

**Southern Development Council, Inc.**

**Company Information**

Company name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Principal in charge \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Secondary contact person \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_  
(IN-HOUSE CONTROLLER OR BOOKEEPER)

Type of business \_\_\_\_\_ Date established \_\_\_\_\_

Type of entity (check one):       Proprietorship       Partnership       Corporation       LLC

**Company Ownership**

Name \_\_\_\_\_ Title \_\_\_\_\_ % of Ownership \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ % of Ownership \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ % of Ownership \_\_\_\_\_

**Affiliate Businesses**      IF APPLICABLE

Name \_\_\_\_\_ Owner \_\_\_\_\_ % of Ownership \_\_\_\_\_  
(APPLICANT COMPANY OR INDIVIDUALS)

Name \_\_\_\_\_ Owner \_\_\_\_\_ % of Ownership \_\_\_\_\_  
(APPLICANT COMPANY OR INDIVIDUALS)

If a corporation, please indicate who is President and Secretary

**Existing Business Locations**

Address \_\_\_\_\_ Square feet \_\_\_\_\_ Lease payment \_\_\_\_\_ Lease expiration \_\_\_\_\_

Replaced by new facility? \_\_\_\_\_

Address \_\_\_\_\_ Square feet \_\_\_\_\_ Lease payment \_\_\_\_\_ Lease expiration \_\_\_\_\_

Replaced by new facility? \_\_\_\_\_

**References**

Bank name \_\_\_\_\_ Acct. no. \_\_\_\_\_ Acct. officer \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Accountant \_\_\_\_\_ Firm name \_\_\_\_\_ Phone \_\_\_\_\_

Attorney \_\_\_\_\_ Firm name \_\_\_\_\_ Phone \_\_\_\_\_

Trade references \_\_\_\_\_ Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_

**Nature of Your Business**

Nature of your business \_\_\_\_\_  
\_\_\_\_\_

Type of products or services (include any catalogs or brochures) \_\_\_\_\_  
\_\_\_\_\_

Geographic market area \_\_\_\_\_  
\_\_\_\_\_

List key customers \_\_\_\_\_  
\_\_\_\_\_

List major competitors \_\_\_\_\_  
\_\_\_\_\_

**Project Information**

Street address of project \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

What is the square footage of the new building? \_\_\_\_\_ What is the square footage your company will occupy?\*

\* Please note -- We require your company to occupy 51% of an existing building and 60% of a new building.

Escrow closing date \_\_\_\_\_ Realtor's name \_\_\_\_\_ Phone \_\_\_\_\_

If known, how will the property be vested (i.e. individually, husband and wife, partnership, LLC, corporation, trust ...) \_\_\_\_\_

Please provide appropriate document (i.e. Partnership Agreement, LLC documents, Articles of Incorporation, Trust Agreement ...)

**Total Project Costs**

**Purchase existing building**

Purchase price ----- \$ \_\_\_\_\_

Improvements ----- \$ \_\_\_\_\_

Equipment\* ----- \$ \_\_\_\_\_

Other ----- \$ \_\_\_\_\_

Total ----- \$ \_\_\_\_\_

**Construction Project**

Land acquisition ----- \$ \_\_\_\_\_

Construction bid ----- \$ \_\_\_\_\_

Architects, permits, other soft costs ----- \$ \_\_\_\_\_

Equipment\* ----- \$ \_\_\_\_\_

Other ----- \$ \_\_\_\_\_

Total ----- \$ \_\_\_\_\_

\* Please note -- equipment to be financed must have a useful life of 10 years or greater.

If there are any tenants that will remain in the building, please provide the following information: Also, please have your realtor provide copies of all existing leases.

Tenant name	Square footage	Lease expiration	Rent amount

**Business Debt Schedule**

Indebtedness: Furnish the following information on all installment debts, contracts, notes, and mortgages payable. Do not include accounts payable or accrued liabilities.

