

SBA 7(a) Loan Application Checklist

Please provide the following documents to complete the 7(a) Loan Application. All documents must be signed and dated. Please mark N/A if not applicable.

Personal Information

- SBA Form 912:** Personal History Statement for each principal owning 20% or more of the borrowing and operating company. (Form available on website)
- SBA Form 413:** Personal Financial Statement for each principal owning 20% or more of the borrowing and operating company. If married, each spouse must sign this form. (Form available on website)
- Resume for each principal and key management. (Sample form provided in Application packet)
- Complete **Personal Tax Returns** for the past 3 years for each principal owning 20% or more of the borrowing and operating company.

Business Information

- Completed **SBA 7(a) Loan Application**.
- History** of the business or business plan.
- Complete **Business Tax Returns** for the past 3 years for the borrowing and operating company.
- Current balance sheet and income statement dated within 90 days for the borrowing and/or operating company together with an aging of the accounts receivable and accounts payable.
- Two years of **profit and loss projections with assumptions**. For a new business the first year must include a monthly cash flow analysis.
- A schedule of **existing business debt** for the borrowing and operating company. (Form provided in Application packet)
- Notice of any **previous government financing**. (Form provided in Application packet)
- Franchise** information.
- Copies of **project cost documents** such as real estate purchase agreements, construction bids and equipment quotes.
- Copy of **lease**.
- Complete **Business Tax Returns** for the past 3 years for any **affiliate** business in which a principal(s) own a controlling interest.

Please sign and date all exhibits.



LOAN APPLICATION

OPERATING COMPANY INFORMATION

Company Name: _____
Address: _____ City _____ State _____ Zip _____
Contact Person: _____ Phone (____) _____ Fax (____) _____ E-mail _____
Type of Business: _____ Date Established: _____ Tax ID # _____
Type of Entity (Check One): Corporation Partnership Proprietorship LLC

OPERATING COMPANY OWNERSHIP

Name _____ Title _____ % Ownership _____ Phone (____) _____ E-mail _____
Name _____ Title _____ % Ownership _____ Phone (____) _____ E-mail _____
Name _____ Title _____ % Ownership _____ Phone (____) _____ E-mail _____
Name _____ Title _____ % Ownership _____ Phone (____) _____ E-mail _____

PROJECT INFORMATION

Address: _____ City _____ State _____ Zip _____
Size (sq. ft.) of the proposed facility? _____

BORROWING COMPANY INFORMATION (if different from above)

Company Name: " _____"
Address: " _____ "City _____ "State _____ "Zip" _____
Contact Person: " _____ "Phone (____) _____ "Fax (____) _____ E-mail _____
Type of Business: " _____ "Date Established: " _____ Tax ID # _____
Type of Entity (Check One): ""Corporation ""Partnership ""Proprietorship "" LLC

BORROWING COMPANY OWNERSHIP

Name _____ Title _____ % Ownership _____ Phone (____) _____ E-mail _____
Name _____ Title _____ % Ownership _____ Phone (____) _____ E-mail _____
Name _____ Title _____ % Ownership _____ Phone (____) _____ E-mail _____
Name _____ Title _____ % Ownership _____ Phone (____) _____ E-mail _____

DETAIL OF PROPOSED USES OF FUNDS (PROJECT COSTS)

A. LAND (and purchase of existing buildings)

COMMENTS

Land Purchase Price		
Building - Existing, Purchase Price		
TOTAL COST	\$	

B. Building (new construction, remodeling, improvements)

Building - New Construction Contract		
Remodeling Costs		
Leasehold Improvements		
Running new Utilities		
Grading, Sidewalks, Curbs		
Parking lot, paving		
Landscaping		
Other (specify)		
TOTAL COST	\$	

C. Machinery* & Equipment* (no vehicles)

* Must have a life expectancy (useful life) of 10 or more years

Machinery (provide list)		
Equipment (provide list)		
Office Fixtures/Furniture (limited)		
Office Equipment (limited)		
Installation Cost		
Transportation Cost		
Other (specify)		
TOTAL COST	\$	

D. Professional Fees

Accounting		
Appraiser		
Architect		
Engineer		
Environmental Study		
Legal (except organization cost)		
Surveyor		
Other (specify)		
TOTAL COST	\$	

E. Other Expenses

Contingency (up to 10% of construction cost)		
Interim Interest		
Other (specify)		
Other (specify)		
TOTAL COST	\$	

