

MSBF REVOLVING LOAN FUND & RURAL REVOLVING LOAN FUND CHECKLIST

The following items must be submitted to complete the application. Use attached forms where indicated. Sign and date all information. If documents are not applicable, note N/A over the checkbox.

1. Application for MSBF Revolving Loan/Rural Revolving Loan. Form attached. **Please sign and date.**
2. SBA Form 912 Personal History Statement. For all persons owning 20% or more of the business. Form attached. **Please sign and date.**
3. Personal Financial Statement. For all persons owning 20% or more of the borrowing company or the operating company. Form attached. Must be dated within 90 days. **Please sign and date.**
4. Personal Tax Returns for the past 1 year for every individual providing personal financial statements. **Please sign and date.**
5. Resume on owners and management. Form attached. **Please sign and date.**
6. Current financial statement (not over 60 days old). Include balance sheet and profit and loss for both operating and borrowing company. Also must include aging of accounts receivable and payable for the same date as the current financial statement. **Please sign and date.**
7. Past two years of tax returns for the operating company and borrowing company. **Please sign and date.**
8. Two years projected Profit and Loss Statement, including narrative of how the projections were determined. **Please sign and date.**
9. A month-by-month cash flow for next 12 months corresponding with above projections. Required for new businesses only. **Please sign and date.**
10. List of existing business debts for the borrowing company and the operating company. Form attached. **Please sign and date.**
11. Notice of any previous government financing. Form attached. **Please sign and date.**
12. Financial information, including the last two years, and a current statement on any business of which the borrowers own more than 20%. This must be provided if applicable. **Please sign and date.**
13. Franchise information required. MSBF will provide additional requirements as needed.
14. Project Cost Documentation. Purchase agreement, settlement sheet, contractors bid on construction and list of equipment to be purchased and cost. **Please sign and date.**
15. IRS Transcript Form will be provided.

MSBF SBA 504 Lender of the Year

NOTE: A deposit is required in the amount of \$1,000 with the application and will be refunded if the loan is not approved or applied against processing and closing costs. Additional information on the deposit will be provided at a later date.

Applicant Notifications

I or any of the officers of my company have/ have not been involved in bankruptcy or insolvency proceedings. If so, I have attached copies of the proceedings.

I or my business is/ is not involved in any pending lawsuits. If so, I have attached a description.

Certification as to Application Accuracy.

All information in this application, including exhibits, is true and complete to the best of my knowledge and is submitted to MSBF so that MSBF can decide whether to approve this application. Whoever makes any statement knowing to be false, or willfully overvalues any security, for the purpose of obtaining any loan, may be punished by the law.

(Each Proprietor, each General Partner, each Limited Partner or Stockholder owning 20% or more, and each Guarantor must sign. Each person should only sign once.)

If Applicant is a proprietor or partnership, sign below:

If Applicant is an L.L.C. or corporation, sign below:

Name of Business

Corporate Name

By: _____ Date: _____

By: _____ Date: _____

Attested by: _____ (seal, if required)

Additional Proprietors, Partners, Stockholders or Guarantors as required.

Signature

Date

Signature

Date

Signature

Date

Signature

Date



MSBF RLF/RRLF Loan Application

www.simplymoreloans.com

OPERATING COMPANY INFORMATION

Company Name

Address

City

State

Zip

Name Of Principal In Charge

Telephone ()

Email

Type of Business

Date Established

Taxpayer ID#

Fax

Type of Entity (check one)

Corporation

Partnership

Proprietorship

Trust

LLC

Owners/Members

% Owned

Title

PROJECT INFORMATION

Street Address Of Project

City

County

State

Zip

BORROWING ENTITY (IF DIFFERENT FROM OPERATING COMPANY)

Name Of Borrower

Taxpayer ID#

Date Established

Type of Entity (check one)

Corporation

Partnership

Proprietorship

Trust

LLC

Owners/Members

% Owned

Title

MANAGEMENT RESPONSIBILITIES

Information on those individuals (owners and non-owners) who will be responsible for the day-to-day operations of the company:

Name	Responsibilities

Who will hold the title to the land?

Who will hold the title to the machinery and equipment?

