



Small Business Loan Application

General Business Information

Business Name: _____ DBA (if applicable): _____

Business Site Address (Street, City, ST, Zip): _____

Mailing Address (if different from above): _____

County: _____

Type of Business: _____ Tax ID Number: _____

Email: _____ Phone: _____ Fax: _____

Website: _____

How is your business organized? Corporation Partnership Sole Proprietor LLC Other: _____

Year Established: _____ Year you took control of the business: _____

About Your Project



Tell us about your idea.

ESTIMATED PROJECT COST

- Refinance of real estate: \$ _____
- Refinance of equipment: \$ _____
- Refinance, other: \$ _____
- Building acquisition: \$ _____
- Building or leasehold improvements: \$ _____
- Land acquisition: \$ _____
- New building construction: \$ _____
- Business acquisition: \$ _____
- Acquisition of machinery/equipment: \$ _____
- Acquisition of furniture & fixtures: \$ _____
- Working capital: \$ _____

TOTAL estimated PROJECT COST: \$

EQUITY INJECTION

Personal Sources

- Cash/savings: \$ _____
- IRA liquid value (if any): \$ _____
- Stock (to be liquidated): \$ _____
- Home equity: \$ _____
- Credit card advance: \$ _____
- Gift (from relative or others): \$ _____
- Seller-held note: \$ _____
- Other: \$ _____
Please describe.

Business Sources

- Cash/savings: \$ _____
- Sale of assets: \$ _____
- Other: \$ _____
Please describe.

TOTAL EQUITY INJECTION: \$

TOTAL estimated PROJECT COST: \$

LESS EQUITY TO BE INJECTED: \$

TOTAL LOAN REQUEST: \$

Schedule of Collateral List all the collateral used to secure this loan.

Collateral Type <small><i>select from the drop-down menu</i></small>	Address or Description	Year Acquired	Current Market Value	Existing Debt	Creditor

If you need additional space, please duplicate this page and continue entering your information.

Structure of the Business



All people listed in the chart below must complete the "Owner's Personal Information" page.

OWNERSHIP & MANAGEMENT

Provide information below on all key people (*proprietor, partners, officers, directors, key employees, and stockholders with 20%+ interest in the business*). Also include persons or entities that will guarantee the loan. Attach additional pages if necessary.

Name	SSN#	Position/Title	% of Ownership
			%
			%
			%
			%
			%

AFFILIATE BUSINESSES

All 20%+ owners listed above must list all business(es) that they own or control.

Company Name	Owner	% of Ownership	# of Employees
		%	
		%	
		%	
		%	
		%	

KEY PROFESSIONAL CONTACTS

Accountant

Company/Agent: _____
 Phone: _____ Email: _____

Commercial Insurance

Company/Agent: _____
 Phone: _____ Email: _____

Attorney

Company/Agent: _____
 Phone: _____ Email: _____

Life Insurance

Company/Agent: _____
 Phone: _____ Email: _____

Business Notes Payable Schedule

Company Name: _____

Date of Schedule (*Same date as current balance sheet*): _____

Include mortgages, installment debts, lines of credit, capital leases, and shareholder debt.

Creditor	Note Date	Original Amount	Balance Due	Interest Rate %	Maturity Date	Monthly Payment	Security	How were proceeds used?	Current?	To Be Refied?	SBA Loan?
				%					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				%					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				%					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				%					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				%					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				%					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				%					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				%					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				%					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				%					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No



The info here should match the notes payable amount on your balance sheet.

TOTAL Present Balance: \$

TOTAL Monthly Payments: \$

Owner's Personal Information



This page must be completed by each person listed in "Ownership & Management." Attach a resume if you prefer.

WORK EXPERIENCE

Employer	Start / End	Position	Duties

EDUCATION

College/Technical Training <i>Name & Location</i>	Dates Attended	Major	Degree/Certification

OTHER ACCOMPLISHMENTS & CREDENTIALS

Please provide any additional information about your accomplishments or credentials that should be considered in this application.

Personal Income & Expense Analysis

Each proprietor or **owner of 20%+** of the business or any guarantor of the loan must complete this form.

INCOME

Your name: _____	Your primary income: \$ _____
Number of people in household: _____	Your other income: \$ _____
	Your spousal income: \$ _____

Income from alimony or child support payments need not be disclosed unless you desire to have it counted toward total income.

TOTAL INCOME:	\$ _____
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EXPENSES

Enter your monthly expenses below as applicable. *Please estimate or enter an average when needed.*

Mortgage payment	\$ _____	Student loans:	\$ _____	Income taxes <i>(historical)</i> :	\$ _____
Rent payment:	\$ _____	Utilities/phone:	\$ _____	Property taxes <i>(historical)</i> :	\$ _____
Second mortgage:	\$ _____	Personal insurance:	\$ _____	Alimony:	\$ _____
Auto loans <i>(including leases)</i> :	\$ _____	Food:	\$ _____	Child care:	\$ _____
Installment loans <i>(type)</i> :	\$ _____	Clothing:	\$ _____	Other <i>(Please indicate type)</i> :	\$ _____
Credit card debt: <i>(5% of balances)</i>	\$ _____	Medical:	\$ _____	Other <i>(Please indicate type)</i> :	\$ _____

TOTAL EXPENSES:	\$ _____
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MONTHLY SURPLUS/DEFICIT:	\$ _____
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Signature

Date