GRAND TOTAL, ALL PROJECT COST	\$	
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SOURCE OF YOUR DOWN PAYMENT

Cash \$ _____ Project Land Cost \$ _____ Other \$ _____

EMPLOYEE QUESTIONNAIRE

Total 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
_____	_____
_____	_____
_____	_____
_____	_____

HISTORY AND NATURE OF YOUR BUSINESS

When was your company established and by whom? _____

When did you gain control of the business? _____

What products or services do you sell? (Enclose any catalogs or brochures) _____

What is your geographic market area? _____

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

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

When does your present lease expire? _____

PLEASE ANSWER THE FOLLOWING QUESTIONS AND PROVIDE THE APPROPRIATE INFORMATION, IF APPLICABLE

Do any of the principals have a Trust? Yes No

Do you have any affiliate and/or subsidiary firms? Yes No

If so, list them on Exhibit 12 and please provide the last three years Federal Tax Returns for the listed firms.

If your business is a franchise, include a copy of the Franchise Agreement and the Franchisor's FTC Disclosure Statement. If not applicable check here

Has there been any previous government financing to any principals or affiliates (including SBA or student loans). Yes No

If so, complete Exhibit 11.

Has there been any ownership changes in the business within the last 6 months? Yes No

If there are any tenants that will remain in the building and/or will be occupying the building after the purchase, please provide the following information:
Also provide copies of the lease agreements.

Tenant Name	Rent Amount	Lease Expiration Date	Square Footage
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

BUSINESS DEBT SCHEDULE

List all Installment Debts, Notes Payable, Contracts, and Mortgages

Do not include Accounts Payable or Accrued Liabilities.

Date: _____

Creditor Name	Original Balance	Original Date	Present Balance	Interest Rate	Maturity Date	Monthly Payment	Collateral	Current/ Delinquent
* Total Present Balance				Total Monthly Payment				

*Total must agree with the balance shown on your most recent business financial statement.

NOTES AND COMMENTS:

X _____

Date: _____

CHECKLIST

BUSINESS INFORMATION

- Business Federal Tax Returns for the last three years
- Business Financial Statements for the last three years, if available
- Interim Financial Statement dated within the last 60 days
- Existing property lease(s)
- Articles of Incorporation and Bylaws (if corporation)
- Partnership Agreement (if partnership)
- Fictitious Business Name Statement and Business License (if proprietorship)
- Articles of Organization and Operating Agreement (if LLC)

PERSONAL INFORMATION (each owner of 20% or more)

- Personal Federal Tax Returns for the prior three years

REAL ESTATE INFORMATION

- Purchase Agreement
- Construction cost breakdown and/or equipment bids

OTHER BUSINESS OPERATIONS/INVESTMENTS

- Business Federal Tax Returns for the last three years
- Interim Financial Statement dated within the last 60 days, if available

AUTHORIZATION TO RELEASE INFORMATION

I/We authorize Mo-Kan Development, Inc. (MKDI) to make inquiries as necessary to verify the accuracy of the statements made in order to determine my creditworthiness. I authorize MKDI to share this information with the participating lender. 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. 10001). I/We hereby authorize the release to MKDI of any and all information they may require at any time for any purpose related to our credit transaction with them. I/We further authorize MKDI to release such information to any entity they deem necessary for any purpose related to our credit transaction with them.

I/We hereby certify that the "U.S. Small Business Administration Application For Section 502/504 Loan, Part C, Statements Required by Laws and Executive Orders" (SBA Form 1244) is enclosed for my/our review (if applicable).

I/We hereby certify that the enclosed information (plus any attachments or exhibits) is valid and correct to the best of my/our knowledge.

Signature of applicant

Date

Signature of applicant

Date

ADDITIONAL INFORMATION AND/OR COMMENTS:

Exhibit 12.

The names of affiliated (through ownership or management control) or subsidiary businesses as well as the last two fiscal year-end financial statements and federal income tax returns for the last two years (or three years, if the alternate 7(a) size standard is being used)

Affiliated/Subsidiary Business, through Ownership or Management.

List business name(s) and describe the relationship of the Affiliate/Subsidiary and the Borrower.

Company Name	% Ownership

I certify that the above fairly and accurately reflects any and all affiliate or subsidiary businesses related to the borrower/s.

Borrower/s signature/s

Date

Borrower/s signature/s

Date

Exhibit 11.

