



| | |
|--------------------------|----------|
| ETRDC Use Only | |
| <input type="checkbox"/> | 504 Loan |
| <input type="checkbox"/> | CLP Loan |
| <input type="checkbox"/> | ED Loan |

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 _____

New Project Information

Street Address of Project _____

City _____ County _____ State ____ Zip _____

What is the square footage of the new building? _____ What is the square footage that the business will occupy?*

*** SBA requires that a business occupy at least 51% of an existing building or 60% of a new building.**

Closing Date _____ Realtor's Name _____ Phone (____) _____

How will the property be vested (i.e. individually, partnership, LLC, ...)? _____

If there are any tenants that will remain in the building, please provide the following information: *Please provide copies of existing leases*

| Tenant name | Square footage | Lease expiration | Rent amount |
|-------------|----------------|------------------|-------------|
| | | | |
| | | | |

Checklist

Business Information

| | |
|--------------------------|---|
| <input type="checkbox"/> | Business Financial Statements (last 3 years) |
| <input type="checkbox"/> | Projections (form attached) |
| <input type="checkbox"/> | Interim Financial Statements (within 60 days) |
| <input type="checkbox"/> | Business Debt Schedule (form attached) |
| <input type="checkbox"/> | Federal Tax Returns (last 3 years) |
| <input type="checkbox"/> | Other _____ |

Personal Information (each individual with 20% or more ownership)

| | |
|--------------------------|--|
| <input type="checkbox"/> | Personal Tax Returns (last 3 years) |
| <input type="checkbox"/> | Personal Resume (form attached) |
| <input type="checkbox"/> | Personal Financial Statement (form attached) |
| <input type="checkbox"/> | Personal History Statement (form attached) |

Deposit

| | |
|--------------------------|---|
| <input type="checkbox"/> | \$1,000 Deposit (returnable at closing) |
|--------------------------|---|

Legal Entity Documents (as applicable)

| | |
|--------------------------|--|
| <input type="checkbox"/> | Sole Proprietorship - Fictitious Business Name Statement (filing and proof of publication with county records) |
| <input type="checkbox"/> | Corporation – Articles of Incorporation, Corporate Bylaws and Stock Certificates |
| <input type="checkbox"/> | Partnerships (General, Limited or Limited Liability) – Partnership Agreement (with all exhibits and State Registration, if any) |
| <input type="checkbox"/> | Limited Liability Company – Articles of Organization Form (LLC-1) and Operating Agreement |
| <input type="checkbox"/> | Trust – Trust Agreement with all exhibits |

Real Estate Information

| | |
|--------------------------|--|
| <input type="checkbox"/> | Real Estate Purchase Agreement |
| <input type="checkbox"/> | Construction cost budget and/or equipment bids |
| <input type="checkbox"/> | Existing environmental studies |
| <input type="checkbox"/> | Appraisals |

Reference

Bank Name _____ Account Officer _____ Ph. (____) _____
 Accountant _____ Firm Name _____ Ph. (____) _____
 Attorney _____ Firm Name _____ Ph. (____) _____

Company Ownership

Name _____ Title _____ % Ownership _____
 Name _____ Title _____ % Ownership _____
 Name _____ Title _____ % Ownership _____
 Name _____ Title _____ % Ownership _____

Please indicate President and Secretary for Corporations

Affiliate Businesses

Business Name _____ Owner _____ % Ownership _____
 Business Name _____ Owner _____ % Ownership _____
 Business Name _____ Owner _____ % Ownership _____
 Business Name _____ Owner _____ % Ownership _____

Existing Business Locations

Business Address _____ Own Lease Replaced by new facility? Yes No
 _____ Sq Ft _____ Mortgage/Lease Pmt \$ _____ Lease Exp _____
 Business Address _____ Own Lease Replaced by new facility? Yes No
 _____ Sq Ft _____ Mortgage/Lease Pmt \$ _____ Lease Exp _____
 Business Address _____ Own Lease Replaced by new facility? Yes No
 _____ Sq Ft _____ Mortgage/Lease Pmt \$ _____ Lease Exp _____
 Business Address _____ Own Lease Replaced by new facility? Yes No
 _____ Sq Ft _____ Mortgage/Lease Pmt \$ _____ Lease Exp _____

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.....\$ _____ | Total Soft Costs.....\$ _____ |
| Total Business Costs.....\$ _____ | Total Project Costs.....\$ _____ |

Personal Resume Form

To be completed by each principal involved in the loan. Please make copies as needed.

