

912 N. 70th, NE 68505 402-436-2388 402-436-2439 Fax

# **Prospective Borrower:**

**Thank You** for considering a Small Business Administration 504 Loan through Community Development Resources. Our application forms have been designed to help us expedite your financing request. When you fully complete the application and provide us with the requested documents, we can maximize the use of our customized software and reduce your paperwork throughout the remainder of the process.

- Complete the 504 Loan Application based on the business that will generate the funds to repay the loan. We call this the **Operating Company**. The SBA allows another company to own the real estate and lease it back to the Operating Company with a few specific requirements. This is referred to as the **Real Estate Holding Company**.
- Complete Sections 1-3 of Form 1244.
- Complete the **Personal History Statement** (Form 912) and **Personal Financial Statement** for each owner of 20% or more of the Operating Company and/or the Real Estate Holding Company. All owners of 20% or more will also be required to guarantee the SBA 504 loan.
- Using the enclosed **Checklist**, assemble and submit the items appropriate for your business and project. Much of the information can be supplied by your banker.
- Documents stating your current business financial information should all be based on the same date. Your Aging of Accounts Payable & Accounts Receivable and Business Debt Schedule should relate to information reflected on the Interim Financial Statements.

When looking at the list of required items it may seem a bit overwhelming, however, many of the items you will have already supplied to your banker, who can then copy and forward them to us.

If you have questions regarding the SBA 504 program or the application process, please give us a call. When the application package is completed, contact us and we will set a meeting date with you or you can mail it to the address below.

We believe you will find the SBA 504 Loan Program to be a powerful tool to help your business grow and we look forward to working with you.

Community Development Resources 504 Loan Program 912 N. 70th, Lincoln, NE 68505

Jeff Breunig, Interim Executive Director/Loan Officer 402-436-2388 jbreunig@cdr-nebraska.org



## SBA 504 APPLICATION CHECKLIST

Company Name:	Date	e:
Bank Name:	Bank Loan Officer:	
Your banker may be able to provide us with <b>BUSINESS INFORMATION</b>	h the items with an asterisk (*)	
<ul> <li>Community Development Resources S</li> <li>Business Tax Returns for the last 3 yea</li> <li>Business Interim Financial Statements</li> <li>Aging of Accounts Receivable and Acc</li> <li>Articles of Incorporation/Organization,</li> </ul>	ars* ( <i>current within 120 days</i> )* counts Payable (relates to Interim Financials)* Partnership Agreement or Trust Agreement*	Attachment #1
— IRS Form 4506-T (please sign but DO	NOT DATE –we will fill out the rest of the form) d Executive Order	Attachment #2 Attachment #3 Attachment #4
Start Ups:		
<ul> <li>Projections (two years required for star</li> <li>Month-By-Month Cash Flow Projection</li> </ul>	rt-ups or businesses involved in a major expansion)* (for first 12 months)*	Attachment #5
PERSONAL INFORMATION (for each ow	ner of 20% or greater):	
<ul> <li>Personal Financial Statement (<i>current</i></li> <li>Personal Federal Income Tax Returns</li> <li>Credit Bureau dated within 90 days*</li> <li>Copy of Government issued Photo ID -</li> </ul>	within 90 days)* (for the last 2 years)*	Attachment #6
PROJECT COST INFORMATION		
	ractor costs, estimates, vendor quotes for machinery and	equipment *

- Appraisal ordered by bank\*
- Environmental ordered by bank\*

### **OTHER INFORMATION**

- Affiliate Financial Statements (Federal Income Tax Returns for the last 2 years)\*
- Franchise Information Franchise Agreement & FTC Disclosure Statement & Certificate of Change or No Change\*
- Copy of bank's credit approval provided by bank\*
- Other \_\_\_\_\_



## **SBA 504 APPLICATION**

### <u>CERTIFICATIONS</u> IMPORTANT – If "yes" to any question below, please attach details.

Yes	No
Yes	No

No

No

No

Yes

Yes

Yes

Does the applicant entity have any liens, judgments, tax liens, IRS payment plans, or past due taxes? Do you or your spouse or any member of your household, or anyone who owns, manages or directs your business or their spouses or members of their households work for the Small Business Administration, Small Business Advisory Council, SCORE, ACE, any Federal Agency, or the participation lender? If yes, please provide the name and address of the person and the office where employed. Do you buy from, sell to, or use the services of any concern in which someone in your company has a significant financial interest? Does your business presently engage in export trade?

Do you have plans to begin exporting as a result of this loan?

Applicant acknowledges Community Development Resources CDC's legal fee will be collected at closing.

### **AUTHORIZATION**

I/we hereby authorize the release to Community Development Resources CDC of any information they may require at any time for the purpose related to my/our credit transactions with them.

I/we hereby authorize Community Development Resources CDC to release such information to any entity they deem necessary for any purpose related to this credit transaction with them.

I/we hereby certify that the enclosed information, including any attachments or exhibits provided within or at a later date, is valid and correct to the best of my/our knowledge.

Name of applicant company	 	
Name of authorized officer	 	
Signature of authorized officer	 Date	

All financing subject to approval by Community Development Resources CDC and the U.S. Small Business Administration. Community Development Resources CDC is a 501(c)(3) private, not-for-profit corporation and equal opportunity lender.



## SBA 504 LOAN APPLICATION

Company Information				
Company name				
Address		City	State	Zip
Principal in charge		Work phone (	) Email _	
Secondary contact person(In-house controller	r or bookkeeper)	Work phone (	) Email _	
Type of business			_ Date established	
Type of entity (check one) 🗆 Proprietorship	D □ Partnership □ LLC	Corporation	– years business incorpo	rated
Number of current employees	Estimated number of new	employees within	n the next two years as a	result of this loan
New Project Information				
Street address of project				
City	State Zip	Coun	ty	
What is the square footage of the new build *Please note – we require your company to				occupy?*
Escrow closing date	Realtor's name_		Phone	
How will the property be vested (i.e. individ	lually, husband and wife, partr	ership, LLC, corpo	pration, trust)?	
If there are any tenants that will remain in	the building, please provide t	he following info	rmation: Also, please have	your realtor provide copies

existing leases.

Tenant Name	Square Footage	Lease Expiration	Rent Amount

Sources & Uses	*504 loans have a declining pre	payment premium for the first half of th	e life of the loan.
Project Costs		Project Financing	
Land/Building Purchase	\$ 	Bank Loan	\$
Construction/Renovation	\$ 	504 Loan*	\$
Machinery & Equipment	\$ 	Owner Equity:	
Furniture & Fixtures	\$ 	Business Cash	\$
Construction Contingency	\$ 	Personal Savings	\$
Professional Fees	\$ 	Other (list)	\$
Interim Interest	\$ 		\$
Other (list)	\$ 		\$
	\$ 		\$
Total Project Costs:	\$	Total Sources of Funds:	\$

Personal Resume Form

To be completed by each principal involved in the loan. Please make copies as needed for each individual.

Name				SSN #:	
First	Middle	Last			
Former Name					
First	Middle	La	ast	When use	d
Date of Birth		Place of	ce of Birth		
Residence telephone	( )	Business	s telephone ( )		
Residence Address		City	State	Zip	From to
Previous Address		City	State	Zip	From to
Are you employed by	the U.S. Government? $\Box$ Yes $\Box$	No Agency/position			
Spouse name		SSN#	Date of Birth	Place	of Birth
Education (college or Name and Location 1 2 Military service back		Dates Attended	Major 		ee or Certificate
	۹ ۱		etnam veteran?		.□ Yes □ No
Work Experience		ly, beginning with present en	ployment. Attach separate	e exhibit if necessa	ıry.
	tion Title				
Company name/loca	tion				
From To	tion Title				
Company name/loca	tion				
From To Duties	Title				

Operating Company Profile	Use separate attachments to answer questions if necessary.
Company name	·
	you are in and how/why you became involved
Type of products or services o	ffered (include any catalogs or brochures)
	d
	ng the business activity in which you are engaged?
How will this loan benefit you	r company?
Will this loan create new emp	loyment opportunities?   Yes If yes, state how:
Customer Profile What primary markets use you	ur products?
List key customers	
List major competitors	
Major suppliers	
Future plans (What is your grow	th strategy? Rapid growth, moderate or maintain market position? What are the impediments that may impact your success?)
Major past accomplishments,	how your business differs from the competition, and your competitive advantages:
Marketing analysis and strate	gy (Explain your promotional, pricing and distribution strategies.)

### **1. INTEREST RATE ON DEBENTURE AND NOTE**

The interest rate on the Debenture and on the Note between you and Community Development Resources CDC (CDC) will not be set until the time of the Debenture sale. CDC will issue a Debenture not to exceed 40% of the SBA eligible project costs. This Debenture will be sold to investors after satisfaction of all conditions required by the CDC and United States Small Business Administration ("SBA"). Market conditions at the time of sale will determine the fixed interest rate for the Debenture and Note between you and CDC.

### 2. MONTHLY PAYMENT

The monthly payment on the Note includes principal and interest, plus the CDC servicing fee, the SBA guaranty fee and the Central Servicing Agent ("CSA") servicing fee (see paragraph 4 below).

### 3. THE FOLLOWING FEES ARE PAID THROUGH THE SBA LOAN PROCEEDS:

### SBA GUARANTEE FEE:

A reserve deposit as a % of the Net Debenture Proceeds may be deducted by the CSA, and deposited into a reserve account. The reserve deposit is non-refundable and no interest accrues to borrower. Currently the reserve deposit is ZERO.

### FUNDING FEE:

The funding fee covers certain costs associated with marketing and selling 504 Debentures. The funding fee is 1/4 of 1% of the Net Debenture Proceeds.

### CDC LOAN PROCESSING FEES:

a. Loan Processing Fee: CDC will charge a one-time processing fee equal to 1.5% of the net proceeds of the Debenture. b. Closing Fees of up to \$2,500 for legal fees which are further addressed in Paragraph 7 of this document.

### UNDERWRITING FEE:

The Underwriters provide financial advisory services in connection with the 504 Debentures, and build and maintain a secondary market. The Underwriters' fee is up to 2/5 of 1% of the face amount of the Debenture.

## **DISCLOSURE STATEMENT REGARDING 504 LOAN CHARGES AND PROCEDURES**

### 4. CENTRAL SERVICING AGENT, CDC SBA FEES

The SBA has appointed a Central Servicing Agent ("CSA") to collect monthly payments from borrowers and transfer them to investors. For this service, CSA receives an annual servicing fee of 1/10 of 1% per annum on the balance of the loan. Please note that you are required to authorize the CSA to make automatic withdrawals of the monthly loan payments from your checking account. CDC will provide reporting and portfolio management services for the term of the Note. For these services, CDC will receive a servicing fee equal to 5/8 of 1% per annum on the balance of the loan. During the term of the Note, SBA will receive an ongoing guaranty fee equal to **.389** % per annum on the balance of the loan; this fee is subject to change. These three fees are recalculated at each 5 year anniversary of the Note funding date.

### 5. TITLE POLICY/FINANCING STATEMENT REPORT

You are solely responsible for all costs associated with the Policy of Title Insurance that insures CDC's and SBA's lien on the subject property. Such insurance is separate from title insurance for third party lenders. If personal property is taken as security, you are responsible for all costs for perfecting CDC's and SBA's security interest in the property, plus all UCC-1 Financing Statement and related reports. In most cases, you will be invoiced for title charges directly by the title company. If you are not billed directly by the title company, you will be required to provide to CDC a check for all title charges.

