



## Applicant's Information Sheet

Company Name \_\_\_\_\_

Type of Business \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Daytime Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email Address \_\_\_\_\_

Use of Proceeds Address (if different than business address) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Proprietorship  Partnership  Corporation  LLC  Trust

Business Tax I.D.# \_\_\_\_\_

### Owner/Principals

Names	% Ownership/Title	Social Security Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Have you or any officer of your company ever been involved in bankruptcy or insolvency proceedings?

Yes  No If yes, please attach details.

Are you or your business involved in any pending lawsuits?

Yes  No If yes, please attach details.

Have you ever applied for government financing? If so please provide the name of the agency, original balance and if loan is current. \_\_\_\_\_

Vesting if R/E Purchase \_\_\_\_\_

Title/Escrow/Attorney \_\_\_\_\_

Business Bank Name/Address \_\_\_\_\_

Business Bank Contact Person/Telephone Number \_\_\_\_\_

Use of proposed loan \_\_\_\_\_

How will this loan benefit your business? \_\_\_\_\_

How many employees do you have? \_\_\_\_\_

How many employees will you hire? \_\_\_\_\_



## Applicant's Information Sheet

(Continued)

The following section relates to your planned use for funds from this loan request. Please be as specific as possible. In those instances where funds are expected to be used in different ways, it is important to be accurate in breaking out anticipated expenditures by category. If you are using the "other" category below, please provide a complete description of the planned use.

<b>Project Items</b>	<b>Project Cost</b>
Land and Building Acquisition.....	\$
Land Acquisition.....	\$
Building Construction/Improvement (Hard Costs).....	\$
Building Construction/Improvement (Soft Costs).....	\$
Debt Refinance (copy of notes required).....	\$
Business Acquisition (list of assets and purchase agreement required)..	\$
Machinery/Equipment Acquisition.....	\$
Inventory.....	\$
Furniture.....	\$
Fixtures.....	\$
Working Capital (include loan fees).....	\$
Other.....	\$
Total Project Cost	\$
Less Borrowers Injection	\$
Total Loan Requested	\$

1. Source of Injection: \_\_\_\_\_
2. Estimated close of escrow date: \_\_\_\_\_
3. Please provide the name of the Broker or other person who referred you to Capital Mortgage Group  
\_\_\_\_\_



# Management Resume

Please fill in all spaces. Use full first, middle and last names. No initials. If an item is not applicable, please indicate so. You may include additional information on a separate exhibit; sign and date where indicated.

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
First Middle Last

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Residence Phone \_\_\_\_\_

Residence Address \_\_\_\_\_

Previous Address \_\_\_\_\_

Lived there from \_\_\_\_\_ to \_\_\_\_\_

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

Are you a U.S. Citizen?

Yes  No

If no, please attach a copy of your legal permanent resident card.

Have you ever had a personal or business repossession, foreclosure, bankruptcy or judgement against you?

Yes  No

If yes, please furnish details in a separate exhibit.

## Education

### College or Technical Training

Name and Location	Dates Attended	Major	Degree/Certificate
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



# Management Resume

(Continued)

## Military Service and Background

Are you a veteran? If so, what service dates? From \_\_\_\_\_ To \_\_\_\_\_

Branch \_\_\_\_\_ Honorable Discharge? \_\_\_\_\_

## Work Experience (start with most recent)

Company Name/Location \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Title \_\_\_\_\_

Duties \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Company Name/Location \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Title \_\_\_\_\_

Duties \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Company Name/Location \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Title \_\_\_\_\_

Duties \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Additional Information Attached - Check Here

**PERSONAL FINANCIAL STATEMENT**

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 other 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 hands & 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 in Section 8)		Installment Account (other)	\$ _____
Stocks and Bonds (Excludes IRA & 401K Assets)	\$ _____	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	\$ _____
<b>Total</b>	\$ _____	Net Worth	\$ _____
		<b>Total</b>	\$ _____

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.

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\*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 Bank 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 attachments 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 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: \_\_\_\_\_

## Business History

Please write about each of the business elements listed below. Include any brochures, advertising materials or printed history of the business if available. (Use separate attachments if necessary.)

### General Information:

Date business started: \_\_\_\_\_

What kind of business is it? (*construction, manufacturing, retailing, services, etc.*) \_\_\_\_\_

Date business originally acquired by the seller and reason for selling: \_\_\_\_\_

### Products Or Services/Description Of Business Activity:

If a manufacturer, describe the products you plan to make. If you are a retailer, discuss the various types of goods to be sold. If you are a service business, describe the services offered. \_\_\_\_\_

### Sales/Marketing Activity:

Who will or do you sell to? (*retailers, wholesalers, the public*) \_\_\_\_\_

List your key customers. \_\_\_\_\_

How are your sales made? \_\_\_\_\_

Who are your suppliers and what are their credit sales terms? \_\_\_\_\_

How do you determine the price of your products or services? \_\_\_\_\_

How will or do you advertise? What promotional activities will you or do you conduct to generate sales? \_\_\_\_\_

## **Business History**

(Continued)

**Competition:** Briefly list and describe your major competitors. \_\_\_\_\_

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What advantage will or does your business have over your competitor's operation? \_\_\_\_\_

What is the approximate distance of your competitors, relative to your current/proposed location?

