



Small Business Administration Loan Application Form

Amount of Loan Requested

(See Estimated Project Costs Below for Requested Loan Amount)

Term: # of Years (requested): _____

Applicant Company Information

Borrower(s) Name: _____ **Mailing Address:** _____

Trade Name: _____ **Business Location** _____

Type of Business: _____ **Address:** _____

Business Phone: _____

Fax Number: _____ **Do you need to relocate:** Yes No

Email Address: _____ **Contact Person:** _____

Contact Phone: _____

Are you presently under indictment, on parole or on probation? Yes No

If yes, please explain: _____

Have you ever been charged with, arrested, and/or convicted of any criminal offense other than a minor motor vehicle violation? Yes No

If yes, please explain in detail, sign and attach to the "Statement of Personal History" form in application!

Borrowing Entity: Corporation: Partnership Limited Partnership
 Sole Proprietorship LLC Other _____

Number of existing employees _____ # of employees after this loan _____

Estimated Project Costs

Costs/Uses of Funds - Please outline the use of funds in the space below. Be as specific as possible.

	TOTAL COSTS	COMMENTS
Business Acquisition	\$	
Land and Building (total costs)	\$	
Leasehold improvements	\$	
Machinery & equipment	\$	
Furniture	\$	
Inventory	\$	
Misc. permits, licenses, etc	\$	
Working capital	\$	
Franchise Fees	\$	
Est. Lender & Closing Costs	\$	
Total Project	\$ 0	
Seller Financing	\$ 0	
Cash Injection	\$	
TOTAL LOAN REQUEST	\$ 0	

Ownership of Applicant Company

(Show 100% of ownership including all proprietors, partners, officers, directors and any holders of outstanding stock)

Name/Title	% Owned	Compensation	Active?	Citizen?	Green Card?
	%		Full Time	Yes	N/A
	%		Full Time	Yes	N/A
	%		No	Yes	N/A
	%		No	Yes	N/A
	%		No	Yes	N/A

Sources of Applicants Capital Injection and/or Equity

When purchasing Real Estate, Equipment, or other assets; between 10% to 30% or more may be required as cash injection toward the purchase. Please list the location of the funds to be used as capital / cash injection.

Amount	Where Funds are held or Source of Equity Injection
\$ _____	_____
\$ _____	_____
\$ _____	_____

Collateral For This Loan

Please list the collateral that will be offered for this loan.

Estimated Value of Collateral _____ Source of Valuation Market Value

Additional Information

Do any of the principals of the business have any ownership in other businesses? If Yes No
yes, list all ownership under Affiliates section.

Have any of the principals been arrested and/or convicted of a Felony or Yes No
Misdemeanor, on parole or probation, or under Indictment? If yes, explain.

Are any applicants a party to past or pending claims, lawsuit, judgment, or tax Yes No
liens? If yes, attach full description.

Have you ever applied or obtained an SBA Loan or assistance from SBA before? If Yes No
yes, please state current status below.

Status (Loan Amount, Current Balance, Collateral): _____

Has any applicant filed Bankruptcy in past?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, attach full description.
Do applicants owe any past Taxes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, attach full description.
Have you prepared a Business Plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please attach
Have you completed cash flow projections?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Please attach
List Important Trade References:	1 _____	Phone _____	
	2 _____	Phone _____	

Bank Reference _____	Phone _____
Accountant Name _____	Phone _____
Attorney Name _____	Phone _____

Affiliates

List below all business concerns in which the Applicant Company or any of the individuals listed in the ownership section above have 20% or more ownership.

Company Name	Name, Type of Ownership	% of Ownership
_____	_____	%
_____	_____	%
_____	_____	%
_____	_____	%

Brief Description of the Primary Purpose for This Loan

Please provide a brief description of your Business and the primary need and use for SBA Loan Funds.

Attach Financial Information Here

Historic Business Financial Statements - This should include 3 years of:
(Check All Attached)

- Business Income Statements (often called a Profit and Loss Statement)
- Business Balance Sheets (Assets and Liabilities on the Business)
- Business Tax Returns

Interim (Current) Business Financial Statement – Profit & Loss Statement and Balance Sheet

- The most current Business Income Statement and Balance Sheet – dated 45 days or newer. Include with the
- Interim statement, an Accounts Receivable Aging and an Accounts Payable Aging dated the same as the Interim financial Statement.