### 6. WITHDRAWING LOAN APPLICATION AFTER SBA APPROVAL

In the event you withdraw your loan application after SBA issues the SBA Authorization and Debenture Guaranty,

("Debenture Authorization"), or if the Debenture Authorization is withdrawn, cancelled or terminated for any reason, you agree to pay CDC a sum equal to 2/3 of the total CDC Loan Processing Fee on the loan package, less any deposit paid to CDC. This amount shall be due on the date of withdrawal, cancellation and/or termination. It is understood that all Debenture Authorizations contain conditions which must be satisfied prior to funding of the Debenture.

### 7. LEGAL FEES AND CLOSING COSTS

Legal Counsel for CDC will charge a fee (legal fees), which may be less than but in no instance will exceed \$2,500. Other costs related to closing the loan may include but are not limited to fees charged for loan documentation, property tax service and UCC filings. Up to \$2,500 of the legal fees and closing costs may be paid through the debenture. If these legal fees and closing costs exceed \$2,500 dollars, the difference must be paid directly to CDC. You are solely responsible for paying any attorneys' fees or other closing costs in relation to the Debenture and loan, whether or not the Debenture is funded. The Debenture Authorization may reflect Legal Fees under the category of Closing Costs.

## 8. INDEMNIFICATION/ATTONEYS' FEES

a. You will indemnify and hold CDC and its officers, directors, employees and agents harmless from any and all liability for any loss, damage, or injury (including, without limitation, attorney's fees incurred with attorneys of CDC's choice) arising out of or resulting from:

Your failure to receive the subject loan; and /or Any losses, damage, or liability to you, your business and/or your principals, related parties/entities, guarantors, agents, successors and others, except for any loss caused by the sole intentional misconduct or sole gross negligence of CDC.

b. You hereby, on behalf of yourself and your principals, related parties/entities, guarantors, agents, successors and/or insurers, waive all claims, losses and injuries against CDC, SBA and/or their agents, representatives and/or successors which are related or arise from the SBA 504 Loan and Debenture program. This waiver includes, but is not limited to general, special, indirect, incidental or consequential, exemplary, punitive and/or economic loss damages. Your obligations hereunder shall survive termination of and, if funded, the funding of the SBA 540 Loan.

c. In the event the CDC is required to institute proceedings to collect from Applicant(s) the processing fee to which CDC is entitled pursuant to this Disclosure, CDC shall be entitled to reasonable attorneys' fees and costs incurred in such proceedings.

## 9. NO REPRESENTATIONS

The funding of the 504 Debenture and disbursement of the proceeds to you is subject to United States Small Business Administration approval of your Application and is also subject to your satisfactory compliance with the terms set forth in the Debenture Authorization and all other applicable conditions. CDC and/or SBA may impose conditions not a part of the Authorization. By signing this Disclosure Statement you acknowledge that:

- i. CDC has made no representations to you;
- ii. CDC is not your agent or representative;
- iii. CDC has made no representations to you that a debenture Authorization will be issued in relation to your application;
- iv. Issuance of a Debenture Authorization is not a guarantee or commitment to make the loan and/or fund the Debenture by the SBA, CDC or any other party;
- v. Failure of any condition may result in your loan being delayed and/or not funded;
- vi. You understand SBA approval may be revoked until the actual funding of your loan;
- vii. There is no representation or guaranty of your loan funding on any specific date; and
- viii. An attorney certified by SBA and approved by CDC must issue a legal opinion regarding the loan.

## **10. FEDERAL REGULATIONS**

The charges and procedures related to your 504 Loan are governed by Federal regulations. The applicable Federal regulations are subject to change, and therefore, the information contained herein may be changed without notice to you. Additional charges and requirements may be imposed by CDC or the SBA. EACH LOAN APPLICANT IS PERONALLY RESPONSIBLE FOR UNDERSTANDING THE REQUIREMENTS, COSTS AND RESTRICTIONS APPLICABLE TO THE SBA 504 PROGRAM. APPLICANTS ARE ENCOURAGED TO SEEK THE ADVICE OF LEGAL CONSEL BEFOE AND DURIG THE LOAN APPLICATION PROCESS.

In signing this Disclosure Statement, you acknowledge that you have read, understood, and agree to be bound by, each and every provision set forth herein. As used herein, "you" refers to each of the undersigned. The undersigned has/have authority to bind all other applicants, borrowers and guarantors of the Loan. OPERATING COMPANY

Print Company Name		
Sign	Date	
Print Name & Title		
BORROWERS/APPLICANTS		
Print Name	Signature	
Print Name	Signature	
CDC SMALL BUSINESS FINANCE CORP.		
Ву:	Date	
(CDC Representative)		

## ADDENDUM TO DISCLOSURE STATEMENT REGARDING 504 LOAN CHARGES AND PROCEDURES

The American Recovery and Reinvestment Act of 2009 temporarily eliminates or reduces certain fees on SBA loans. Pursuant to the Act and SBA 504 loan applicant will not pay the CDC Processing Fee for SBA 504 loans approved on or after February 17, 2009. This fee is referenced in Section 3 of the CDC Disclosure Statement. The waiver of this Fee will be in effect for so long as SBA makes funds available for payment of the Fee.



Attachment 1

Aging of Accounts

\*As of \_\_\_\_\_

Please provide an aging of payables and receivables in the space below. Explain any account over 90 days on an attached sheet of paper. \*The date of the aging must coincide with the date of your financial statement submitted with the application.

ACCOUNT TITLE	0-30 DAYS	30-60 DAYS	60-90-DAYS	90+ DAYS	TOTAL
ACCOUNTS PAYABLE					
TAXES PAYABLE					
ACCRUED PAYROLL					
ACCOUNTS RECEIVABLE					

Operating Company Name

Signed

Title

Date



## SBA 504 Business Debt Schedule

## List all existing business debts

ist all existing business debts				Date					
	7 1		1	•	ntements				
Creditor Name &	Or	riginal	Drocont	Interact	Moturity	Monthly		Current or	
Address	Amount	Date	Present Balance	Interest Rate	Maturity Date	Monthly Payment	Security	Delinquent	
	+								
тот									
1017	AL PRESENT B	ALANCE		TUTALP	AYMENTS:				
Total must garee with balance sh	own on current financial	statement		J					

Total must agree with balance shown on current financial statement

Attachment 2 Back



SBA 504 Government Debt Schedule

Applicant certifies below ANY government financing received by any **principals** or **affiliate** companies, Including names of the agency, the original date and amount, the outstanding balance, status of the Loan (current, delinquent or paid in full), and collateral securing the loan. In addition, Applicant confirms no loss to the U.S. Government on any previous loan, if applicable.

Borrower	Agency		iginal	Current		Collateral/\$	Gov't
Name	Name	Balance	Amount	Balance	Status	Guarantee	Loss

CDC verified loan payment status with lender:

Signature of applicant

CDC signature

Title

Date

Title

Date

MONTH-BY-MONTH CASH FLOW PROJECTION		Attachment #5					
MONTH/YEAR						TOTAL	%
SALES							
COST OF SALES							
GROSS PROFIT							
EXPENSES							
ACCTING,LEGAL,PROFESSIONAL							
ADVERTISING EXPENSE							
AUTO & TRUCK EXPENSE							
BAD DEBT							
ENTERTAINMENT, TRAVEL							
EQUIPMENT RENTAL							
INSURANCE							
OFFICE EXPENSE							
OFFICER, OWNER SALARIES							
RENT, PROPERTY EXPENS							
REPAIRS, MAINTENANCE							
SUPPLIES							
TAXES, LICENSES							<u> </u>
TELEPHONE, UTILITIES							
WAGES							
MISCELLANEOUS							<u> </u>
TOTAL EXPENSES							<u> </u>
NET OPERATING PROFIT							<u> </u>
OTHER INCOME <expenses></expenses>							<u> </u>
PROFIT BEFORE TAXES							

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

## **Request for Transcript of Tax Return**

▶ Do not sign this form unless all applicable lines have been completed.

Request may be rejected if the form is incomplete or illegible.

▶ For more information about Form 4506-T, visit www.irs.gov/form4506t.

**Tip.** Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946. If you need a copy of your return, use **Form 4506, Request for Copy of Tax Return.** There is a fee to get a copy of your return.

1a	Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)				
2a	If a joint return, enter spouse's name shown on tax return.	2b Second social security number or individual taxpayer identification number if joint tax return				
3	3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)					
4	4 Previous address shown on the last return filed if different from line 3 (see instructions)					
5 (	Customer file number (if applicable) (see instructions)					

Note: Effective July 2019, the IRS will mail tax transcript requests only to your address of record. See What's New under Future Developments on Page 2 for additional information.

6 Transcript requested. Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ►

а	<b>Return Transcript</b> , which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-A, Form 1120-H, Form 1120-L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days	
b	Account Transcript, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 10 business days .	
С	<b>Record of Account,</b> which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 10 business days	
7	Verification of Nonfiling, which is proof from the IRS that you did not file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days .	
8 Cautio	<b>Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.</b> The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2016, filed in 2017, will likely not be available from the IRS until 2018. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 10 business days . [If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed	
with yo	ur return, you must use Form 4506 and request a copy of your return, which includes all attachments. Year or period requested. Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than fe	
	years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must en each quarter or tax period separately.	
Cautio	n: Do not sign this form unless all applicable lines have been completed.	
informa shareh certify signatu	ure of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tion requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or moder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpaye that I have the authority to execute Form 4506-T on behalf of the taxpayer. Note: This form must be received by IRS within 120 days of the date. natory attests that he/she has read the attestation clause and upon so reading declares that he/she is the authority to sign the Form 4506-T. See instructions.	ore er, I the
Sign	Signature (see instructions)     Date	
Here	Title (if line 1a above is a corporation, partnership, estate, or trust)	
	Spouse's signature Date	

OMB No. 1545-1872

Section references are to the Internal Revenue Code unless otherwise noted.

### **Future Developments**

For the latest information about Form 4506-T and its instructions, go to *www.irs.gov/form4506t*. Information about any recent developments affecting Form 4506-T (such as legislation enacted after we released it) will be posted on that page.

The filing location for the Form 4506-T has changed. Please see Chart for individual transcripts or Chart for all other transcripts for the correct mailing location.

What's New. As part of its ongoing efforts to protect taxpayer data, the Internal Revenue Service announced that in July 2019, it will stop all third-party mailings of requested transcripts. After this date masked Tax Transcripts will only be mailed to the taxpayer's address of record.

If a third-party is unable to accept a Tax Transcript mailed to the taxpayer, they may either contract with an existing IVES participant or become an IVES participant themselves. For additional information about the IVES program, go to www.irs.aov and search IVES.

### **General Instructions**

Caution: Do not sign this form unless all applicable lines have been completed.

Purpose of form. Use Form 4506-T to request tax return information. Taxpayers using a tax year beginning in one calendar year and ending in the following year (fiscal tax year) must file Form 4506-T to request a return transcript.

**Note:** If you are unsure of which type of transcript you need, request the Record of Account, as it provides the most detailed information.