Give a brief description of your business.

MSBFE

HISTORY & NATURE OF YOUR BUSINESS

1. When was your business established and by whom?

2. When did you gain control of the business?

3. What products or services do you sell? (Please enclose any catalogs or brochures)

4. What is your geographic market area?

5. How do you market your product or service (i.e. type of advertising, direct mail, outside salesmen, etc.)?

6A. What is the size (sq. ft.) of your current facility?

6B. When does your present lease expire?

6C. What is the present lease amount?

7. Do any owners who own 20% or more of the operating or borrowing entity also own 20% or more of any other business? Yes No

If yes, list companies on the back of this page. List ownership interest in those other companies. You must provide financial statements for all companies listed.

EXPECTED BENEFITS FROM THE LOAN

1. What will be the size (sq. ft.) of your new (or enlarged) facility?

2. How will this new (or remodeled) facility help your business? (Increase revenues, add new products/services, improve efficiency, etc. Please be specific.)

3. If you are moving to a new location, how will this affect your business?

EMPLOYEE QUESTIONNAIRE

Number of existing employees:

The number of new employees anticipated as a result of this project within the next two years:

Number of New Employees	Job Type

BUILDING SIZE AND OCCUPANTS

1. What is the square footage of the building you will occupy?

2. Are there any existing tenants that will remain in the building? (This does not include lease between your real estate holding company and the operating company.)

Yes No

If you answered "yes" above, complete the information below.

Tenant	Square Footage	Lease Expires	Lease Income

Yes, I/We authorize the release to MSBF of any information they may require at any time for any purpose related to my/our credit transaction with them. By checking the Yes box above and submitting this form, I/We further authorize MSBF to release such information to any entity they deem necessary for any purpose related to my/our credit transaction with them.

I/We authorize MSBF to obtain a credit report on me/us through the credit reporting agency of its choice, as well as to answer questions others may ask about my/our record with MSBF. I/We understand that I/we must update credit and financial information as requested if my/our financial condition changes.

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

Signature

Date

Signature

Date

Signature

Date

Signature

Date



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.

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 stock 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)	
	5. U.S. Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO INITIALS: _____ 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: _____	

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 INITIALS: _____ 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 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? **INITIALS:** _____
 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 **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?
 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
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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.)
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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.**



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	\$	_____
Total	\$	_____	Net Worth	\$	_____
			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 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.**

PROJECTIONS

Please attach narrative explaining basis for figures.

YEAR			
Gross Receipts			
Merchandise Cost (COGS)			
Gross Profit			
EXPENSES			
Officer's Salaries			
Employee's Wages			
Accounting & Legal Fees			
Advertising			
Rent			
Depreciation			
Supplies			
Electricity			
Telephone			
Interest			
Repairs			
Taxes			
Insurance			
Bad Debts			
**Miscellaneous			
Total Expenses			
Net Profit			

**If sum is large, please itemize.

I certify that the above data fairly represents the financial situation to the best of my knowledge.

Signature

Date

SCHEDULE OF DEBT

Creditor Name & Address	Original Amount	Original Date	Present Balance	Interest Rate	Maturity Date	Monthly Payment	Collateral
LINE OF CREDIT INFORMATION							

MSSBF

PROJECT COST AND COST DOCUMENTATION

Please provide supporting documentation for each of these items.

USE OF PROCEEDS	AMOUNT	SUPPORTING DOCUMENTS
Land Acquisition		
Land Improvements		
Purchase and/or Remodel Bldg.		
New Construction		
Purchase Machinery/Equipment		
Purchase Furniture/Fixtures		
Professional Fees		
Closing Costs		
Contingencies		
TOTAL		

SOURCE OF YOUR EQUITY INJECTION		
Cash \$	Project Land Cost \$	Other \$
NOTE: If you are borrowing any of your injection for this project, please answer the following questions.		
1. What is the amount to be borrowed?		
2. Who are you borrowing it from?		
3. What is the interest rate and length of the note for this transaction?		
4. What is the collateral to secure this transaction?		

PLEASE MAKE
SURE TO SIGN
AND DATE
EACH AND
EVERY FORM