3 Years Historic Personal Tax Returns

- Personal Tax Returns

Pro-Forma (Projected) Business Financial Statement and Assumptions to Projections

- Prepare a projection of your Income (Profit and Loss) Statement for 2 years into the future.
- Prepare Assumptions to Projections.

Current Accounts Receivable and Accounts Payable Aging

- Must balance to and be dated the same as the Interim Financial Statements noted above.

I/We hereby acknowledge that the information contained in the SBA Loan Application Package, including all attachments and exhibits are true and accurate as of the stated date(s). I/We further acknowledge that the loan approval will be in writing and subject to the terms and conditions set forth in a commitment letter signed by an officer of the institutional SBA lender we apply to.

Signature: _____ Date: _____

Signature: _____ Date: _____

The applicant(s) allows Diamond Financial to share this information with any financial institution or bank.



Personal Financial Statement

U.S. Small Business Administration

As of (date) _____

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 and each corporate officer and director, or (4) any other person or entity providing a guaranty on the loan.

Name _____ Spouse's Name: _____
 Business Phone: _____ Residence Phone: _____
 Residence Address: _____
 Business Name of Applicant/Borrower _____

Assets	Liabilities
---------------	--------------------

Cash in Banks	\$	
Savings in Banks	\$	
IRA / Retirement	\$	
Cash Value Of Life Insurance <small>Complete Section 8</small>	\$	
Stocks & Bonds <small>Describe in Section 3</small>	\$	
Real Estate Owned <small>Describe in Section 4</small>	\$	
Automobile – Present Value	\$	
Other Assets & Property <small>Describe in Section 5</small>	\$	
Total Assets	\$ 0	

Credit Cards Payable <small>Describe in Section 2</small>	\$	
Notes Payable <small>Describe in Section 2</small>	\$	
Installment Loans <small>Describe in Section 2</small>	\$	
2 nd Mort/HELOC <small>Describe in Section 2</small>	\$	
Real Est. Loans <small>Describe in Section 4</small>	\$	
Other Loans <small>Describe in Section 6</small>	\$	
Other Liabilities <small>Describe in Section 7</small>	\$	
Total Liabilities	\$ 0	
Net Worth	\$ 0	
Total	\$ 0	

Section 1

Salary \$ _____
 Spouse Salary \$ _____
 Real Estate Income \$ _____
 Other Income \$ _____ Describe other income: _____

Section 2 Notes Payable to Bank and Others (use attachment A if necessary)

Name and address of Note Holder	Original Balance	Current Balance	Payment Amount	Frequency (Monthly, etc.)	How Secured or Endorsed Type of Collateral
	\$	\$	\$	Monthly	
	\$	\$	\$	Monthly	
	\$	\$	\$	Monthly	
	\$	\$	\$	Monthly	
	\$	\$	\$	Monthly	
	\$	\$	\$	Monthly	
	\$	\$	\$	Monthly	
	\$	\$	\$	Monthly	

Section 3 Stocks and Bonds (use attachments if necessary)

Number of Shares	Name of securities	Cost	Market Value Quotation/Exch.	Date of Quote	Total Value
		\$	\$		\$ 0
		\$	\$		\$ 0
		\$	\$		\$ 0
		\$	\$		\$ 0

Section 4 Real Estate Owned (List Each Parcel Separately. Use attachments if necessary.)

	Property A	Property B	Property C
Type of Property	Residential	Residential	Residential
Address of Property			
Name and address of Title Holder			
Date Purchased			
Original Cost	\$	\$	\$
Present Market Value	\$	\$	\$
Name and Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance	\$	\$	\$
Monthly Payment	\$	\$	\$
Status of Mortgage	Current	Current	Current

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

Personal Property (Estimated value of home furnishing, appliances, electronics, jewelry, etc.)