Customer File Number. The transcripts provided by the IRS have been modified to protect taxpayers' privacy. Transcripts only display partial personal information, such as the last four digits of the taxpayer's Social Security Number. Full financial and tax information, such as wages and taxable income, are shown on the transcript.

An optional Customer File Number field is available to use when requesting a transcript. This number will print on the transcript. See Line 5 instructions for specific requirements. The customer file number is an optional field and not required.

**Tip.** Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

Automated transcript request. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946.

Where to file. Mail or fax Form 4506-T to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

If you are requesting more than one transcript or other product and the chart shows two different addresses, send your request to the address based on the address of your most recent return.

Line 1b. Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) or your individual taxpayer identification number (ITIN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

Line 3. Enter your current address. If you use a P.O. box, include it on this line.

Line 4. Enter the address shown on the last return filed if different from the address entered on line 3.

Note: If the addresses on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address. For a business address, file Form 8828, B, Change of Address or Responsible Party — Business.

Line 5. Enter up to 10 numeric characters to create a unique customer file number that will appear on the transcript. The customer file number <u>should not</u> contain an SSN. Completion of this line is not required.

Note. If you use an SSN, name or combination of both, we will not input the information and the customer file number will reflect a generic entry of "9999999999" on the transcript. Line 6. Enter only one tax form number per request.

Signature and date. Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. The IRS must receive Form 4506-T within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines are completed before signing.



You must check the box in the signature area to acknowledge you have the authority to sign and request the information. The form will not be processed and returned to you if the box is unchecked. Individuals. Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

**Corporations.** Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer. A bona fide shareholder of record owning 1 percent or more of the outstanding stock of the corporation may submit a Form 4506-T but must provide documentation to support the requester's right to receive the information.

**Partnerships.** Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

All others. See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer. Note: If you are Heir at law, Next of kin, or Beneficiary you must be able to establish a material interest in the estate or trust.

**Documentation.** For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the letters testamentary authorizing an individual to act for an estate.

Signature by a representative. A representative can sign Form 4506-T for a taxpayer only if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 5. The representative must attach Form 2848 showing the delegation to Form 4506-T.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. You are not required to request any transcript; if you do request a transcript, sections 6103 and 6109 and their regulations require you to provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: Learning about the law or the form, 10 min.; Preparing the form, 12 min.; and Copying, assembling, and sending the form to the IRS, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service

Tax Forms and Publications Division 1111 Constitution Ave. NW, IR-6526

Washington, DC 20224

Do not send the form to this address. Instead, see Where to file on this page.

## Chart for individual transcripts (Form 1040 series and Form W-2 and Form 1099)

If you filed an individual return and lived in:	Mail or fax to:
Florida, Louisiana, Mississippi, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of	Internal Revenue Service RAIVS Team Stop 6716 AUSC Austin, TX 73301
the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	855-587-9604
Alabama, Arkansas, Delaware, Georgia, Illinois, Indiana, Iowa, Kentucky, Maine, Massachusetts, Minnesota, Missouri, New Hampshire,	Internal Revenue Service RAIVS Team Stop 6705 S-2 Kansas City, MO 64999
New Jersey, New York, North Carolina, Oklahoma, South Carolina, Tennessee, Vermont, Virginia, Wisconsin	855-821-0094
Alaska, Arizona, California, Colorado, Connecticut, District of Columbia, Hawaii, Idaho, Kansas, Maryland, Michigan, Montana, Nebraska, Nevada,	Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409
New Mexico, North Dakota, Ohio, Oregon, Pennsylvania, Rhode Island, South Dakota, Utah, Washington, West Virginia, Wyoming	855-298-1145
Chart for all othe	r transcripts
	r transcripts Mail or fax to:
If you lived in or your business was in: Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri,	-
If you lived in or your business was in: Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota,	Mail or fax to: Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734
If you lived in or your business was in: Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands,	Mail or fax to: Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409

New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin



# U.S. Small Business Administration Application for Section 504 Loans

OMB Control No.: 3245-0071 (Expiration Date 12/31/2021)

## **Purpose of This Form**

This form and exhibits are to be completed by the Small Business Applicant ("Applicant") and the Certified Development Company (CDC). The information is used to review the Applicant's eligibility for a loan, indebtedness, creditworthiness, and certain other disclosures. The Applicant submits the requested information to the CDC, which will then upload the information to the SBA's E-Tran system. This form must be completed and uploaded by both PCLP and non-PCLP CDCs.

## Structure and Instructions for this Form

This form is divided into four sections:

*Section One* (Pages 2-3) is completed by the Applicant. This section requests information about the Applicant and its ownership structure. If there are Co-Applicants (*e.g.*, "Eligible Passive Company (EPC)" and "Operating Company (OC)"), both entities must submit the information requested on page 2 and enter ownership information in the relevant table on page 3. The CDC may provide guidance to the Applicant in filling out this section; however, the Applicant is responsible for, and certifies to, the accuracy of the information.

Section Two (Pages 4-5) is completed by the Associates of the Applicant, including:

- For a sole proprietorship, the sole proprietor;
- For a partnership, all general partners, and all limited partners owning 20% or more of the equity of the firm; or any partner that is involved in management of the Applicant;
- For a corporation, all owners of 20% or more of the corporation, and each officer and director;
- For limited liability companies, all members owning 20% or more of the company, each officer, director, and managing member;
- Any person or entity hired by the business to manage day-to-day operations ("key employee"); and
- Any Trustor (if the Applicant is owned by a trust).

All parties listed above are considered "Associates" of the Small Business Applicant (as defined in 13 C.F.R. § 120.10). If more than one person is required to complete this section, each person must separately complete and sign Section Two.

*Section Three* (Pages 6–11) contains the Statements Required by Law and Executive Order. These statements must be reviewed and signed by the Applicant representative and the Associates who completed section two.

*Section Four* (Pages 12–20) is completed by the CDC. This section contains fields for information regarding the CDC, the Third Party Lender and Interim Lender, the 504 Project, the Applicant, and potential conflicts of interest; identifies the exhibits required for a complete Application; and includes the CDC Agreements and Certifications that an authorized CDC official must sign on behalf of the CDC.



Applicant Name (Eligible Passive Company, if applicable)				
Legal Name		Business Address		
<b>DBA or Tradename</b>	Legal Structure	Tax ID	<b>DUNS Number</b>	
Contact Name	Email Address	Phone Number	<b>Business Web Address</b>	
	<b>Operating Company (i</b>	f Applicant is an EPC)		
Legal	Name	Business Address		
<b>DBA or Tradename</b>	Legal Structure	Tax ID	<b>DUNS Number</b>	
Contact Name	<b>Email Address</b>	Phone Number	Business Web Address	

Project Address (if different than OC Address)	Type of Business (Summary Description)

# of existing employees employed by business (including owners who work for this business)	# of jobs to be created in the next two years as a result of the loan	# of jobs to be retained in the next two years as a result of the loan (including owners who work for this business)
Loan Amount Requested	Purpos	e of the loan
\$		

1.	Does the Small Business Applicant have any Affiliates?	🗆 Yes 🗆 No
	If "Yes," please attach a listing as a part of Exhibit 10	
2.	Have the Small Business Applicant or any Affiliates ever obtained or applied for a direct	🗆 Yes 🗆 No
	or guaranteed loan from SBA, or from any other Federal, State or local government loan pro	ogram
	or been a guarantor on such a loan? If yes, provide relevant information in Exhibit 9	-
3.	Has an application for this Project previously been submitted to the SBA by any	🗆 Yes 🗆 No
	CDC or Lender in connection with any SBA program?	
	If yes, provide CDC/Lender Name and Loan Program:	
4.	Has the Applicant business ever declared bankruptcy?	□ Yes □ No
	If yes, explain and provide relevant documents in Exhibit 27	
5.	Is the Applicant business involved in any pending lawsuits?	🗆 Yes 🗆 No
	If yes, explain and provide relevant documents in Exhibit 27	
6.	Is the Applicant business owned by one of the following? $\Box 401(k) \Box ESOP \Box Trust$	Cooperative
	If the Applicant is owned by an ESOP (Employee Stock Ownership Plan) or 401(k) plan (in	cluding a
	Rollover as Business Start-Up (ROBS) plan), Applicant must provide evidence to the CDC	U U

Applicant, ESOP, and/or the 401(k) plan are in compliance with all applicable Government Agencies (e.g., IRS, Treasury, and Department of Labor) requirements and that it will comply with all relevant operating and reporting requirements.

Section One: Business Information

## Business Ownership (Attach additional pages if needed)

This section requires the Small Business Applicant to disclose 100% of its ownership as well as its Key Employees that do not have an ownership stake. A Key Employee is any person (as defined in 13 C.F.R. 120.10) hired by the business to manage day-to-day operations.

If some or all of the Applicant is owned by one or more entities: For each entity, list the organization name, organization type, tax identification number, and ownership percentage, and include any individuals who own each entity (100% ownership must be disclosed). Attach additional pages as necessary.

Please be advised that the Applicant must be owned and controlled by U.S. citizens or individuals with Lawful Permanent Resident status as verified through the United States Citizenship and Immigration Services by SBA.

## Eligible Passive Company (EPC) Ownership (if applicable)

<b>Owner/Entity Name</b>	Title/Organization Type	SSN/TIN	<b>Ownership %</b>

## **Operating Company (OC) Ownership**

<b>Owner/Entity Name</b>	Title/Organization Type	SSN/TIN	<b>Ownership %</b>

Section Two: Information Required to be Submitted by each Associate of the Applicant

Each Associate of the Applicant must separately complete and sign this Section. If the Applicant is operating under an EPC/OC structure, each of the EPC's and OC's Associates must complete and sign this section.

Name (Last, First, Middle)		Former Names and Dates Used		
U.S. Citizen? USCIS Registration # (if Legal Permanent Resident)		If a non-US citizen or LPR, provide Country of Citizenship		
Yes 🗆 No 🗆				
Place of Birth (City and State or Foreign Country)		SSN or IRS TIN	Date of Birth	
Phone Nu	Phone Number (Home or Cell)		, City, State, Zip code)	

	Answer the following Yes/No Questions and Initial to the Right of Each Answer		
1.	Do you have an ownership interest in any other entity that has existing SBA loans?	🗆 Yes 🗆 No	
	If yes, provide loan numbers and current status:		
2.	Are you presently subject to an indictment, criminal information, arraignment, or other means by which formal criminal charges are brought in any jurisdiction?	🗆 Yes 🗆 No	
	If yes, the Applicant is not eligible for SBA assistance		
3.	Have you been arrested in the last 6 months for any criminal offense? If yes, please provide relevant documents as a part of Exhibit 28	🗆 Yes 🗆 No	
4.	For any criminal offense – other than a minor vehicle violation – have you ever: 1) been convicted; 2) pleaded guilty; 3) pleaded nolo contendere; 4) been placed on pretrial diversion; or 5) been placed on any form of parole or probation (including probation before judgment)? (If "Yes," furnish the dates, locations, fines, sentences, level of charge (whether misdemeanor or felony), dates of parole/probation unpaid fines or penalties, name(s) under which charged, and any other pertinent information as part of Exhibit 28)	□ Yes □ No	
5.	Are you presently suspended, debarred, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal Department or agency? <b>If yes, the Applicant is not eligible for SBA as</b>	□ Yes □ No <u>sistance</u>	

Section Two: Information Required to be Submitted by each Associate of the Applicant

6.	If you are a 50% or more owner of the Applicant, are you more than 60 days delinquent on any obligation to pay child support arising under an administrative order, court order, repayment agreement between the holder and a custodial parent, or repayment agreement between the holder and a state agency providing child support enforcement services? If yes, the Applicant is not eligible for SBA assistant.	□ Yes □ No	
7.	Have you ever declared bankruptcy? If yes, please provide relevant documents as a part of Exhibit 27	🗆 Yes 🗆 No	
8.	Are you currently the subject of any pending lawsuits (including divorce)? If yes, please provide relevant documents as a part of Exhibit 27	🗆 Yes 🗆 No	
9.	Has the Applicant or any affiliated company of the Applicant as well as any Associate of the Applicant received any previous government financing?	🗆 Yes 🗆 No	

If yes, please provide relevant documents as a part of Exhibit 9

## Veteran/Gender/Race/Ethnicity Information

This data is collected for program reporting purposes only. Disclosure is voluntary and has no bearing on the credit decision.