Name _____ Gender Male Female
FIRST MIDDLE LAST (OPTIONAL)

Former Name _____ When used _____
FIRST MIDDLE LAST

Date of Birth _____ Place of Birth _____

Home Phone (____) _____ Business Phone (____) _____

Home Address _____
STREET CITY STATE ZIP FROM TO

Previous Address _____
STREET CITY STATE ZIP FROM TO

Are you employed by the U.S. Government? Yes No Agency / Position _____

Spouse Name _____ SSN# ____ - __ - ____ Date of Birth _____ Place of Birth _____

With which race do you more closely identify? Choose only one (Optional):

- African American
- Asian or Pacific Islander
- Other
- Native American (other than Eskimo or Aleut)
- White
- Eskimo or Aleut
- Hispanic

Education (college or technical training)

| Name and Location of Institution | Dates Attended | Major | Degree or Certificate |
|----------------------------------|----------------|-------|-----------------------|
| 1. _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ |

Military Service Background

Branch _____ From _____ To _____

Honorable discharge?..... Yes No Veteran?..... Yes No

Work Experience

List chronologically, beginning with present employment. Attach separate exhibits if necessary.

Company Name / Location _____

From _____ To _____ Title _____

Duties _____

Company Name / Location _____

From _____ To _____ Title _____

Duties _____

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 _____

Operating Company Profile

Use separate attachments to answer questions if necessary.

Company Name _____

Describe the type of business you are in and how/why you became involved. _____

Type of products or services offered (including any catalogs or brochures) _____

Geographic market area served _____

What is your outlook concerning the business activity in which you are engaged? _____

How will this loan benefit your company? _____

Will this loan create new employment opportunities? Yes No If yes, how? _____**Customer Profile**

What primary markets use your products? _____

List key customers _____

List major competitors _____

Major suppliers _____

Future plans (*What is your growth strategy? Rapid growth, moderate, or maintain market position? What may impact your success?*) _____

Major past accomplishments, how your business differs from the competition, and your competitive advantages: _____

Marketing analysis and strategy (*Explain your promotional, pricing, and distribution strategies.*) _____**Previous SBA or Other Federal Government Debt**

Name of agency _____ Original amount of loan \$ _____

Date of request _____ Approved or Declined _____ Current Balance \$ _____ Status: Current Past Due

Name of agency _____ Original amount of loan \$ _____

Date of request _____ Approved or Declined _____ Current Balance \$ _____ Status: Current Past Due

Name of agency _____ Original amount of loan \$ _____

Date of request _____ Approved or Declined _____ Current Balance \$ _____ Status: Current Past DueHave you or any officer of your company ever been involved in bankruptcy or insolvency proceedings? If yes, please provide details..... Yes NoAre you or your business involved in any pending lawsuits? If yes, please provide details..... Yes NoDo you or your spouse or any member of your household, or anyone who owns, manages, or directs your business or their spouses or members of their households work for the Small Business Administration, Small Business Advisory Council, SCORE, ACE, any Federal Agency, or the participating lender? If yes, please provide the name and address of the person and the office where employed..... Yes NoDo you buy from, sell to, or use the services of any concern in which someone in your company has a significant financial interest? If yes, please provide details..... Yes NoDoes your business presently engage in export trade?..... Yes NoDo you have plans to begin exporting as a result of this loan?..... Yes No

Business Debt Schedule

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

Date*: _____

| Creditor Name/Address | Original Amount | Original Date | Present Balance | Interest Rate | Maturity Date | Monthly Payment | Security | Current or Delinquent? |
|--------------------------------|-----------------|---------------|-----------------|------------------------------|---------------|-----------------|----------|------------------------|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Total Present Balance** | | | | Total Monthly Payment | | | | |