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**Location:** If a retail business, describe the area and the customer base. \_\_\_\_\_

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Describe your business locations' advantages and disadvantages. \_\_\_\_\_

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**Facilities:** Describe the type and condition of the building, if applicable. \_\_\_\_\_

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What improvements are needed, if any? \_\_\_\_\_

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# Projected Operating Statement

Beginning Mo./Yr. \_\_\_\_\_

Name of Business \_\_\_\_\_

	1st Month	2nd Month	3rd Month	4th Month	5th Month	6th Month	7th Month	8th Month	9th Month	10th Month	11th Month	12th Month	Total	Total Year 2
Gross Sales or Receipts														
Less: Cost of Goods Sold														
Gross Profit														
Less Expenses														
Accounting & Legal														
Advertising														
Bad Debts														
Depreciation														
Insurance														
Interest														
Rent														
Repairs & Maintenance														
Salaries & Wages (to others)														
Supplies														
Taxes & Licenses														
Other Expenses														
Total Expenses														
Net Profit														
<i>(Before Income Taxes and Debt Service)</i>														
Projected Owner's Withdrawal														
SBA Debt Service														
Net Profit Before Taxes														

This is certified correct to the best of my knowledge this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_ day of \_\_\_\_\_

Signature \_\_\_\_\_

# Projected Operating Statement

Beginning Mo./Yr. \_\_\_\_\_

Name of Business \_\_\_\_\_

	1st Month	2nd Month	3rd Month	4th Month	5th Month	6th Month	7th Month	8th Month	9th Month	10th Month	11th Month	12th Month	Total	Total Year 2
Gross Sales or Receipts														
Less: Cost of Goods Sold														
Gross Profit														
Less Expenses														
Accounting & Legal														
Advertising														
Bad Debts														
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Salaries & Wages (to others)														
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Other Expenses														
Total Expenses														
Net Profit														
<i>(Before Income Taxes and Debt Service)</i>														
Projected Owner's Withdrawal														
SBA Debt Service														
Net Profit Before Taxes														

This is certified correct to the best of my knowledge this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Signature



United States of America  
**SMALL BUSINESS ADMINISTRATION**  
**STATEMENT OF PERSONAL HISTORY**

**Please Read Carefully - Print or Type**

Each member of the small business or the development company requesting assistance must submit this form in TRIPPLICATE for filing with the SBA application. This form must be filled out and submitted by:

1. By the proprietor, if a sole proprietorship.
2. By each partner, if a partnership.
3. By each officer, director, and additionally by each holder of 20% or more of the ownership stock, if a corporation, limited liability company, or a development company.

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.		2. Give the percentage of ownership or stocked owned or to be owned in the small business or the development company. Social Security No.	
First	Middle	3. Date of Birth (Month, day, and year)	
Last		4. Place of Birth: (City & State or Foreign Country)	
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 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:		Most recent prior address (omit if over 10 years ago): From: To: Address:	
Home Telephone No. (include A/C): Business Telephone No. (include A/C):			

**PLEASE SEE REVERSE SIDE FOR EXPLANATION REGARDING DISCLOSURE OF INFORMATION AND THE USES OF SUCH INFORMATION.**

**IT IS IMPORTANT THAT THE NEXT THREE QUESTIONS BE ANSWERED COMPLETELY. AN ARREST OR CONVICTION RECORD WILL NOT NECESSARILY DISQUALIFY YOU; HOWEVER, AN UNTRUTHFUL ANSWER WILL CAUSE YOUR APPLICATION TO BE DENIED.**

**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.**

7. Are you presently under indictment, on parole or probation?  
 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

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

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:** 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 by imprisonment of not more than five years and/or a fine of not more than \$10,000; under 18 USC 845 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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<b>Agency Use Only</b> 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.**



# Business Debt Schedule

Loan Applicant: \_\_\_\_\_

Creditor Name & Address	Original Amount	Original Date	Present Balance*	Interest Rate	Maturity Date	Collateral Security	Monthly Payment

This is certified correct to the best of my knowledge this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\*Present Balance Total must agree with total shown on Interim balance sheet. Must match date on interim financial statement.

Signature \_\_\_\_\_

## Aging Of Accounts Receivables And Payables

Please provide a detailed aging report. Please note, date of agings must match current or most recent business balance sheet.

Standard Terms Offered on Account \_\_\_\_\_  
\_\_\_\_\_

Standard Terms Received on Account \_\_\_\_\_  
\_\_\_\_\_

Special Terms Offered or Received \_\_\_\_\_  
\_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_



## Credit Check Authorization

I/We the undersigned hereby authorize Capital Mortgage to make any credit inquiries, that the bank may deem necessary, in connection with our application for a business loan. This authorization also applies to inquiries regarding employment history, bank accounts, and follow-up credit inquiries/checks that the Bank may deem necessary in the future, in connection with the servicing of our loan.

**Applicant**

**Spouse (If Applicable)**

Signature

Signature

Print Full Legal Name

Print Full Legal Name

Street Address

Street Address

City, State, ZIP

City, State, ZIP

Social Security Number

Social Security Number

Date of Birth

Date of Birth