Categories	Category Codes	Response
Veteran	1=Non-Veteran; 2=Veteran; 3=Service-Disabled Veteran; 4=Spouse of	Response
veteran	Veteran; X=Not Disclosed	
Gender	M=Male; F=Female; X=Not Disclosed	
Race 1=American Indian or Alaska Native; 2=Asian; 3=Black or African		
Race	American; 4=Native Hawaiian or Pacific Islander; 5=White; X=Not Disclosed	
Ethnicity	H=Hispanic or Latino; N=Not Hispanic or Latino; X=Not Disclosed	

**Criminal Penalties for False Statements** – The undersigned certifies that all information provided in this Section Two is true and complete to the best of his or her knowledge. The undersigned acknowledges that whoever makes any false statement or report, or willfully overvalues any land property or security for the purpose of influencing in any way the action of the SBA under the Small Business Investment Act, as amended, may be fined up to \$250,000 and/or be put in jail for up to 5 years under 18 U.S.C. §1001; may be fined not more than \$5,000 and/or put in jail for not more than 2 years under 15 U.S.C. § 645; and if false statements are submitted to a Federally insured institution, may be punished by a fine of not more than \$1,000,000 or by imprisonment for up to 30 years, or both, pursuant to 18 U.S.C. § 1014. The undersigned further acknowledges that, in connection with a 504 loan, submission of any false statement to the CDC or SBA or submission of any record to the CDC or SBA omitting material information can result in civil money penalties and additional monetary liability up to three times the amount of damages which the Government sustains because of the false statement under the False Claims Act, 31 U.S.C. § 3729.

Signature:	Date:
Print Name:	
Signer's Relationship with Applicant Business:	

SBA Form 1244 (06-2021)



Section Three: Statements Required by Law and Executive Order and Certifications (Signed by the Applicant and Associates)

# PLEASE READ, DETACH, AND RETAIN FOR YOUR RECORDS STATEMENTS REQUIRED BY LAW AND EXECUTIVE ORDER

This application, and any assistance provided pursuant to this application, is subject to the following laws, regulations, and Executive Orders:

**Freedom of Information Act** (5 U.S.C. § 552) - This law provides, with some exceptions, that SBA must supply information reflected in agency files and records to a person requesting it. Information about approved loans that will be automatically released includes, among other things, statistics on our loan programs (individual borrowers are not identified in the statistics) and other information such as the names of the borrowers (and their officers, directors, stockholders or partners), the collateral pledged to secure the loan, the amount of the loan, its purpose in general terms and the maturity. Proprietary data on a borrower would not routinely be made available to third parties. All requests under this Act are to be addressed to the nearest SBA office and be identified as a Freedom of Information request.

## Privacy Act (5 U.S.C. § 552a) and Debt Collection Improvement Act (31 U.S.C. § 7701)

*Authorities and Purpose for Collecting Information:* SBA is collecting the information on this form, including social security numbers and other personal information, to make a character and credit eligibility decision in connection with you or your company's application for SBA assistance. SBA may also use social security numbers for the purpose of collecting and reporting on any delinquent fees or other amounts owed SBA.

Under the provisions of 31 U.S.C. § 7701, the applicant business and any guarantor of the loan are required to provide their social security numbers, or other taxpayer identification numbers, in order to do business with SBA. Failure to provide this information would affect your ability to obtain a 504 loan. For other individuals signing this application, the submission of the social security number is voluntary and failure to provide your social security number may not affect any right, benefit or privilege to which you are entitled. However, in evaluating whether the applicant satisfies the criteria for a 504 loan under section 501 et seq. of the Small Business Investment Act, 15 U.S.C. § 695 et seq., SBA considers whether the applicant and each of its Associates possess good character. In making this determination, SBA considers the person's integrity, candor, and criminal history if any. SBA is authorized, through section 308(f) of the Small Business Investment Act, to verify your criminal history, or lack thereof, pursuant to section 7(a)(1)(B) of the Small Business Act, 15 U.S.C. §636(a)(1)(B). In addition, for all forms of assistance, SBA is authorized to make all investigations necessary to ensure that a person has not engaged in acts that violate or will violate the Small Business Investment Act, see 15 U.S.C. §687b(a). In conducting the criminal background check, SBA also uses your social security number to distinguish you from other individuals with the same or similar name or other personal identifier. This use is permitted under Executive Order 9397.

*Routine Uses:* Some of the information collected may be checked against criminal history indices of the Federal Bureau of Investigation. When the information collected indicates a violation or potential violation of law, whether civil, criminal, or administrative in nature, SBA may refer it to the appropriate agency, whether Federal, State, local, or foreign, charged with responsibility for or otherwise involved in investigation, prosecution, enforcement or prevention of such violations. *See* SBA's Privacy Act System of Records, at 74 Fed. Reg. 14890 (2009) (as amended from time to time) for other published routine uses for the collected information.



Section Three: Statements Required by Law and Executive Order and Certifications (Signed by the Applicant and Associates)

**Federal Funding Accountability and Transparency Act of 2006, as amended (31 U.S.C. 6101 Note) -** SBA routinely publishes information related to this loan application (e.g., name and address of borrower, amount of loan) on USAspending.gov, as required by the Federal Funding Accountability and Transparency Act of 2006, as amended.

**Right to Financial Privacy Act of 1978 (12 U.S.C. § 3401 et seq.)** – As required by the Right of Financial Privacy Act of 1978, SBA provides this notice of SBA's right to access financial records held by financial institutions that are or have been doing business with you or your business, including any financial institutions participating in a loan or loan guarantee. The law provides that SBA shall have a right of access to your financial records in connection with its consideration or administration of assistance to you in the form of a Government loan or loan guaranty agreement. SBA is required to provide a certificate of its compliance with the Act to a financial institution in connection with its first request for access to your financial records, after which no further certification is required for subsequent accesses. The law also provides that SBA's access rights is required during the term of any such agreement.

The law also authorizes SBA to transfer to another Government authority any financial records included in an application for a loan, or concerning an approved loan or loan guarantee, as necessary to process, service or foreclose on a loan or loan guarantee or to collect on a defaulted loan or loan guarantee. No other transfer of your financial records to another Government authority will be permitted by SBA except as required or permitted by law.

**Debt Collection Act of 1982 and Debt Collection Improvement Act of 1996 (5 U.S.C. § 5514 note and 31 U.S.C. § 3701 et seq.)** – These laws require SBA to aggressively collect any loan or other payments which become delinquent. SBA must obtain your taxpayer identification number when you apply for a loan. If you receive a loan, and do not make payments as they come due, SBA may take one or more of the following actions:

- Report the status of your loan(s) or other debt owed to SBA to credit bureaus
- Hire a collection agency to collect your loan or other delinquent debt
- Offset your income tax refund or other amounts due to you from the Federal Government
- Suspend or debar you or your company from doing business with the Federal Government
- Refer your loan or other delinquent debt to the Department of Justice or other attorneys for litigation
- Foreclose on collateral or take other action permitted in the loan instruments
- If you default on an SBA loan and fail to fully reimburse SBA for any resulting loss, refer you to the computer database of delinquent Federal debtors maintained by the Department of Housing and Urban Development, or other Federal agency, which may disqualify you from receiving financial assistance from other Federal agencies. In addition, unless SBA is reimbursed in full for the loss, you will not eligible for additional SBA financial assistance.

**Flood Disaster Protection Act (42 U.S.C. § 4012a)** – Under this Act, and its implementing regulations, SBA is prohibited from providing financial assistance in a designated floodplain unless Federal flood insurance is purchased as a condition of the loan. Failure to maintain the required level of flood insurance makes the Applicant ineligible for any future financial assistance from SBA under any program, including disaster assistance.

Executive Orders 11988 and 11990 -- Floodplain Management and Wetland Protection (42 F.R. 26951 and 42 F.R. 26961) -- SBA discourages settlement in or development of a floodplain or a wetland. This



Section Three: Statements Required by Law and Executive Order and Certifications (Signed by the Applicant and Associates)

statement is to notify all applicants for SBA assistance that such actions are hazardous to both life and property and should be avoided. The additional cost of flood preventive construction must be considered in addition to the possible loss of all assets and investments due to a future flood.

**Occupational Safety and Health Act (29 U.S.C. § 651 et seq.)** – The Occupational Safety and Health Administration (OSHA) can require businesses to modify facilities and procedures to protect employees. Businesses that do not comply may be fined and required to abate the hazards in their workplaces. They may also be ordered to cease operations posing an imminent danger of death or serious injury until employees can be protected. Signing this form is certification that the applicant, to the best of its knowledge, is in compliance with the applicable OSHA requirements, and will remain in compliance during the life of the loan.

**Civil Rights Legislation** – All businesses receiving SBA financial assistance must agree not to discriminate in any business practice, including employment practices and services to the public, on the basis of categories cited in 13 C.F.R., Parts 112, 113, and 117 of SBA Regulations. This includes making their goods and services available to handicapped clients or customers. All business borrowers will be required to display the "Equal Employment Opportunity Poster" prescribed by SBA.

**Equal Credit Opportunity Act (15 U.S.C. § 1691 et seq.)** – The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit Applicants on the basis of race, color, religion, national origin, sex, marital status or age (provided that the Applicant has the capacity to enter into a binding contract); because all or part of the Applicant's income derives from any public assistance program, or because the Applicant has in good faith exercised any right under the Consumer Credit Protection Act. The Federal agency that administers compliance with this law concerning this creditor is the Federal Trade Commission, Equal Credit Opportunity, Washington, D.C. 20580.

**Executive Order 11738 -- Environmental Protection (38 C.F.R. 25161)** – The Executive Order charges the SBA with administering its loan programs in a manner that will result in effective enforcement of the Clean Air Act, the Federal Water Pollution Act and other environmental protection legislation. SBA must, therefore, impose conditions on some loans. By acknowledging receipt of this form and presenting the application, the Associates of all small businesses borrowing \$100,000 or more in direct funds stipulate to the following:

- That any facility used, or to be used, by the subject firm is not cited on the EPA list of Violating Facilities.
- That subject firm will comply with all the requirements of Section 114 of the Clean Air Act (42 U.S.C. 7414) and Section 308 of the Water Act (33 U.S.C. § 1318) relating to inspection, monitoring, entry, reports and information, as well as all other requirements specified in Section 114 and Section 308 of the respective Acts, and all regulations and guidelines issued thereunder.
- That subject firm will notify SBA of the receipt of any communication from the Director of the Environmental Protection Agency indicating that a facility utilized, or to be utilized, by subject firm is under consideration to be listed on the EPA List of Violating Facilities.