Franchise fee's paid

Additional Money invested towards business

Section 6 Other Loans (describe in detail, as to type, to whom payable, when due, amount and to what property if any, a 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 credit worthiness. I certify the information contained in the Personal Financial Statement 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).

This application(s) allows Diamond Financial to share this information with any financial institution or bank.

Signature _____ Date _____ SSN: _____

Signature _____ Date _____ SSN: _____

Please note: The estimated average burden hours for this completion of the form is 1.5 hours per response. If you have any question or comments concerning this estimated or any other aspect of this information, please contact Chief Administrative Branch US small Business administration, Washington DC 20416 and clearance office, Paper Reduction Project (3245-0188), Office of Management and Budget. Washington, DC 20503



Personal Family Budget

(Personal Financial Statement Attachment)

INCOME

	MONTHLY	Yearly
Gross Salary (continuing current salary)	\$	\$ 0
Spousal Salary (continuing current salary)	\$	\$ 0
Gross Rental Income	\$	\$ 0
Interest / Dividend / Other	\$	\$ 0
Income (salary as new business manager)	\$	\$ 0
Total Income	\$ 0	\$ 0

EXPENSES

Residence Payment (Mortgage or Rent)	\$	\$ 0
Rental Property Mortgage	\$	\$ 0
Rental Expenses (impounds, cash expenses)	\$	\$ 0
Auto Loan Payments (List all debts on Financial Statement)	\$	\$ 0
Installment Payments (List all debts on Financial Statement)	\$	\$ 0
Credit Card Payments (List all debts on Financial Statement)	\$	\$ 0
Utilities & Phone	\$	\$ 0
Insurance Payments	\$	\$ 0
Food, Clothing	\$	\$ 0
Income Tax	\$	\$ 0
Property Tax	\$	\$ 0
Alimony	\$	\$ 0
Child Care/Support	\$	\$ 0
Other	\$	\$ 0
Miscellaneous (10% of Monthly Income)	\$	\$ 0
Total Expenses	\$ 0	\$ 0
Net Discretionary Income	\$ 0	\$ 0

I /we hereby certify that the above information is true and correct to the best of my/our knowledge and belief.

Signature _____

Date: _____

Signature _____

Date: _____

SOURCE OF CAPITAL INJECTION

SOURCE OF FUNDS	AMOUNT OF FUNDS
1. Cash on Hand	\$ 0
2. Cash in Checking Account Name: _____ Bank: _____ Acct#: _____	\$ 0
3. Cash in Savings Account Name: _____ Bank: _____ Acct#: _____	\$ 0
4. Sale of Investments Details: _____	\$ 0
5. Finance obtained by additional mortgage on personal real estate Details: _____	\$ 0
6. Sale of Asset Details: _____	\$ 0
7. Business Assets (already obtained) being transferred to this business Details: _____	\$ 0
8. Loan from Family Member Details: _____	\$ 0
9. Loan from other source Details: _____	\$ 0
10. Gift Details: _____	\$ 0
11. Other: Details: Franchise Fee's and additional already invested	\$ 0
TOTAL CAPITAL INVESTMENT	\$ 0

Other information about source of funds:

Signature _____ Title _____ Date: _____



MANAGEMENT RESUME

(Additional forms available upon request)

Please fill in all spaces; use full first, middle and maiden names-no initials. If an item is not applicable, please indicate so. You may include additional relevant information on a separate sheet. Sign and date where indicated.

Name _____ SS# _____
 First Middle Maiden Last

Date of Birth _____ Place of Birth _____

Residence Telephone _____ Business Telephone _____

Residence Address _____
 Street City State Zip

Previous Address _____
 Street City State Zip

Lived there from _____ To _____
 Month and Year Month and Year

Spouse's Name _____ SS# _____
 First Middle Maiden Last

Are you employed by the U.S. Government? _____ Agency/Position _____

Are you a U.S. Citizen? _____ If no, give Alien Registration Number _____

Have you ever been charged with or convicted of any criminal offense other than a misdemeanor involving a motor vehicle violation? Yes No
 If yes furnish details in a separate exhibit.