A schedule of any previous government financing received by the applicant small business concern or any affiliated company of the applicant as well as any associate (as defined by §120.10) or principal of the applicant. Include the name of the agency, the original date and amount, the outstanding balance, status of the loan (**C**urrent, **D**elinquent, **P**AID in full, or **C**Harged off), and collateral securing the loan.

If you have never received any government financing, including student loans, please mark 'N/A' in the comments section of this form and sign and date it.

Agency Name and Loan #	Date of Application	Original Amount	Outstanding Balance	Loan Status	Collateral	\$ Amount of Loss to the Government

Other information, explanations or comments:

I certify that the above fairly and accurately reflects any and all previous and current government financing.

Borrower/s signature/s

Date

Borrower/s signature/s

Date

MANAGEMENT RESUME THE FOLLOWING FORMS MUST BE COMPLETED BY EACH PRINCIPAL

Name: _____
First Middle Maiden Last Social Security #

Date of Birth ____/____/____ Place of Birth _____

If not a U.S. Citizen - alien registration # _____ Enclose a copy of your Alien Registration Card

Home Address _____
Street City State Zip

From _____ To present

Immediate Past Address _____
Street City State Zip

From _____ To _____

Marital Status Single Married Divorced Widowed # of Children _____

Spouse's Name: _____
First Middle Maiden Last Social Security #

Date of Birth ____/____/____ Place of Birth _____

Are you employed by the U.S. Government? Yes No If yes, give name of agency and position _____

MILITARY SERVICE BACKGROUND

Branch _____ From: _____ To: _____

Rank at Discharge _____ Honorable? Yes No Job Description _____

BE SURE TO ANSWER THE NEXT THREE QUESTIONS CORRECTLY

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 motor vehicle violation? Yes No

Have you ever been convicted of any criminal offense other than a minor vehicle violation? Yes No

If yes, to any of the above, furnish details in a separate exhibit.

EDUCATION

College or Technical Training Name and Location	Dates Attended		Major	Degree or Certificate
	From	To		
1. _____	_____	_____	_____	_____
Comments _____				
2. _____	_____	_____	_____	_____
Comments _____				
3. _____	_____	_____	_____	_____
Comments _____				

WORK EXPERIENCE

List chronologically, beginning with present employment.

Name of Company _____

Address _____ City _____ State _____ Zip _____

From: _____ To: _____

Title: _____ Duties: _____

Name of Company _____

Address _____ City _____ State _____ Zip _____

From: _____ To: _____

Title: _____ Duties: _____

Name of Company _____

Address _____ City _____ State _____ Zip _____

From: _____ To: _____

Title: _____ Duties: _____

AUTHORIZATION TO RELEASE INFORMATION

I/We have submitted a loan application to Mo-Kan Regional Council and/or Mo-Kan Development, Inc. (hereinafter referred to as Mo-Kan) to obtain small business financing, and I/we understand that Mo-Kan must assimilate certain information, which may be personal in nature, including, but not limited to, personal and business financial information in the processing of this loan application. I/We hereby agree to provide and disclose all information pertinent to this application as may be requested by Mo-Kan, its affiliates or agents.

In addition, as regards this loan application, I/we hereby:

1. AUTHORIZE Mo-Kan and its affiliates and agents, to make all inquiries it deems necessary to verify the accuracy of all information provided them and to determine my/our credit worthiness for any purpose related to this loan transaction.
2. AUTHORIZE Mo-Kan, its affiliates and agents, to furnish relevant information to all necessary sources including various federal, state, county agencies, and private lending institutes to obtain the best sources of funding for the project.
3. AUTHORIZE Mo-Kan, its affiliates and agents, to furnish relevant information to its Loan Review Committee and to its Board of Directors and affiliate Council in processing this loan application.
4. AUTHORIZE Mo-Kan, its affiliates and agents, to report statistical and business financial information to the appropriate organizations as a part of its routine reporting requirements.
5. CERTIFY that the enclosed application information, including attachments and exhibits, is valid and correct to the best of my/our knowledge.
6. FURTHER agree that I/we shall indemnify and hold Mo -Kan, its affiliates and agents, harmless from any claim or cause of action arising because of incorrect, inaccurate or incomplete information furnished by me/us, whether the furnishing of such incorrect, inaccurate or incomplete information was accidental or intentional and in consideration of Mo-Kan's assistance, I/we waive all claims against Mo-Kan, its affiliates and agents arising from this assistance.

Signature: Borrower

Date

Signature: Borrower

Date

Signature: Borrower

Date

Signature: Borrower

Date