**Lead-Based Paint Poisoning Prevention Act (42 U.S.C. § 4821 et seq.)** – Borrowers using SBA funds for the construction or rehabilitation of a residential structure are prohibited from using lead-based paint (as defined in Federal regulations) on all interior surfaces, whether accessible or not, and exterior surfaces, such as stairs, decks, porches, railings, windows and doors, which are readily accessible to children under 7 years of age. A "residential structure" is any home, apartment, hotel, motel, orphanage, boarding school, dormitory, day care center, extended care facility, college or other school housing, hospital, group practice or community facility and all other residential or institutional structures where persons reside.



Section Three: Statements Required by Law and Executive Order and Certifications (Signed by the Applicant and Associates)

**Executive Order 12549 as amended by E.O. 12689, Debarment and Suspension (2 C.F.R. 180, adopted by reference in 2 C.F.R. Part 2700 (SBA Debarment Regulations))** – By submission of this loan application, you certify and acknowledge that neither you nor any Associates: (a) are presently debarred, suspended, declared ineligible from participating in, or voluntarily excluded from participation in a transaction by any Federal department or agency; (b) are formally proposed for debarment, with a final determination still pending; (c) are presently indicted or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses listed in the SBA Debarment Regulations; (d) have been convicted, or had a civil judgment rendered against you within the preceding three years for any of the offenses listed in the SBA Debarment Regulations, including 2 C.F.R. §180.800(a); or (e) have had one or more public transactions (Federal, State, or local) terminated within the preceding three years for cause or default; or (f) are delinquent on any amounts due and owing to the U.S. Government or its agencies or instrumentalities as of the date of execution of this certification.

You further certify that you have not and will not knowingly enter into any agreement in connection with the goods and/or services purchased with the proceeds of this loan with any individual or entity that has been debarred, suspended, declared ineligible from participating in, or voluntarily excluded from participation in a Transaction. All capitalized terms have the meanings set forth in 2 C.F.R. Part 180.

## Acknowledgment

By my signature below, I acknowledge receipt of the Statements Required by Laws and Executive Orders, that I have read them and that I have a copy for my files. My signature represents my agreement to comply with the requirements SBA makes in connection with the approval of my loan request and to comply, whenever applicable, with the limitations and requirements contained in these Statements and to comply, whenever applicable, with the hazard insurance, lead-based paint, civil rights or other limitations and requirements in the Statements Required by Law and Executive Order.

## Representations, Certifications, or Authorizations by Applicant and Its Associates

By my signature below, I represent, certify, or authorize the following:

- All SBA loan proceeds will be used only for business related purposes as specified in the loan application.
- To the extent feasible, I will purchase only American-made equipment and products.
- None of the Applicant's direct, indirect, or future revenues, or revenues of any affiliated business(es) are derived from activities that are illegal under federal, state or local law, including activities that support the end-use of marijuana products, including leasing of collateral property to a third party that derives revenue from illegal activities.
- I authorize the SBA 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, as amended, and Small Business Investment Act, as amended.
- I agree that if the SBA approves this application, I will not for at least two years hire an employee or consult anyone who was employed by the SBA during the one-year period prior to the disbursement of the debenture.
- I certify I have not paid anyone connected with the Federal Government for help getting this financial assistance.



Section Three: Statements Required by Law and Executive Order and Certifications (Signed by the Applicant and Associates)

- I agree to report to the SBA Office of Inspector General, 409 Third Street S.W., Washington, D.C. 20416, any Federal Government employee who offers assistance in return for any type of compensation to help get this application approved.
  - I understand that I need not pay anybody to deal with SBA.
  - I also understand that a Certified Development Company may charge the Applicant a percentage of the loan proceeds as set forth in SBA regulations as a fee for preparing and processing the loan applications.
  - I agree to pay for or reimburse the CDC or the SBA for the cost of any surveys, title or mortgage examinations, appraisals, etc., performed by non-SBA personnel provided that I have given my consent.
- I understand that regulations issued by the SBA prohibit the making of loans to relocate any operations of a small business that will cause a net reduction of one-third or more in the workforce of the Applicant company or a substantial increase in unemployment in any area of the country. In the event that proceeds from this loan are used to relocate an EPC/OC (including any affiliate, subsidiary or other business entity under direct, indirect or common control), the undersigned certifies that such relocation will not significantly increase unemployment in the area of the original location.
- If my business exceeds the small business size standard by more than 25%, I agree to use SBA's financial assistance within a labor surplus area.
- No overlapping relationship exists between the Applicant, including its Associates, and the CDC, including its Associates, or any other lender providing financing for the project, that could create an appearance of a conflict of interest as defined in 13 C.F.R. §120.140 or violate 13 C.F.R. § 120.851. No such relationships existed within six months of this application or will be permitted to exist while assistance is outstanding.
- I authorize disclosure of all information submitted in connection with this application to the financial institution agreeing to participate with SBA's guaranteed debenture.
- I waive all claims against SBA and its consultants for any management and technical assistance that may be provided.
- In consideration for assistance from the Small Business Administration, I hereby agree that I will comply with all Federal laws and regulations to the extent that they are applicable to such assistance, including conditions set forth in this application.
- I, my spouse, or any member of my household, or anyone who owns, manages, or directs the business or their spouses or members of their households do not work for the SBA, an SBA small business advisory council, or SCORE, any Federal agency, or the participating lender. If someone does, the name and address of such person and where employed is provided on an attached page.

**Certification as to Application Accuracy - Criminal Penalties for False Statements** – The undersigned certifies that all information provided to the CDC, and that all information in, and submitted with this application in Section One and Section Two, including all exhibits, is true and complete to the best of his or her knowledge. The undersigned acknowledges that the application and exhibits are submitted to the CDC and to SBA so that the CDC and SBA can decide whether to approve this application. Any future submissions of information to the CDC must be accompanied by a certification as to the accuracy of that information.

The undersigned acknowledges that whoever makes any false statement or report, or willfully overvalues any land property or security for the purpose of influencing in any way the action of the SBA under the Small Business Investment Act, as amended, may be fined up to \$250,000 and/or be put in jail for up to 5 years under 18 U.S.C. §1001, may be fined not more than \$5,000 and/or put in jail for not more than 2 years under 15 U.S.C. § 645, and if false statements are submitted to a Federally insured institution, may be punished by a fine of not more than \$1,000,000 or by imprisonment for up to 30 years, or both, pursuant to 18 U.S.C. § 1014.



Section Three: Statements Required by Law and Executive Order and Certifications (Signed by the Applicant and Associates)

The undersigned further acknowledges that, in connection with a 504 loan, submission of any false statement to the CDC or SBA or submission of any record to the CDC or SBA omitting material information can result in civil money penalties and additional monetary liability up to three times the amount of damages which the Government sustains because of the false statement under the False Claims Act, 31 U.S.C. § 3729.

The Applicant's authorized representative must sign below. If the project involves an EPC/OC structure, an authorized representative for each co-borrower must sign. Attach additional signature pages if needed.

Legal Name of Applicant Business:	EPC or OC:
DBA/Trade Name (if applicable):	
	Date:
Print Name of Authorized Representative:	Title:
Attested By:	(seal, if required)
Legal Name of Business:	EPC or OC:
DBA/Trade Name (if applicable):	
	Date:
Print Name of Authorized Representative:	Title:
Attested By:	(seal, if required)
Each Associate of the Applicant must sign below. Each signature pages if needed.	ch individual should only sign once. Attach additional
Signature:	Date:
Print Name:	
Signature:	Date:
Print Name:	
Signature:	Date:
Print Name:	
Signature:	Date:
Print Name:	
Signature:	Date:
Print Name:	



# Application for Section 504 Loans Section Four: Completed by the CDC

Name of Certified Development Company	CDC Number, Location ID, and FIRS No.	
<b>CDC Point of Contact (Full Name)</b>	<b>CDC Phone Number</b>	<b>CDC POC Email</b>
<b>CDC or Contractor Underwriter Name</b>	Underwriter Employment Status	
	CDC Employee  Contractor	
Submission Method (Check if applicable)	CDC's Lead SBA Office	
$ASM \square PCLP \square$		

Name of Third-Party Lender (TPL)	TPL ID# (Location ID)	
<b>TPL Point of Contact Full Name</b>	<b>TPL POC Phone Number</b>	<b>TPL POC Email</b>
TPL Ad	ldress	
Name of Interim Lender (IL) (If not the TPL)	Interim Lender ID#	(Location ID)
Interim Lender Point of Contact Full Name	IL POC Phone Number	IL POC Email
Interim Lend	er Address	

Applicant Business Name	Applicant 1	Business SSN/Tax ID	Applicant N	NAICS Code
Is the Applicant an Eligible	Passive	If the Applicar	nt is an EPC, is tl	ne OC a:
Company				
$\_ Yes \square No \square$			ntor 🗆 Co-Applic	ant
1. Does the Applicant project in	volve debt refi	nancing?		🗆 Yes 🗆 No
If yes, with or without expans	sion?	$\Box$ With	expansion 🗆 W	ithout expansion
(a) If debt refinancing with expansion	nsion:			
• Is the debt being refinanced t	he debt of the (	CDC or the TPL, or of aff	filiates of either?	🗆 Yes 🗆 No
• Is the CDC requesting an exc	-	•		
payment be at least 10% less	🗆 Yes 🗆 No			
• Is the CDC requesting a waiver of the requirement that the 504 eligible fixed assets				
collateralizing any debt to be			-	
refinanced in the case of parts	· · · · · ·			🗆 Yes 🗆 No
If the answer to any of the questi			ication must be pr	rocessed through
SLPC and not through the PCLP	•	ted authority.		
(b) If debt refinancing without ex	-	DC or the TDL or of off	Filiatas of oithor?	🗆 Yes 🗆 No
8				
• If the debt being refinanced is subject to a guarantee by a Federal agency, is the CDC requesting an exception to the requirement that the new installment payment be at least 10% less than the existing				
installment amount(s)?		stamment payment be at I		$\Box \operatorname{Yes} \Box \operatorname{No}$
If "yes", then the application must PCLP CDC's delegated author	1	through SLPC and not the	nrough the	



Section Four: Completed by the CDC

2.	What size standard is the CDC using to qualify the application?	□ Industry □ Alternative
3.	Is the Applicant located in a rural or urban area?	🗆 Urban 🗆 Rural
4.	Is the Applicant a New Business?	🗆 Yes 🗆 No
	If no, how long has the business been in operation?	
5.	Is the Applicant using project funds to relocate?	🗆 Yes 🗆 No

- 6. If the project property is considered "Special Purpose" (as defined in SOP 50 10), has □ Yes □ No the Applicant or its affiliates received approval for a "Special Purpose" project previously?
- 7. Are there any licensing requirements that the Applicant must comply with to operate the □ Yes □ No business? (If yes, provide copies of the licenses or expected timeline to obtain in Exhibit 24)
- 8. Project Funding Sources and Uses<sup>1</sup>:

Describe Project:

	SBA	Third Party Lender <sup>2</sup>	Borrower Contribution <sup>3</sup>	Other Source <sup>4</sup>	Totals
Land/Building Purchase	\$	\$	\$	\$	\$
Land only Purchase	\$	\$	\$	\$	\$
New Construction/ Remodeling/Building Improvement	\$	\$	\$	\$	\$
Machinery/Equipment	\$	\$	\$	\$	\$
Debt to be Refinanced	\$	\$	\$	\$	\$
Eligible business expenses under Debt Refinancing	\$	\$	\$	\$	\$
Professional Fees (e.g. appraiser, architect, legal)	\$	\$	\$	\$	\$
Other Costs (e.g., construction contingency, interest on interim financing)	\$	\$	\$	\$	\$
Totals	\$	\$	\$	\$	\$

If there is an amount in the Other Source column in the table above identify the source and describe the nature of the funds (e.g. grant, line of credit, etc.):

<sup>&</sup>lt;sup>1</sup> The 504 loan proceeds may be used to reimburse the Applicant for any expenditure it incurred that is directly attributable toward the Project; if the expenditure was for the land to be used in the Project, generally the Applicant must have acquired the land with financing for a term of 3 years or less and prior to applying to SBA for the 504 loan.

