



APPLICATION CHECKLIST FOR NON REAL ESTATE TRANSACTIONS

- ☐ EXECUTIVE SUMMARY - DESCRIPTION OF CURRENT BUSINESS AND FINANCING REQUEST
- ☐ COMPLETED AND SIGNED LOAN APPLICATION by ALL APPLICANTS / GUARANTORS > 20%
- ☐ 3 YEARS SIGNED TAX RETURNS FOR OPERATING COMPANY - ALL SCHEDULES
- ☐ YTD PROFIT & LOSS STATEMENT AND CURRENT BALANCE SHEET
- ☐ PERSONAL FINANCIAL STATEMENT - ALL APPLICANTS / GUARANTORS
- ☐ COPIES OF BANK/BROKERAGE STATEMENTS REFLECTING ALL LIQUID ASSETS - 3 MONTHS
- ☐ 3 YEARS SIGNED TAX RETURNS FOR ALL BORROWERS - INCLUDE ALL SCHEDULES / K-1'S
- ☐ COMPLETED AND SIGNED 4506-T FOR ALL BORROWERS / ENTITIES
- ☐ ALL ENTITY DOCUMENTS INCLUDING ARTICLES OF ORGANIZATION
- ☐ RECENT BUSINESS BANK STATEMENT
- ☐ ALL BUSINESS LOAN / LINE of CREDIT / CREDIT CARD STATEMENTS

APPLICATION CHECKLIST FOR REAL ESTATE TRANSACTIONS

- ☐ 3 YEARS SIGNED TAX RETURNS FOR RE HOLDING COMPANY - ALL SCHEDULES
- ☐ COMPLETE RENT ROLL - INCLUDING TENANT / LEASE TERMS / RENT / SQ FT OCCUPIED
- ☐ INCOME AND EXPENSE STATEMENT
- ☐ COPIES OF ALL COMMERCIAL LEASES - START/END DATES AND RENEWAL OPTIONS
- ☐ DESCRIPTION OF BUILDING / PICTURES / ANY RECENT 3RD PARTY REPORTS
- ☐ CONTACT NAME AND PHONE # FOR CPA / ATTORNEY / INSURANCE AGENT
- ☐ CURRENT MORTGAGE STATEMENT(S)
- ☐ FULLY EXECUTED PURCHASE CONTRACT

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COMMERCIAL LOAN APPLICATION

TYPE OF LOAN

☐ LINE of CREDIT ☐ COMMERCIAL MORTGAGE ☐ TERM LOAN
☐ EQUIPMENT FINANCING ☐ DEBT CONSOLIDATION

AMOUNT REQUESTED _____ TERM _____
USE OF FUNDS _____
COLLATERAL _____

COMPANY INFORMATION

BUSINESS NAME _____
DBA _____
PHYSICAL ADDRESS _____

BUSINESS DESCRIPTION _____
PHONE # _____ FAX # _____
WEBSITE _____
TAX ID # _____ DATE ESTABLISHED _____
CURRENT CREDIT UNION MEMBER ☐ YES ☐ NO
ENTITY TYPE ☐ CORPORATION ☐ PARTNERSHIP ☐ LLC ☐ NON-PROFIT
ANNUAL SALES \$ _____ NET INCOME \$ _____
of LOCATIONS _____ # of EMPLOYEES _____
LIST ANY AFFILIATED COMPANIES _____
CURRENT BUSINESS BANKING RELATIONSHIP

<u>NAME of BANK</u>	<u>TYPE of ACCOUNT</u>	<u>AVERAGE BALANCE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

OWNER INFORMATION - ALL PRINCIPLES WITH > 20% OWNERSHIP INTEREST

<u>NAME</u>	<u>TITLE</u>	<u>% OWNERSHIP</u>
<u>HOME ADDRESS</u>		
<u>EMAIL</u>	<u>HOME PH</u>	<u>CELL</u>
<u>SOCIAL SECURITY #</u>	<u>DOB</u>	<u>MONTHLY INCOME</u>
<u>PLACE OF BIRTH</u>		

<u>NAME</u>	<u>TITLE</u>	<u>% OWNERSHIP</u>
<u>HOME ADDRESS</u>		
<u>EMAIL</u>	<u>HOME PH</u>	<u>CELL</u>
<u>SOCIAL SECURITY #</u>	<u>DOB</u>	<u>MONTHLY INCOME</u>
<u>PLACE OF BIRTH</u>		