* Should be the same date as current financial statement

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

Projected Income / Expenses

| Month/Year | | | | | | | | | | | | | | TOTAL | % |
|--------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|-------|---|
| Sales | | | | | | | | | | | | | | | |
| Cost of Sales | | | | | | | | | | | | | | | |
| Gross Profit | | | | | | | | | | | | | | | |
| Account, Legal Professional | | | | | | | | | | | | | | | |
| Advertising Expense | | | | | | | | | | | | | | | |
| Auto & Truck Expense | | | | | | | | | | | | | | | |
| Bad Debt | | | | | | | | | | | | | | | |
| Entertainment, Travel | | | | | | | | | | | | | | | |
| Equipment Rental | | | | | | | | | | | | | | | |
| Insurance | | | | | | | | | | | | | | | |
| Office Expense | | | | | | | | | | | | | | | |
| Officer, Owner Salaries | | | | | | | | | | | | | | | |
| Rent, Property Expense | | | | | | | | | | | | | | | |
| Repairs, Maintenance | | | | | | | | | | | | | | | |
| Supplies | | | | | | | | | | | | | | | |
| Taxes, Licenses | | | | | | | | | | | | | | | |
| Telephone, Utilities | | | | | | | | | | | | | | | |
| Wages | | | | | | | | | | | | | | | |
| Miscellaneous | | | | | | | | | | | | | | | |
| TOTAL EXPENSES | | | | | | | | | | | | | | | |
| NET OPERATING PROFIT | | | | | | | | | | | | | | | |
| OTHER INCOME (EXPENSES) | | | | | | | | | | | | | | | |
| PROFIT BEFORE TAX | | | | | | | | | | | | | | | |

SIGNATURE _____ 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 | | 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) | |
| 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 | \$ _____ |
| Total | \$ _____ | Net Worth | \$ _____ |
| | | Total | \$ _____ |

| Section 1. Source of Income | Contingent Liabilities |
|--------------------------------------|------------------------|
| Salary | \$ _____ |
| Net Investment Income | \$ _____ |
| Real Estate Income | \$ _____ |
| Other Income (Describe below)* | \$ _____ |
| | \$ _____ |
| | \$ _____ |

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 - Print or Type

Each member of the small business or the development company requesting assistance must submit this form in TRIPLICATE for filing with the SBA application. This form must be filled out and submitted by:

- 1. By the proprietor, if a sole proprietorship.
- 2. By each partner, if a partnership.
- 3. By each officer, director, and additionally by each holder of 20% or more of the ownership stock, if a corporation, limited liability company, or a development company.

| | |
|--|-----------------------------------|
| 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. First _____ Middle _____ Last _____ | 2. Give the percentage of ownership or stocked owned or to be owned in the small business or the development company _____ Social Security No. _____ 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: _____ |
|--|--|

| | |
|---|--|
| 6. Present residence address: From: _____ To: _____ Address: _____ Home Telephone No. (Include A/C): _____ Business Telephone No. (Include A/C): _____ | 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.

IT IS IMPORTANT THAT THE NEXT THREE QUESTIONS BE ANSWERED COMPLETELY. AN ARREST OR CONVICTION RECORD WILL NOT NECESSARILY DISQUALIFY YOU; HOWEVER, AN UNTRUTHFUL ANSWER WILL CAUSE YOUR APPLICATION TO BE DENIED.

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.

7. Are you presently under indictment, on parole or probation?
 Yes No (If yes, indicate date parole or probation is to expire.)

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.)
 Yes No

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?
 Yes No

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: 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 by imprisonment of not more than five years and/or a fine of not more than \$10,000; 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. <input type="checkbox"/> Fingerprints Waived _____ Date _____ Approving Authority _____ <input type="checkbox"/> Fingerprints Required _____ Date _____ Approving Authority _____ Date Sent to OIG _____ | 12. <input type="checkbox"/> Cleared for Processing _____ Date _____ Approving Authority _____ 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.**