<sup>&</sup>lt;sup>2</sup> Any debt on the Project Party may be consolidated into the Third-Party Loan, but the consolidation must not improve the lien position of the Lender on the pre-existing debt, unless the debt is a previous Third-Party Loan.

<sup>&</sup>lt;sup>3</sup> The borrower contribution must be cash or property that is part of the Project Property and must not be derived from an SBA loan program. If the contribution is borrowed, the interest rate must be reasonable and any lien on the project assets must be subordinate to the liens securing the 504 loan, and the loan must not be repaid at a faster rate than the 504 loan.

<sup>&</sup>lt;sup>4</sup> If the other source of financing is from a federal source, note that no more than 50% of eligible project costs can be from federal sources, whether received directly or indirectly through an intermediary.

Section Four: Completed by the CDC

9.	Does this project involve interim financing?		🗆 Yes 🗆 No
	If yes, provide the dollar amount of interim financing	\$	
10	. Does the project create or retain the required number of jol	-	□ Yes □ No
	If no, is the project eligible based on the CDC's overall po	rtfolio job ratio?	🗆 Yes 🗆 No
	If no, is the project eligible under the 504 debt refinance al	ternative job goal?	🗆 Yes 🗆 No
11	. What is the CDC's overall portfolio job ratio as of the date	e of its last Annual Report?	
12	. What Economic Development Objectives are Met by the A	Applicant Project (check all th	nat apply)
	□ Business District Revitalization	□ Located in an Opportuni	ty Zone
	□ Business restructuring from Federally	□ Reduce Energy Use By	10%
	Mandated Policies Affecting the	□ Reduces Unemployment	in Labor Surplus
	Environment	Area	1
	□ Changes Necessitated by Federal Budget	□ Renewable Energy Prod	uction
	Cutbacks or Base Closures	□ Rural Development	
	Community or Area Development	□ Sustainable Building De	sions
	Enhanced Economic Competition	□ Veteran-Owned Busines	0
	□ Expansion of Exports	□ Women-Owned Busines	
	□ Located in a HUBZone	☐ Minority-Owned Busines	
	□ Manufacturing Firm		~~

- 13. If any of the boxes below are checked, the application must be submitted to SLPC and may not be processed under PLCP delegated authority. In addition, if one of the first four boxes below are checked, SBA Standards of Conduct Committee approval will be required prior to issuance of an SBA loan authorization. If the last box below is checked, the Applicant must submit a statement of no objection from the pertinent department or military service in accordance with the procedures in SOP 50 10. Provide copies of the documents in Exhibit 26.
  - □ SBA employee, or the household member of an SBA employee, is a sole proprietor, partner, officer, director, or stockholder with a 10 percent or more interest of the Applicant. A "household member" of an SBA employee includes an SBA employee's spouse, minor children, blood relatives, and the blood relatives of the employee's spouse, who live in the same home as the employee.



Section Four: Completed by the CDC



- □ Former SBA employee, who has been separated from the SBA for less than one year prior to the request for financial assistance, is an employee, owner, partner, attorney, agent, owner of stock, officer, director, creditor or debtor of the Applicant.
- ☐ Member of Congress, or an appointed official or employee of the legislative or judicial branch of the Federal Government, is a sole proprietor, general partner, officer, director, or stockholder with a 10 percent or more interest, or household member of such individual, of the Applicant.
- A member or employee of an SBA small business advisory council or a SCORE volunteer is a sole proprietor, general partner, officer, or director of, or stockholder with a 10 percent or more interest in (or a household member of such individuals), of the Applicant.
- ☐ Government employee of another department or agency of the Federal Government having a grade of at least GS-13 or higher is a sole proprietor, general partner, officer, or director of, or stockholder with a 10 percent or more interest in, (or household member of such individuals), the Applicant.

14. Has the CDC had staffing changes since last debenture request?	🗆 Yes 🗆 No
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If yes, has the new staff received SBA clearance via the Form 1081 clearance process?  $\Box$  Yes  $\Box$  No

## **Required Exhibits**

Select and upload the applicable Exhibits into E-Tran

ASM CDCs must complete and upload Exhibits 1-2, 11-16, 19-28 into E-Tran (as indicated by an asterisk after the exhibit number) and retain all other exhibits in the loan file.

PCLP CDCs must complete and upload Exhibits 1-2 and 11 into E-Tran and complete and retain Exhibits 3-10 and 12-28 in the loan file.

- Exhibit 1\*: A credit memorandum, which addresses all the issues that the current version of the SOP 50 10 requires to be addressed in the credit memorandum, including, but not limited to the CDC's credit analysis, a history and description of the business, and analysis of management ability (including a description of the qualifications and background of the Associates involved in day-to-day management of the business), and discussion demonstrating how the Applicant does not have credit available elsewhere.
- Exhibit 2\*: Loan Authorization. The CDC must upload into E-Tran the draft loan Authorization reflecting the proposed terms of the Project.
- Exhibit 3: SBA Form 413, Personal Financial Statement (or equivalent) signed and current within 90 days for each proprietor, partner or stockholder with 20% or more ownership of the Applicant, and, if different, each owner with 20% or more ownership of the EPC, as well as copies of federal income tax returns for the last one year.



Section Four: Completed by the CDC

Exhibit 4: Applicant Size Standard Determination.

Document how the Applicant qualifies under one of the following:

- A) Alternative Size Standard Include balance sheets, income statements, and tax returns for the previous 2 years or the number of years the Applicant has generated revenue, whichever is less; OR
- B) Industry Size Standard Include balance sheets, income statements, and tax returns for the previous 3 years, or the number of years the Applicant has generated revenue, whichever is less.
- Exhibit 5: A balance sheet and income statement dated within 120 days prior to submission to SBA and an aging of the accounts receivable and accounts payable. If the Applicant is a new business, provide a proforma balance sheet with assumptions.
- Exhibit 6: Projected, annualized income statement for the first two years after the loan is received along with assumptions used.
- Exhibit 7: For a new business, a monthly cashflow analysis for the first 12 months of operation or for three months beyond the breakeven point (whichever is longer) together with assumptions used.
- $\Box$  Exhibit 8:
  - Collateral securing the loan for each short-term and long-term loan that the business currently has outstanding or has planned for the next 12 months (other than the 504 loan). Please indicate whether each loan is current or delinquent.
  - A schedule of current debts. Include the original dates and amounts, monthly payments, interest rates, present balances owed, maturities, and to whom payable.
- Exhibit 9: A schedule of any previous government financing received by the Applicant or any affiliated company of the Applicant as well as any Associate of the Applicant. Include the name of the agency (Federal, State or local), original date and amount, outstanding balance, status of the loan (current, delinquent, technical default, paid in full, or charged off), and collateral securing the loan.
- Exhibit 10: The names of affiliated or subsidiary businesses (as determined under 13 C.F.R. § 121.301(f)) and their fiscal year-end financial statements and/or federal income tax returns for the last two years (or three years, if the industry size standard is being used to qualify under size standards). Concerns and entities are affiliates of each other when one controls or has the power to control the other, or a third party (or parties) controls or has power to control both. For example, affiliation may arise through ownership, common management (including through a management agreement), or when there is an identity of interest between close relatives with identical, or substantially identical, business interests.
- Exhibit 11\*: For an Applicant that is or will be operating under a Franchise/license/dealer/jobber or similar agreement:
  - Non-PCLP CDCs: If the agreement meets the FTC definition of "franchise," the CDC must identify the name of the franchise and the SBA Franchise Identifier Code when entering the application into E-Tran. The CDC must ensure that the brand name (and, where applicable, the type of agreement)



Section Four: Completed by the CDC

the Applicant will be operating under matches the brand name (and, where applicable, the type of agreement) listed on the Directory. (If the Applicant operates under multiple agreements, the CDC must enter into E-Tran the name and SBA Franchise Identifier Code, if applicable, of the brand that generates the largest amount of the Applicant's revenue, and identify all other brands and their SBA Franchise Identifier Codes, if applicable, in its credit memorandum submitted as Exhibit 1.) If the CDC determines that the Applicant's brand does not meet the FTC definition of a franchise and it is not on the SBA Franchise Directory, then the CDC needs to explain its determination in its credit memorandum when submitting the application to the SLPC and provide the agreement and any additional documentation required by the brand for SBA's review and final determination. The CDC also must provide contact information for the franchisor/licensor (name and email address only).

- PCLP CDCs: If the agreement meets the FTC definition of "franchise," the PCLP CDC must document in its file that the Applicant's brand is on the Directory and identify the name of the franchise and SBA Franchise Identifier Code when entering the application into E-Tran. The PCLP CDC must ensure that the brand name (and, where applicable, the type of agreement) the Applicant will be operating under matches the brand name (and, where applicable, the type of agreement) listed on the Directory. (If the Applicant operates under multiple brands, CDC must enter into E-Tran the name and SBA Franchise Identifier Code, if applicable, of the brand that generates the largest amount of the Applicant's revenue and identify all other brands and their SBA Franchise Identifier Codes, if applicable, in Exhibit 1.) If the Applicant's brand is not on the Directory and the PCLP CDC determines the brand does not meet the FTC definition, the PCLP CDC must submit the documents to franchise@sba.gov for a final determination by SBA. The PCLP CDC must provide contact information for the franchisor/licensor (name and email address only). After receiving SBA's final determination, the PCLP CDC may proceed with approving the loan under its delegated authority.
- Exhibit 12\*: A copy of key cost documents such as contractor costs, estimates, vendor quotes for machinery and equipment, etc. as well as an itemized listing of estimated professional fees (e.g. appraiser, architect, legal, etc.). Full or partially executed purchase/sale agreements must be provided.
- Exhibit 13\*: An independent appraisal for project real estate (as required by SOP 50 10).
- Exhibit 14\*: Environmental analysis (if applicable).
- Exhibit 15\*: A letter of intent/term sheet from the Third-Party Lender stating the terms and conditions of its participation and the reason why it will not finance the entire project. For Loans made for debt refinancing, the TPL's letter must provide the certifications required by the current version of SOP 50 10 (or any successor provision thereto) related to debt refinancing.
- Exhibit 16\*: USCIS verification of the USCIS status of any alien who is an owner of 20% or more of the small business Applicant or any person who controls (as defined by SBA regulations and policies) the small business Applicant.
- Exhibit 17: Credit reports for the Applicant, its owner(s) (regardless of ownership percentage), and affiliates who are guarantors (Credit reports are not required for non-guarantor affiliates).