Company Name \_\_\_\_\_ Date \_\_\_\_\_ \*

Creditor Name/address	Original amount	Original date	Present balance	Interest rate	Maturity date	Monthly payment	Security	Current or delinquent
<b>Total present balance**</b>				<b>Total monthly payment</b>				

\* Should be the same date as current financial statement.

\*\* Total must agree with balance shown on current financial statement.

## Employee Questionnaire

Number of current employees \_\_\_\_\_

Estimated number of new employees within the next two years as a result of this project \_\_\_\_\_

### Key employees

Name	Title	Responsibilities	Years with company	Years in the industry

## Miscellaneous Questions

Have you or any officer of your company ever been involved in bankruptcy or insolvency proceedings? \_\_\_\_\_

Are you or your business involved in any pending or prior lawsuits? \_\_\_\_\_ *If yes, please provide details on a separate sheet.*

Have you ever received a SBA loan? \_\_\_\_\_ *If yes, please provide a copy of the SBA Loan Authorization Document and the following:*

Original Amount \$ \_\_\_\_\_ Date of the loan \_\_\_\_\_

Current Balance \$ \_\_\_\_\_ Status \_\_\_\_\_

## Checklist

### Business Information

<input type="checkbox"/>	Business financial statements for the last three years
<input type="checkbox"/>	Projections (if business is less than three years old)
<input type="checkbox"/>	Interim financial statement dated within the last 45 days
<input type="checkbox"/>	Business debt schedule (form attached)
<input type="checkbox"/>	Federal tax returns for the last three years
<input type="checkbox"/>	Articles of Incorporation, Amendments thereto, and By-Laws (if corporation)
<input type="checkbox"/>	Articles of Organization and Operating Agreement (if LLC)
<input type="checkbox"/>	Partnership Agreement (if partnership)
<input type="checkbox"/>	Business License <i>and</i> Fictitious Business Name Statement (if proprietorship)
<input type="checkbox"/>	Franchise Agreement

### Personal information (for each owner of 20% or greater)

<input type="checkbox"/>	Personal tax returns for the last three years
<input type="checkbox"/>	Personal resume (form attached)
<input type="checkbox"/>	Personal financial statement (form attached)
<input type="checkbox"/>	Photocopy of driver's license/I.D. card

### Real estate information

<input type="checkbox"/>	Real Estate Purchase Agreement or settlement sheet
<input type="checkbox"/>	Construction cost budget and/or equipment invoices
<input type="checkbox"/>	Existing environmental studies

## Authorization to Release Information

I/We hereby authorize the release to Southern Development Council, Inc. of any information they may require at any time for any purpose related to my/our credit transaction with them.

I/We further authorize Southern Development Council, Inc. to release such information to any entity they deem necessary for any purpose related to my/our credit transaction with them.

I/We hereby certify that the enclosed information, including any attachments or exhibits provided here within or at a later date, is valid and correct to the best of my/our knowledge.

Name of applicant(s) \_\_\_\_\_

Signature of applicant(s) \_\_\_\_\_ Date \_\_\_\_\_

Name of applicant(s) \_\_\_\_\_

Signature of applicant(s) \_\_\_\_\_ Date \_\_\_\_\_

**Personal Resume Form**

TO BE COMPLETED BY EACH PRINCIPAL INVOLVED IN THE LOAN.

Name \_\_\_\_\_  
FIRST MIDDLE MAIDEN LAST

Date of birth\* \_\_\_\_\_ Place of birth \_\_\_\_\_ Race\* \_\_\_\_\_ Social Security No. \_\_\_\_\_

U.S. Citizen -- if not, please provide alien registration number \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Home phone \_\_\_\_\_ Business phone \_\_\_\_\_

Immediate past address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

Are you employed by the U.S. Government? \_\_\_\_\_ If so, give the name of the agency and position \_\_\_\_\_

Spouse's name \_\_\_\_\_  
FIRST MIDDLE MAIDEN LAST

Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_ Race \_\_\_\_\_ Social Security No. \_\_\_\_\_

**Personal information**

*Be sure to answer the next three questions correctly because they are important. The fact that you have an arrest or conviction record will not necessarily disqualify you; an incorrect answer will probably cause your application to be turned down.*

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

Have you ever been charged with or arrested for any criminal offense other than a minor vehicle violation? Include offenses which have been dismissed, discharged, or nolle prosequi. (All arrests and charges must be disclosed and explained on an attached sheet) \_\_\_\_\_  Yes  No

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

If yes to any of the above, furnish details in a separate exhibit. List name(s) under which held.

