



## Loan Application

(Failure to provide all required information could result in delay of approval)

### Company Information

Company Name \_\_\_\_\_

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

Principal in Charge \_\_\_\_\_ Wk Phone (\_\_\_\_) \_\_\_\_\_ Wk Fax (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

Secondary Contact \_\_\_\_\_ Wk Phone (\_\_\_\_) \_\_\_\_\_ Wk Fax (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

Type of Business \_\_\_\_\_ Date Established \_\_\_\_\_

Type of Entity (Check One):  Proprietorship  Partnership  LLC  Corporation – Yrs Business Incorporated \_\_\_\_\_

Number of Current Employees \_\_\_\_\_ Estimated Number of New Employees Within the Next Two Years Due to Loan \_\_\_\_\_

### Total Project Costs

	Enter Dollar Amounts		Enter Dollar Amounts
Real Estate (Land and Building).....	\$ _____	Professional Fees	
New construction / Expansion / Repair.....	\$ _____	Architect fees .....	\$ _____
Improvements to Leased Property.....	\$ _____	Engineering Costs .....	\$ _____
Construction contingency.....	\$ _____	Appraisal Fees .....	\$ _____
Acquisition and / or repair of machinery and equip... \$ _____		Environmental Fees .....	\$ _____
Acquisition and / or repair of fixtures.....	\$ _____	Other Costs	
Inventory Purchase.....	\$ _____	Interim Interest .....	\$ _____
Working Capital (Including loan fees).....	\$ _____	_____ .....	\$ _____
Acquisition of existing business.....	\$ _____	<b>Total Soft Costs.....</b>	<b>\$ _____</b>
<b>Total Business Costs.....</b>	<b>\$ _____</b>	<b>Total Project Costs.....</b>	<b>\$ _____</b>

### Checklist

Please attach the following documents.

<input type="checkbox"/> Business Financial Statements (last 3 years)	<input type="checkbox"/> Personal History Statement (form attached)
<input type="checkbox"/> Projections (form attached)	<input type="checkbox"/> Other _____
<input type="checkbox"/> Person Financial Statement (form attached)	<input type="checkbox"/>

### Credit Report Authorization

I declare that the information provided in this application is true and correct. I hereby authorize the release of any and all credit reports and other information required in the processing of my loan application, and as required in the servicing and/or during the term of my loan. I further authorized East Texas Regional Development Company and its successor to release such information to any entity as required in the processing of my loan application.

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

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Spouse \_\_\_\_\_ Date \_\_\_\_\_



**PERSONAL FINANCIAL STATEMENT**

U.S. SMALL BUSINESS ADMINISTRATION

As of \_\_\_\_\_, \_\_\_\_\_

Complete this form for: (1) each proprietor, or (2) each limited partner who owns 20% or more interest and each general partner, or (3) each stockholder owning 20% or more of voting stock, or (4) any person or entity providing a guaranty on the loan.

Name	Business Phone
Residence Address	Residence Phone
City, State, & Zip Code	
Business Name of Applicant/Borrower	

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

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 Property			
Address			
Date Purchased			
Original Cost			
Present Market Value			
Name & Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment per Month/Year			
Status of Mortgage			

**Section 5. Other Personal Property and Other Assets.** (Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment and if delinquent, describe delinquency)

**Section 6. Unpaid Taxes.** (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)

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

**Section 8. Life Insurance Held.** (Give face amount and 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 and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. I understand FALSE statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001).

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

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

**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.**



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](http://www.sba.gov).

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	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? <input type="checkbox"/> YES <input type="checkbox"/> NO If No, are you a Lawful Permanent resident alien: <input type="checkbox"/> YES <input type="checkbox"/> NO If non- U.S. citizen provide alien registration number: _____	INITIALS: _____
6. Present residence address: From: To: Address:  Home Telephone No. (Include Area Code): Business Telephone No. (Include Area Code):	Most recent prior address (omit if over 10 years ago): From: To: Address:	

**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, UNTRUTHFUL ANSWER WILL CAUSE YOUR APPLICATION TO BE DENIED AND SUBJECT YOU TO OTHER PENALTIES AS NOTED BELOW.**

7. Are you presently under indictment, on parole or probation? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, indicate date parole or probation is to expire.)	INITIALS: _____
8. Have you ever been charged with, and/or arrested for, any criminal offense other than a minor motor vehicle violation? Include offenses which have been dismissed, discharged, or not prosecuted. (All arrests and charges must be disclosed and explained on an attached sheet.)	INITIALS: _____
9. 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 vehicle violation?	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
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<b>Agency Use Only</b>		12. <input type="checkbox"/> Cleared for Processing	Date _____	Approving Authority _____
11. <input type="checkbox"/> Fingerprints Waived	Date _____	Approving Authority _____		
<input type="checkbox"/> Fingerprints Required	Date _____	Approving Authority _____		
Date Sent to OIG _____				
		13. <input type="checkbox"/> 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. Comments on the burden should be sent 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. **PLEASE DO NOT SEND FORMS TO OMB.**