Section Four: Completed by the CDC

- Exhibit 18: A completed SBA Form 159, Fee Disclosure Form and Compensation Agreement. (CDCs must upload the form into E-Tran in accordance with SOP 50 10 and must retain all SBA Forms 159 in their loan files.) In accordance with SOP 50 10, identify if the Small Business Applicant used any Agent (packager, loan broker, accountant, lawyer, etc.) to assist in (a) preparing the loan application or any related materials and/or (b) referring the loan to the lender.
- Exhibit 19\*: For "Debt Refinancing with Expansion:" Copies of the most current debt and lien instruments and transcript of account or equivalent for any debts being refinanced and certifications required for refinancing.
- Exhibit 20\*: For "Debt Refinancing Without Expansion:" Copies of the transcript(s) of account or equivalent for any debts being refinanced and certifications required for refinancing.
- Exhibit 21\*: Credit Alert Verification Reporting System (CAIVRS) report to document that the Applicant and its Associates, guarantors and affiliates do not have a Prior Loss to the government or Delinquent Federal Debt.
- Exhibit 22\*: SBA Form 2481, "Historic Property Borrower Certification," if applicable, in accordance with SOP 50 10. SBA Form 2481 is required at time of application and must be included as part of this exhibit.
- Exhibit 23\*: If applicable, documentation showing that the small business Applicant's products and/or services are exported or that there is a plan to begin exporting as a result of this loan. Provide the estimated total export sales this loan will support. CDCs must comply with requirements related to export activity set forth in the current version of SOP 50 10 (or its subsequent revisions).
- Exhibit 24\*: If applicable, attach any licenses that are required to operate the business or describe the expected timeline and methods through which necessary licenses will be acquired (if applicable).
- Exhibit 25\*: For Applicants connected, associated or affiliated with a religious organization or which may have a religious component, an SBA Form 1971, "Religious Eligibility Worksheet," and supporting documentation, including SBA clearance documents.
- Exhibit 26\*: Documents related to the Standards of Conduct Committee review or clearance of the Statement of No Objection.
- Exhibit 27\*: Identify all Applicant pending lawsuits (including divorce) and attach copies of the proceedings. CDC should provide comments on insurance coverage and a letter from the Applicant's attorney on the impact of the pending litigation.
- Exhibit 28\*: Provide all documentation pertaining to the criminal backgrounds of the applicant and its associates.



Section Four: Completed by the CDC

# **CDC** Agreements and Certifications

- The CDC agrees that if SBA approves this application, it will not for at least two years after the disbursement of the debenture hire an employee or consult anyone who was employed by the SBA during the one-year period prior to the disbursement of the debenture.
- The CDC certifies that it does not own any stock or equity in the Small Business Applicant and that no Associate of the CDC, or close relative of an Associate of the CDC, is an officer, director or holder of any direct or indirect financial interest in the Small Business Applicant or has had an equity interest in the Small Business Applicant within 6 months prior to the date of the application.
- The CDC authorizes disclosure of all information submitted in connection with this application to the financial institution agreeing to participate with the SBA's guaranteed debenture or loan.
- The CDC certifies that it will comply with 13 C.F.R. Sections 112, 113, and 117 which prohibit discrimination on the grounds of race, color, sex, religion, marital status, handicap, age or national origin by recipients of Federal financing assistance; and will require appropriate reports and access to books and records.
- As consideration for any Management and Technical Assistance that may be provided, the CDC waives all claims against SBA and its consultants.
- The CDC certifies that it has not paid anyone connected with the Federal Government for help in getting this financial assistance. The CDC also agrees to report to the SBA Office of Inspector General, 409 3rd St., SW, Washington, D.C. 20416 any Federal Government employee who offers in return for any type of compensation to help get this application approved.
- The CDC states, to the best of its knowledge and belief, that if any funds have been paid or will be paid to any person for influencing or attempting to influence any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, it shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with 13 C.F.R. Part 146. CDC acknowledges that submission of this disclosure is a prerequisite for making or entering into this transaction imposed by 31 U.S.C. § 1352 and that any person who fails to file or amend a declaration required to be filed or amended shall be subject to a civil penalty in the amounts set forth in 13 C.F.R. §146.400.
- The CDC in consideration for assistance from SBA hereby agrees that it will comply with all Federal laws and regulations enforced to the extent that they are applicable to such assistance, including conditions set forth in this application.
- The CDC acknowledges that submission of false information to SBA, or the withholding of material information from SBA, can result in criminal prosecution under 18 U.S.C. § 1001 and other provisions, liability for treble damages under the False Claims Act, 31 U.S.C. §§ 3729-3733, debarment and suspension, lender enforcement remedies under 13 C.F.R. Part 120, and other consequences.
- The CDC certifies that the credit analysis related to this application has been reviewed and approved by the CDC Board of Directors.
- The undersigned certifies that all information in this application and the exhibits is true and complete to the best of his/her knowledge and is submitted to SBA so that the CDC and SBA can decide whether to approve this application.
- No CDC or Associate of CDC has a real or apparent conflict of interest with Applicant, any of Applicant's Associates, or any of the close relatives of Applicant's Associates.



Section Four: Completed by the CDC

- No CDC or Associate of a CDC is incarcerated, on parole, or on probation or is a convicted felon or has an adverse final civil judgment (in a case involving fraud, breach of trust, or other conduct) that would cause the public to question the CDC's business integrity.
- No CDC or any Associate of CDC has accepted funding from a source that restricts, prioritizes, or conditions the types of small businesses that CDC may assist under an SBA program or that imposes any conditions or requirements upon recipients of SBA assistance inconsistent with SBA's loan programs or regulations.
- None of the Loan proceeds will directly or indirectly finance purchase of real estate, personal property or services from CDC or an Associate of CDC.
- Neither the Applicant, an Associate of Applicant, close relative, nor household member of an Associate of Applicant is required to invest in CDC.
- None of the proceeds of the loan will be used to acquire space in project for which CDC has issued a real estate forward commitment.
- No employee of a community organization such as a certified development company or microlender (or a close relative or household member of such an individual) is a sole proprietor, general partner, officer, director, employee, attorney, agent, creditor or debtor, of, or has a financial interest in, the Applicant.
- No community organization or its officers or its directors have a significant financial interest in the Applicant unless the organization has been inactive in packaging SBA loans for at least two years prior to the application date.

For PCLP Loans, the PCLP CDC makes the following additional certification: The CDC hereby certifies that the information in this application is true and correct, to the best of its knowledge, and that it has exercised due diligence to obtain the true and correct information. The CDC is aware and acknowledges that the SBA review of this form is a quick look at eligibility intended to provide limited protection to SBA and the CDC from making an ineligible loan, and that if an SBA loan number is assigned and SBA later learns that the loan is not eligible, SBA may pursue any available remedy against the CDC including a suit to recover the amount of any money wrongfully paid by SBA and administrative actions under 13 C.F.R. Part 120, Subpart I.

CDC Official Signature:	Date of Signature:	
CDC Official Name:	Official Title:	
Attested By:		

**Please Note:** The estimated burden for completing this form and exhibits is 2.25 hours for PCLP submissions, 2.5 hours for ASM submissions and 3.5 hours for non-ASM submissions. You are not required to respond to any collection of information unless it displays a currently valid OMB approval number. Comments or questions on the burden estimate should be sent to U.S. Small Business Administration, Director, Records Management Division, 409 3<sup>rd</sup> Street. S.W. Washington, D.C. 20416 and/or SBA Desk Officer, Office of Management and Budget, New Executive Office Building, Room 10202, Washington, DC 20503.



### PERSONAL FINANCIAL STATEMENT

#### U.S. SMALL BUSINESS ADMINISTRATION

The purpose of this form is to collect information about the Business Applicant and its owners' financial condition. SBA uses the information required by this Form 413 as one of a number of data sources in analyzing the repayment ability and creditworthiness of an applicant for an SBA loan or, with respect to a surety bond, to assist in recovery in the event that the contractor defaults on the contract. SBA also uses the information to assess whether an individual meets the economic disadvantage threshold for the Women-Owned Small Business (WOSB) Program and the 8(a) Business Development (BD) Program. Submission of this information is required as part of your application for assistance. Failure to provide the information would impact the agency's decision on your application.

To complete this form

- 1) Check all that apply.
- 2) Complete the form in its entirety (attached a separate sheet, if necessary)
- 3) Review the applicable certifications and sign (spousal signature, if required)

#### 7(a) loan / 504 loan / Surety Bonds

Complete this form for: (1) each proprietor; (2) general partner; (3) managing member of a limited liability company (LLC); (4) each owner of 20% or more of the equity of the Applicant; and (5) any person providing a guaranty on the loan (including the assets and liabilities of the owner's spouse and any minor children).

#### Return completed form to:

For 7(a) loans: the Lender processing the application for SBA guaranty For 504 loans: the Certified Development Company (CDC) processing the application for SBA guaranty For Surety Bonds: the Surety Company or Agent processing the application for surety bond guarantee

#### Disaster Business Loan Application (Excluding Sole Proprietorships)

Complete this form for: (1) each applicant; (2) each general partner; (3) each managing member of a limited liability company (LLC); (4) each owner of 20% or more of the equity of the Applicant business; and (5) any person providing an unlimited guaranty on the loan.

# Return completed form to: Disaster Processing and Disbursement Center at 14925 Kingsport Road, Fort Worth, TX 76155-2243 or FAX to 1-202-481-1505 or disasterloans@sba.gov

#### Women Owned Small Business (WOSB) Federal Contracting Program

This form must be completed by each individual claiming economic disadvantage in connection with the SBA's Women-Owned Small Business (WOSB) Federal Contracting Program. A separate form must be completed by the individual's spouse, unless the individual and the spouse are legally separated. Use attachments if necessary. Each attachment must be identified as a part of this statement and signed. In addition, each individual claiming economic disadvantage must update the form as changes arise, but at least annually, to ensure the information is current, accurate and complete.

SBA's regulations state that to be considered economically disadvantaged for purposes of the WOSB Program, a woman must have an adjusted gross income averaged over the three prior fiscal years of \$350,000 or less; less than \$6 million in the fair market value of all her assets (to include her primary residence and value of the business concern); and less than \$750,000 in personal net worth (excluding equity interest in her personal residence and ownership interest in the business, and funds invested in a retirement account that are unavailable until retirement age). 13 C.F.R. §127.203. The information contained in this form must be submitted and certified through beta.certify.sba.gov

#### 8(a) Business Development Program

8(a) applicants must show that 51% of the firm is owned by one or more individuals determined by the SBA to be socially and economically disadvantaged. The information contained in this form must be submitted by each socially and economically disadvantaged individual using their one time 8(a) eligibility to qualify this firm for 8(a) certification. If married, the spouse must complete a separate SBA Form 413, except when the individual and the spouse are legally separated. If separated, provide copy of separation document.

