note. For transcripts being sent to a third party, this form must be received within 120 days of the signature date.

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