Are you current on all taxes? Yes No Do you have any liens/judgments? Yes No

EDUCATION

College or Technical Training Name & Location	Dates Attended From/To to	Major	Degree or Certificate
	to		

MILITARY SERVICE BACKGROUND

Branch _____ From _____ To _____ Honorable Discharge N/A

Rank at Discharge _____ Major assignment/accomplishment _____

WORK EXPERIENCE (List chronologically, beginning with present employment)

Company Name/Location _____

From _____ To _____ Title _____

Duties _____

Company Name/Location _____

From _____ To _____ Title _____

Duties _____

Company Name/Location _____

From _____ To _____ Title _____

Duties _____

I certify that the information contained in the Management Resume is true and correct as of the date below.

Signature: _____ Date _____



Insurance Information

Collateral Real Estate

Business Name _____

Property Owner's Name _____

Property Owners Address _____

Type of Property : Residential Other Explain _____

Date Purchased _____ Original Purchase Price \$ _____ Present Value \$ _____

Policy # _____ Insurance Amount \$ _____

Insurance Carrier _____

Agent _____ Phone _____

Agent Address _____ City _____ Zip _____

Additional comments _____

Business Asset Insurance

Insurance Carrier _____

Agent _____ Phone _____

Agent Address _____ City _____ Zip _____

Policy # _____ Insurance Amount \$ _____



Certification of Secretary

Note: This applies to Corporations only.

I certify that I am the secretary of _____ and that the following persons hold shares in this corporation in the amount and form designated.

1. Directors

(Name) _____

(Name) _____

(Name) _____

(Name) _____

2. Officers

President (Name) _____

Vice President (Name) _____

Secretary (Name) _____

Treasurer (Name) _____

3. Shareholders

Name	# of Shares	% of Shares	Form of Ownership
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Date: _____

By: SECRETARY _____



Certification of Member or Partner

Note: This applies to Limited Liability Companies and Partnerships only.

I certify that I am a member/partner (circle one) of _____ and that the following person(s) hold ownership in this LLC/Partnership (circle one) in the amount and form designated.

1. Members/Partners

(Name, position held) _____

(Name, position held) _____

(Name, position held) _____

(Name, position held) _____

2. Ownership held

Name	% of Ownership	Form of Ownership
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Date: _____

By: _____
Name:
Title:



Narrative Assumptions to Projections

Please provide an explanation of the assumptions used to forecast the two-year projections. For existing businesses, provide a detailed explanation of any differences to historical income, COGS, expenses and withdrawals.

Company Name: _____

Explanation: _____



Business Debt Schedule

List on this schedule the details of loans, contracts, leases, notes payable, or any other payables (other than short-term accounts payable and accrued liabilities). The totals of this schedule should match the liabilities on the Business Interim Balance Sheet listed on the previous pages. Be sure to include loans that you will be paying off with this loan.

Company Name: _____ Date: _____
 (Same date as interim financial stmt.)

Creditor/Lender Name & Address	Original Amount	Current Balance	Interest Rate %	Monthly Payment	Maturity Date	Collateral
	\$	\$		\$		
	\$	\$		\$		
	\$	\$		\$		
	\$	\$		\$		
	\$	\$		\$		
	\$	\$		\$		
	\$	\$		\$		
Total Current Balance: *		\$0	Monthly Total	\$0		

Signature: _____ Date: _____

*Total must agree with balance shown on interim balance sheet.



History of Business (Print and use separate attachments to answer questions, if necessary)

Nature of business: _____

Types of products and services offered / description of business activity _____

Customer profile: _____

List key customers: _____

Who are your suppliers and what are their credit sales terms? _____

How do you determine the price of your products/services? _____

How do you or will you advertise? Do you/will you offer promotions to generate sales?

List major competitors: _____

List advantages your business has or will have over its competitors: _____

Approximate distance of your competitors in relation to your current or proposed location:

Major accomplishments: _____

Future plans for growth and/or expansion: _____

How will the proposed loan benefit your company? _____

How many employees do you currently have? _____

Will the funding of this loan create new employment opportunities? If so, how? _____

How many employees will you hire? _____

Describe the type and conditions of the subject building or premises the business occupies or will occupy: _____

If the subject building is existing, are any improvements needed? Describe: _____