MISCELLANEOUS INFORMATION

- | | | | | | |
|---|--|-----|--------------------------|----|--------------------------|
| 1 | HAS THE BUSINESS OR ANY PRINCIPLE/OWNER EVER DECLARED BANKRUPTCY? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| 2 | IS THE BUSINESS OR ANY PRINCIPLE/OWNER A PARTY TO ANY LIEN OR LAWSUIT? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| 3 | ARE THERE ANY DELINQUENT STATE OR FEDERAL TAXES OWED BY THE BUSINESS? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| 4 | IS THE BUSINESS FOR SALE OR UNDER AGREEMENT THAT WOULD CHANGE THE OWNERSHIP OF THE BUSINESS? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| 5 | HAS THE BUSINESS NAME CHANGED IN THE LAST 5 YEARS? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| 6 | HAS THE BUSINESS RELOCATED FROM ONE COUNTY TO ANOTHER IN THE LAST 5 YEARS? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |

IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, PLEASE ATTACH DETAILS

By signing below, you certify that, to the best of your knowledge and belief, all information contained on this application (and in the accompanying statements and documents) is true, and correct. You agree to notify NEFCU immediately of any material changes in this application. You authorize NEFCU or its assigns to contact any bank, business credit reporting and credit bureau agencies and associations it deems necessary without further notice to obtain credit information. You also authorize NEFCU or its assigns to make inquiries to the Internal Revenue Service, and to provide information concerning Applicant's credit relationship to business credit and credit bureau agencies and associations and other creditors. This application remains the sole property of NEFCU whether or not the loan is granted.

APPLICANT NAME	_____	TITLE	_____	
APPLICANT SIGNATURE	_____		DATE	_____
APPLICANT NAME	_____	TITLE	_____	
APPLICANT SIGNATURE	_____		DATE	_____
GUARANTOR NAME	_____	TITLE	_____	
GUARANTOR SIGNATURE	_____		DATE	_____
GUARANTOR NAME	_____	TITLE	_____	
GUARANTOR SIGNATURE	_____		DATE	_____

Please use page 4 for additional Borrowers



ADDITIONAL OWNER INFORMATION - ALL PRINCIPLES WITH > 20% OWNERSHIP INTEREST

<u>NAME</u>	<u>TITLE</u>	<u>% OWNERSHIP</u>
<u>HOME ADDRESS</u>		
<u>EMAIL</u>	<u>HOME PH</u>	<u>CELL</u>
<u>SOCIAL SECURITY #</u>	<u>DOB</u>	<u>MONTHLY INCOME</u>
<u>PLACE OF BIRTH</u>		

<u>NAME</u>	<u>TITLE</u>	<u>% OWNERSHIP</u>
<u>HOME ADDRESS</u>		
<u>EMAIL</u>	<u>HOME PH</u>	<u>CELL</u>
<u>SOCIAL SECURITY #</u>	<u>DOB</u>	<u>MONTHLY INCOME</u>
<u>PLACE OF BIRTH</u>		

<u>APPLICANT NAME</u>	<u>TITLE</u>
<u>APPLICANT SIGNATURE</u>	<u>DATE</u>
<u>APPLICANT NAME</u>	<u>TITLE</u>
<u>APPLICANT SIGNATURE</u>	<u>DATE</u>
<u>GUARANTOR NAME</u>	<u>TITLE</u>
<u>GUARANTOR SIGNATURE</u>	<u>DATE</u>
<u>GUARANTOR NAME</u>	<u>TITLE</u>
<u>GUARANTOR SIGNATURE</u>	<u>DATE</u>

BUSINESS DEBT SCHEDULE

COMPANY NAME: _____ **Date:**

INDEBTEDNESS: Furnish the following information on all installment debts, contracts, notes and mortgage payable. Indicate by an asterisk (*) items to be paid by loan proceeds and reason for paying same (present balance should agree with latest balance sheet submitted). Do not include accounts payable or accrued liabilities.

CREDITOR Name/Address	ORIGINAL DATE	ORIGINAL AMOUNT	PRESENT BALANCE	INTEREST RATE	MONTHLY PAYMENT	MATURITY DATE	COLLATERAL/ SECURITY
TOTAL PRESENT BALANCE**			\$				

*Date should be the same as interim Financial Statement ** Total must agree with balance shown on interim balance sheet

Signature

Date



PERSONAL FINANCIAL STATEMENT

As of _____, 20 _____

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 and each corporate officer and director, or (4) any other person or entity providing a guaranty on the loan.