**Military service background**

Branch \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Rank at discharge \_\_\_\_\_ Honorable? \_\_\_\_\_

Job description \_\_\_\_\_

\* This data is collected for statistical purposes only. It has no bearing on the credit decision. Disclosure is voluntary.

Work experience

List chronologically, beginning with present employment

Name of company \_\_\_\_\_ % of business owned \_\_\_\_\_

Full address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Title \_\_\_\_\_ Duties \_\_\_\_\_

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Name of company \_\_\_\_\_ % of business owned \_\_\_\_\_

Full address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Title \_\_\_\_\_ Duties \_\_\_\_\_

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Name of company \_\_\_\_\_ % of business owned \_\_\_\_\_

Full address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Title \_\_\_\_\_ Duties \_\_\_\_\_

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Education (College or Technical Training)

Name and Location	Dates Attended	Major	Degree or Certificate
1. _____	_____	_____	_____
Comments _____			
2. _____	_____	_____	_____
Comments _____			
3. _____	_____	_____	_____
Comments _____			
4. _____	_____	_____	_____
Comments _____			

**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 \_\_\_\_\_ Home phone \_\_\_\_\_ Business phone \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business name of applicant/borrower \_\_\_\_\_

Assets	OMIT CENTS	Liabilities	OMIT CENTS
Cash on hand and in banks	\$ _____	Accounts payable	\$ _____
Savings accounts	\$ _____	Notes payable to banks and others (Describe in Section 2)	\$ _____
IRA or other retirement account	\$ _____	Installment account (Auto) Monthly payments	\$ _____
Accounts and notes receivable	\$ _____	Installment account (Other) Monthly payments	\$ _____
Life insurance-cash surrender value only (Complete Section 8)	\$ _____	Loan on life insurance	\$ _____
Stocks and bonds (Describe in Section 3)	\$ _____	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)	\$ _____	Total liabilities	\$ _____
Other assets (Describe in Section 5)	\$ _____	Net worth	\$ _____
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.

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\*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 noteholders	Original balance	Current balance	Payment amount	Frequency (monthly, etc.)	How secured or endorsed type of collateral

**Section 3. Stock 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 SEPERATELY. 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			
Owner			
Property address			
Date purchased			
Original cost			
Present market value			
Mortgage holder			
Address of mortgage holder			
Mortgage account number			
Mortgage balance			
Amount of payment per month/year			
Status of mortgage			

**Section 5. Other Personal Property and Other Assets** DESCRIBE, AND IF ANY IS PLEDGED AS SECURITY, STATE NAME AND ADDRESS OF LIEN HOLDER, AMOUNT OF LIEN, TERMS OF PAYMENT, AND IF DELINQUENT, DESCRIBE DELINQUENCY.

**Section 6. Unpaid Taxes** DESCRIBE IN DETAIL, AS TO TYPE, TO WHOM PAYABLE, WHEN DUE, AMOUNT AND TO WHAT PROPERTY, IF ANY, A TAX LIEN ATTACHES.

**Section 7. Other Liabilities** DESCRIBE IN DETAIL.

**Section 8. Life Insurance Held** GIVE FACE AMOUNT AND CASH SURRENDER VALUE OF POLICIES--NAME OF INSURANCE COMPANY AND BENEFICIARIES.

I authorize SBA/Lender to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above 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. 10001).

Signature \_\_\_\_\_ Date \_\_\_\_\_ Social Security Number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Social Security Number \_\_\_\_\_