## Counseling Information Form North Texas Small Business Development Centers



### PART I: Client Request for Counseling

<b>1. Client Name</b> (Name of the person completing the form/representative of the business) (Last, First, MI)		<b>2. Email</b>	
<b>3. Telephone</b> Primary _____ Secondary _____		<b>4. Fax</b>	
<b>5. Street Address/PO Box</b> (give business address if currently in business)	<b>6. City</b>	<b>7. State</b>	<b>8. Zip</b> (+4 if known)
<p><b>9.</b> 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="checkbox"/> No <input type="checkbox"/>). 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 3<sup>rd</sup> 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.</p>			
<b>10. Client Signature</b>		<b>11. Date:</b>	

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

<b>12. Race</b> (mark one or more) <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native American or Alaska Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White	<b>13. Ethnicity</b> <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Hispanic	<b>14. Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>15. Do you consider yourself a person with a disability?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>16. Veteran Status</b> <input type="checkbox"/> Non-Veteran <input type="checkbox"/> Service-Disabled Veteran <input type="checkbox"/> Veteran
<b>16a. Reservist Status</b> <input type="checkbox"/> None <input type="checkbox"/> National Guard <input type="checkbox"/> National Guard – Active Duty <input type="checkbox"/> Reservist <input type="checkbox"/> Reservist – Active Duty	<b>17. Who referred you?</b> <input type="checkbox"/> Advertising <input type="checkbox"/> Bank <input type="checkbox"/> Chamber <input type="checkbox"/> Client/Word of Mouth <input type="checkbox"/> Educational Institution <input type="checkbox"/> Internet <input type="checkbox"/> Local Economic Development <input type="checkbox"/> Media <input type="checkbox"/> Newspapers <input type="checkbox"/> SBA <input type="checkbox"/> SBDC <input type="checkbox"/> Training Seminar <input type="checkbox"/> Other (specify) _____		<b>18. SBA Client Status</b> Have you, or do you intend to apply for any of these SBA Programs? <input type="checkbox"/> 8 (a) Client <input type="checkbox"/> Procurement Assistance <input type="checkbox"/> Applicant <input type="checkbox"/> Surety Bond <input type="checkbox"/> Loan (Borrower) <input type="checkbox"/> Technical Assistance <input type="checkbox"/> COC –Certificate of Competency	
<b>19. Are you currently in business?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>20. NAICS - North American Industry Classification System</b> _____ <input type="checkbox"/> Unknown (SBDC staff can provide Assistance)		<b>21. Status</b> <input type="checkbox"/> Pre-venture/Nascent (skip to 32) <input type="checkbox"/> Start Up (in business < 1 year) <input type="checkbox"/> In Business (> 1 year)	
<b>22. Name of Company</b> _____		<b>22.a Company Email</b> [Same as above <input type="checkbox"/> ]		<b>22.b Phone</b> [Same as above <input type="checkbox"/> ]
<b>23. Type of Business</b> (choose primary category) <input type="checkbox"/> Agriculture <input type="checkbox"/> Not In Business <input type="checkbox"/> Construction <input type="checkbox"/> Research and Development <input type="checkbox"/> Finance <input type="checkbox"/> Retail Trade <input type="checkbox"/> Manufacturing <input type="checkbox"/> Service Establishment		<b>24. Business Size</b> (choose primary category) <input type="checkbox"/> Certified SDB or SBA 8 (a) Small <input type="checkbox"/> Disadvantaged Small <input type="checkbox"/> Other Small <input type="checkbox"/> Large <input type="checkbox"/> Woman Owned Small <input type="checkbox"/> Minority – Owned Small		<b>25. Business Ownership –</b> What percentage of your business is male or female owned? _____% Male _____% Female
<b>26. Date Business Started?</b> ____/____/____	<b>27. Do you conduct business online?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>28. Home based business?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>29. Total Employees –</b> (including owner) <input type="checkbox"/> Full Time _____ <input type="checkbox"/> Part Time _____	<b>30. In your most recent full business year:</b> Gross Revenues/Sales _____ +Profits/-Losses _____
<b>31. What is the legal entity of your business?</b> <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Non-Profit Organization <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> S-Corporation		<b>32. What is the nature of counseling you are seeking?</b> (Choose primary category) <input type="checkbox"/> Accounting & Records <input type="checkbox"/> Financing/Capital <input type="checkbox"/> Inventory Control <input type="checkbox"/> Business Liquidation <input type="checkbox"/> Franchising <input type="checkbox"/> Marketing/Sales <input type="checkbox"/> Computer Systems <input type="checkbox"/> Government Contracting <input type="checkbox"/> Personnel <input type="checkbox"/> E-Commerce <input type="checkbox"/> International Trade <input type="checkbox"/> Sources of Capital <input type="checkbox"/> Engineering R&D		
<b>Describe specific Assistance requested in the space provided.</b> _____ _____ _____				