Name:	Business Phone ()
Residence Address:	Residence Phone ()
City, State, & Zip Code:	Primary Banking Relationship:
Business Name of Applicant/Borrower	Personal Tax returns Filed For 20 _____

ASSETS	LIABILITIES
(omit cents)	(omit cents)
Cash on Hand and in Banks _____	Accounts Payable _____
Savings Accounts _____	Notes Payable to Banks and Others _____
IRA or Other Retirement Accounts _____	(Describe in Section 2)
Accounts & Notes Receivable _____	Installment Account (Auto) _____
Life Insurance- Cash Surrender Value Only _____	Mo. Payments \$ _____
(Complete Section 8)	Installment Account (Other) _____
Stocks and Bonds _____	Mo. Payments \$ _____
(Describe in Section 3)	Loan on Life Insurance _____
Real Estate _____	Mortgages on Real Estate _____
(Describe in Section 4)	(Describe in Section 4)
Automobile - Present Value _____	Unpaid Taxes _____
Other Personal Property _____	(Describe in Section 6)
(Describe in Section 5)	Other Liabilities _____
Other Assets _____	(Describe in Section 7)
(Describe in Section 5)	
Total Assets: \$ _____	Total Liabilities: \$ _____
	Total Net Worth: \$ _____

Section 1. Source of Income	Contingent Liabilities
Salary.....(jointly)..... _____	As Endorsor or Co-Maker..... _____
Net Investment Income..... _____	Legal Claims and 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 part of this Statement and signed).

Name of Noteholder	Original Balance	Current Balance	Frequency	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 Quote/Exchange	Date of Quote/Exchange	Total Value
Section 4. Real Estate Owned (List each parcel separately. Use attachments if necessary. Each attachment must be identified as a part of this statement and signed).					
	Property A	Property B	Property C	Property D	
Property Type (1-4 family, commercial, raw land)					
Name of Title Holder					
Property Address					
Date Purchased					
Original Cost					
Present Market Value					
Name /Address of Mortgage Holder					
Mortgage Account Number					
Mortgage Balance					
Amount of Payment Per Month					
Section 5. Other Personal property (Describe, and if any is pledged as security, state name and address of lien holder, amount of lien and terms of payment, and if delinquent, describe delinquency).					
Section 6. Unpaid Taxes (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches).					
Section 7. Other Liabilities (Describe in detail)					
Section 8. Life Insurance Held. (Give face amount and cash surrender value of policies - name of insurance company and beneficiaries).					
I authorize NEFCU or its affiliates and financial resources to make inquiries as necessary to verify the accuracy of the statements made and 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.					
Signature: _____ Date: _____ Social Security Number: _____					
Signature: _____ Date: _____ Social Security Number: _____					

Request for Transcript of Tax Return

OMB No. 1545-1872

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

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 the transcript is being mailed to a third party, ensure that you have filled in line 6 and line 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy.

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 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. 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 2007, filed in 2008, will not be available from the IRS until 2009. 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. **Note.** For transcripts being sent to a third party, this form must be received within 120 days of signature date.

Sign Here	Signature (see instructions)	Date	Telephone number of taxpayer on line 1a or 2a
	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, or the state your business was 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.

If you are requesting more than one transcript or other product and the chart below shows two different RAVS teams, send your request to the team based on the address of your most recent return.

Automated transcript request. You can call 1-800-829-1040 to order a transcript through the automated self-help system. Follow prompts for "questions about your tax account" to order a tax return transcript.

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:
Florida, Georgia, North Carolina, South Carolina	RAIVS Team P.O. Box 47-421 Stop 91 Doraville, GA 30362 770-455-2335
Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team Stop 6716 AUSC Austin, TX 73301 512-460-2272
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	RAIVS Team Stop 37106 Fresno, CA 93888 559-456-5876
Arkansas, Connecticut, Delaware, District of Columbia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, Ohio, Pennsylvania, Rhode Island, Vermont, Virginia, West Virginia	RAIVS Team Stop 6705 P-6 Kansas City, MO 64999 816-292-6102

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, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Tennessee, Texas, Utah, Washington, Wyoming, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409 801-620-6922
Connecticut, Delaware, District of Columbia, Georgia, 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

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 120 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. You are not required to request any transcript; if you do request a transcript, sections 6103 and 6109 and their regulations 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-6526, Washington, DC 20224. Do not send the form to this address. Instead, see *Where to file* on this page.