SBA's regulations state that to be considered economically disadvantaged for purposes of the 8(a) Business Development Program, an individual must have an adjusted gross income averaged over the three prior fiscal years of \$350,000 or less; less than \$6 million in the fair market value of all assets (to include primary residence and value of the business concern); and less than \$750,000 in personal net worth (excluding equity interest in the personal residence and ownership interest in the business, and funds invested in a retirement account that are unavailable until retirement age). 13 C.F.R. §124.104.

Note: Please complete this form with Personal Information not Business Information and divide all jointly owned assets and liabilities, as appropriate with spouse or others. The information contained in this form must be submitted and certified through certify.sba.gov. For additional information go to: <a href="http://www.sba.gov/8abd">http://www.sba.gov/8abd</a>

Name	Business Phone (xxx-xxx-xxxx)         Address       Home Phone (xxx-xxx-xxxx)					
Home Address						
City, State, & Zip Code						
Business Name of Applicant/Borrower						
Business Address (if different than home add	lress)					
Business Type: Corporation S-Co	rp LLC Partnership	Sole Proprietor (does not app	ly to ODA applicant			
This information is current as of [month/da		f submission for 8(a) PD				
(within 90 days of submission for 7(a)/504/SBG/		r submission for 8(a) BD)				
WOSB applicant only, Married Yes	NO					
ASSETS	(Omit Cents)	LIABILITIES	(Omit Cents)			
Savings Accounts IRA or Other Retirement Account	(I 	s Payable to Banks and Others Describe in Section 2) Ilment Account (Auto) o. Payments Ilment Account (Other) o. Payments (s) Against Life Insurance gages on Real Estate Describe in Section 4) aid Taxes Describe in Section 6) r Liabilities Describe in Section 7) Liabilities Vorth Total	·			
Section 1. Source of Income.	Con	tingent Liabilities				
Salary Net Investment Income	Lega	ndorser or Co-Maker al Claims & Judgments ision for Federal Income Tax				

Names and Addresses of Noteholder(s)		Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)		How Secured or Endorsed Type of Collateral	
Section 3. Stocks and	d Bonds. (I	Jse attachments if neo	cessary. Each at	tachment must be	identified as pa	art of this state	ement and signed	l.)
Number of Shares	Name	of Securities	Cost	Market Quotation/			te of n/Exchange	Total Value
ection 4. Real Estate	Owned. (	ist each parcel separ	ately. Use attacl	nment if necessary	. Each attachr	nent must be i	dentified as a pa	rt of this statement
		Property	Α	F	Property B		Pro	operty C
Type of Real Estate (e. Primary Residence, Otl Residence, Rental Prop Land, etc.)	her							
Address								
Date Purchased								
Driginal Cost								
Present Market Value								
Name & Address of Mortgage Holder								
Mortgage Account Nun	nber							
Nortgage Balance								
Amount of Payment pe Month/Year	r							
Status of Mortgage								
Section 5. Other Pers nolder, amount of lien,	onal Prop	erty and Other As	ssets. (Descr	ibe, and, if any i	is pledged a	s security, s	tate name and	d address of lien

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 the SBA/Lender/Surety Company to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness.

**<u>CERTIFICATION</u>**: (to be completed by each person submitting the information requested on this form and the spouse of any 20% or more owner when spousal assets are included)

By signing this form, I certify under penalty of criminal prosecution that all information on this form and any additional supporting information submitted with this form is true and complete to the best of my knowledge. I understand that SBA or its participating Lenders or Certified Development Companies or Surety Companies will rely on this information when making decisions regarding an application for a loan, surety bond, or participation in the WOSB or 8(a) BD program. I further certify that I have read the attached statements required by law and executive order.-

Signature	Date
Print Name	Social Security No
Signature	Date
Print Name	Social Security No

# NOTICE TO 7(a) LOAN, 504 LOAN AND SURETY BOND APPLICANTS: CRIMINAL PENALITIES AND ADMINISTRATIVE REMEDIES FOR FALSE STATEMENTS:

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 or surety bond application. A false statement is punishable under 18 U.S.C. §§ 1001 and 3571 by imprisonment of not more than five years and/or a fine of up to \$250,000; under 15 U.S.C. § 645 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, a false statement is punishable under 18 U.S.C. § 1014 by imprisonment of not more than thirty years and/or a fine of not more than \$1,000,000. Additionally, false statements can lead to treble damages and civil penalties under the False Claims Act, 31 U.S.C. § 3729, and other administrative remedies including suspension and debarment.

# <u>NOTICE TO DISASTER BUSINESS LOAN APPLICANTS:</u> CRIMINAL PENALTIES AND ADMINISTRATIVE REMEDIES FOR FALSE STATEMENTS:

Whoever wrongfully misapplies the proceeds of an SBA disaster loan shall be civilly liable to the Administrator in an amount equal to one-and-one half times the original principal amount of the loan under 15 U.S.C. § 636(b). In addition, any false statement or misrepresentation to SBA may result in criminal, civil or administrative sanctions including, but not limited to: 1) fines and imprisonment, or both, under 15 U.S.C. § 645, 18 U.S.C. § 1001, 18 U.S.C. § 1014, 18 U.S.C. § 1040, 18 U.S.C. § 3571, and any other applicable laws; 2) treble damages and civil penalties under the False Claims Act, 31 U.S.C. § 3729; 3) double damages and civil penalties under the Program Fraud Civil Remedies Act, 31 U.S.C. § 3802; and 4) suspension and/or debarment from all Federal procurement and non-procurement transactions. Statutory fines may increase if amended by the Federal Civil Penalties Inflation Adjustment Act Improvements Act of 2015.

# NOTICE TO APPLICANTS OR PARTICIPANTS IN THE WOSB FEDERAL CONTRACTING PROGRAM: CRIMINAL PENALITIES AND ADMINISTRATIVE REMEDIES FOR FALSE STATEMENTS:

Any person who misrepresents a business concern's status as a WOSB or EDWOSB, or makes any other false statement in order to influence the WOSB Program eligibility determination or other review process in any way (e.g., protest), shall be: (1) subject to fines and imprisonment of up to 5 years, or both, as stated in Title 18 U.S.C. § 1001; (2) subject to fines of up to \$500,000 or imprisonment of up to 10 years, or both, as stated in Title 15 U.S.C. § 645; (3) subject to civil and administrative remedies, including suspension and debarment; and (4) ineligible for participation in programs conducted under the authority of the Small Business Act.

# NOTICE TO APPLICANTS OR PARTICIPANTS IN THE 8(a) BUSINESS DEVELOPMENT PROGRAM: CRIMINAL PENALTIES AND ADMINISTRATIVE REMEDIES FOR FALSE STATEMENTS:

Any person who misrepresents a business concern's status as an 8(a) BD Program participant or SDB concern, or makes any other false statement in order to influence the 8(a) certification or other review process in any way(e.g., annual review, eligibility review), shall be: (1) subject to fines and imprisonment of up to 5 years, or both, as stated in Title 18 U.S.C. § 1001; (2) subject to fines of up to \$500,000 or imprisonment of up to 10 years, or both, as stated in Title 15 U.S.C. § 645; (3) subject to treble damages and civil penalties under the False Claims Act, 31 U.S.C. § 3729; (4) subject to administrative remedies, including suspension and debarment; and (5) ineligible for participation in programs conducted under the authority of the Small Business Act.

PLEASE NOTE: According to the Paperwork Reduction Act, you are not required to respond to this request for information unless it displays a valid OMB Control Number. The estimated average burden hours for the completion of this form is 1.5 hour per response. If you have questions or comments concerning this estimate or any other aspect of this information collection, please contact: Director, Records Management Division, Small Business Administration, 409 Third Street SW, Washington, D.C. 20416, and SBA Desk Officer, Office of Management and Budget, New Executive Office Building, Room 10202, Washington, D.C. 20503. PLEASE DO NOT SEND COMPLETED FORMS TO OMB.

## PLEASE READ, DETACH, AND RETAIN FOR YOUR RECORDS

### Privacy Act (5 U.S.C. 552a) and Debt Collection Improvement Act (31 U.S.C. 7701)

*Authorities and Purpose for Collecting Information:* SBA is collecting the information on this form, including social security numbers and other personal information, to make a character and credit or other eligibility decision in connection with you or your company's application for SBA assistance. SBA may also use social security numbers for the purpose of collecting and reporting on any delinquent fees or other amounts owed SBA, where applicable.

For purposes of SBA's financial assistance programs, 31 U.S.C. 7701 requires loan applicants and guarantors, or any indemnitor of a surety bond to provide their social security numbers, or other taxpayer identification numbers. Failure to provide this information would affect your ability to obtain an SBA loan or bond. For other individuals signing this form, the submission of the social security number is voluntary and failure to provide your social security number may not affect any right, benefit or privilege to which you are entitled. However, your social security number or other taxpayer identification number helps SBA to distinguish you from other individuals with the same or similar name or other personal identifier. This use is permitted under Executive Order 9397. Personal information collected is protected to the extent permitted by law, including the Freedom Information Act, 5 U.S.C. 552, and the Privacy Act 5 U.S.C. 552. Such information is maintained pursuant to SBA's Privacy Act System of Records at https://www.sba.gov/sites/default/files/2020-01/sba-sorns.pdf.

**Right to Financial Privacy Act of 1978 (12 U.S.C. 3401)** -- This is notice to you as required by the Right to Financial Privacy Act of 1978, of SBA's access rights to financial records held by financial institutions that are or have been doing business with you or your business, including any financial institutions participating in a loan or loan guaranty. The law provides that SBA shall have a right of access to your financial records in connection with its consideration or administration of assistance to you in the form of a Government guaranteed loan or guaranteed bond. SBA is required to provide a certificate of its compliance with the Act to a financial institution in connection with its first request for access to your financial records, after which no further certification is required for subsequent accesses. The law also provides that SBA's access rights continue for the term of any approved loan guaranty agreement or any approved bond agreement. No further notice to you of SBA's access rights is required during the term of any such agreement. The law also authorizes SBA to transfer to another Government authority any financial records included in an application for a loan or bond guarantee, or concerning an approved loan or loan guaranty, or to process or service the bond guarantee. No other transfer of your financial records to another Government authority will be permitted by SBA except as required or permitted by law.

### Freedom of Information Act (5 U.S.C. 552)

This law provides, with some exceptions, that SBA must supply information contained in agency files and records to a person requesting it. Information about approved loans that will be automatically released includes, among other things, statistics on our loan programs (individual borrowers are not identified in the statistics), and other information such as the names of the borrowers (and their officers, directors, stockholders or partners), the collateral pledged to secure the loan, the amount of the loan, its purpose in general terms, and the maturity. With respect to SBA's bond guarantee program, SBA will release, among other things, statistics on the Surety Bond Guarantee (SBG) programs and other information such as the names of small businesses (and their officers, directors, stockholders or partners) and the amount of the bond guarantees. Proprietary data on a borrower would not routinely be made available to third parties. All requests under this Act are to be addressed to the nearest SBA office and be identified as a Freedom of Information request.