



# 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 Name:** \_\_\_\_\_ **Mailing Address:** \_\_\_\_\_

**Trade Name:** \_\_\_\_\_

**Type of Business:** \_\_\_\_\_ **Business Address:** \_\_\_\_\_

**Business Phone:** \_\_\_\_\_

**Fax Number:** \_\_\_\_\_ **Rent or Own Business location:**  Rent  Own

**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 |
|---------------------------------|-------------|----------|
| Land and Building (total costs) | \$          |          |
| Business Acquisition            | \$          |          |
| Leasehold improvements          | \$          |          |
| Machinery & equipment           | \$          |          |
| Debt repayment                  | \$          |          |
| Inventory                       | \$          |          |
| Working capital                 | \$          |          |
| Fees                            | \$          |          |
| Other                           | \$          |          |
| <b>Total Project</b>            | \$ 0        |          |
| Seller Financing                | \$          |          |
| Cash Injection                  | \$          |          |
| <b>TOTAL LOAN REQUEST</b>       | \$ 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         |
|            | %       |              | Part Time | Yes      | N/A         |
|            | %       |              | Part Time | 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.

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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

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

## Liabilities

Accounts Payable \$ \_\_\_\_\_  
Describe in Section 2  
 Notes Payable \$ \_\_\_\_\_  
Describe in Section 2  
 Installment Loans \$ \_\_\_\_\_  
Describe in Section 2  
 Other Loans \$ \_\_\_\_\_  
Describe in Section 2  
 Real Est. Loans \$ \_\_\_\_\_  
Describe in Section 4  
 Other Liabilities \$ \_\_\_\_\_  
Describe in Section 7  
 Unpaid Taxes \$ \_\_\_\_\_  
Describe in Section 6  
**Total Liabilities** \$ 0 \_\_\_\_\_  
**Net Worth** \$ 0 \_\_\_\_\_  
**Total** \$ 0 \_\_\_\_\_

### Section 1

Current 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.)

**Section 6 Unpaid Taxes** (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).

**The applicant(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               | \$ _____    | \$ 0        |
| Spousal Salary             | \$ _____    | \$ 0        |
| Gross Rental Income        | \$ _____    | \$ 0        |
| Interest / Dividend Income | \$ _____    | \$ 0        |
| Other Income               | \$ _____    | \$ 0        |
| <b>Total Income</b>        | <b>\$ 0</b> | <b>\$ 0</b> |

**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        |
| <b>Total Expenses</b>  | <b>\$ 0</b> | <b>\$ 0</b> |
| <b>Net Discretionary Income</b>                              | <b>\$ 0</b> | <b>\$ 0</b> |

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  | \$ _____    |
| 2. Cash in Checking Account<br>Name: _____<br>Bank: _____<br>Acct#: _____                  | \$ _____    |
| 3. Cash in Savings Account<br>Name: _____<br>Bank: _____<br>Acct#: _____                   | \$ _____    |
| 4. Sale of Investments<br>Details: _____   | \$ _____    |
| 5. Finance obtained by additional mortgage on personal real estate<br>Details: _____       | \$ _____    |
| 6. Sale of Asset<br>Details: _____   | \$ _____    |
| 7. Business Assets (already obtained) being transferred to this business<br>Details: _____ | \$ _____    |
| 8. Loan from Family Member<br>Details: _____   | \$ _____    |
| 9. Loan from other source<br>Details: _____  | \$ _____    |
| 10. Gift<br>Details: _____   | \$ _____    |
| 11. Other: Franchise Fees already paid<br>Details: _____                                   | \$ _____    |
| <b>TOTAL CAPITAL INVESTMENT</b>  | <b>\$ 0</b> |

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?    No \_\_\_\_\_ Agency/Position \_\_\_\_\_

Are you a U.S. Citizen?    Yes                      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 | Major | Degree or Certificate |
|---|------------------------|-------|-----------------------|
| _____   | _____ to _____         | _____ | _____                 |
| _____   | _____ 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 \$ \_\_\_\_\_