

ALL APPLICANTS must provide the following information. Please submit all of the documents requested at the same time. Remember to sign and date all documents, and keep a copy for yourself. **Documents must be signed and dated within 90 days of submission to the SBA.**

- ☐ SBA Loan Application
- ☐ Management Profile (Provide one profile and one SBA Form 1919 for each shareholder of 20% or more, as well as each officer, director, member, partner or key employee of the applicant or operating company.)
- ☐ Business Profile
- ☐ SBA Form 912 : Statement of Personal History
- ☐ Personal Financial Statement (Complete one form for each proprietor, each general partner, each limited partner who owns 20% or more interest, each stockholder who owns 20% or more of the voting stock, or any person or entity providing a guarantee on the loan.)
- ☐ Personal Budget Analysis (Complete for all individuals filling out the Personal Financial Statement)
- ☐ Business History/Plan
- ☐ Business Debt Schedule : This schedule must be dated the same as the interim Balance Sheet and reflect all outstanding liabilities as shown on the Interim Balance Sheet. Please provide copies of all notes that are to be refinanced, if applicable.
- ☐ Aging of Accounts Receivables and Payables : Complete if applicable. This form must be dated the same as the Interim Balance Sheet and reflect the AP and AR balances as shown on the Interim Balance Sheet.
- ☐ IRS Form 4506-T : Request for Copy of Transcript of Tax Form : Please complete this form for each Borrower, Co-Borrower, and Guarantor on the application. If funds will be used to purchase a business, the seller must also complete Form 4506-T.
- ☐ Assumptions to Projections : Please explain the assumptions used to generate projection figures.
- ☐ Personal Federal Tax Returns : Copies of last 3 years, signed and currently dated, for individuals owning 20% + of business. ALSO complete IRS Form 4506T for all tax returns for the small business applicant.
- ☐ Articles of Incorporation and By-Laws, or Articles of Organization and Operating Agreement, or Filed Partnership Agreement, as well as the Tax ID Number and verification of Trade Name (if applicable).

ADDITIONAL INFORMATION: Based on the type of loan request, you will need to provide additional information as indicated

Requests from Existing Business:

- ☐ Balance Sheet and Income Statements : For the last 3 consecutive years, signed and dated.
- ☐ Business Tax Returns : For the last 3 consecutive years, signed and dated.
- ☐ Interim Business Balance Sheet, Income Statement, and Business Debt Schedule Within 60 days, signed and dated with prior year-to-date comparison
- ☐ Interim Accounts Receivable & Payable Aging Reports : Same date as interims, signed and dated.
- ☐ Detailed Fixed Asset Listing (including make, model, serial #, date of purchase and purchase price).

Purchase of an Existing Business:

- ☐ Purchase Agreement : Signed and dated.
- ☐ Balance Sheets and Income Statements : For last 3 consecutive years, signed and dated.
- ☐ Interim Business Balance Sheet and Income Statement : Within 60 days, signed and dated.
- ☐ Business Tax Returns : For last 3 consecutive years, signed and dated.
- ☐ Business Plan
- ☐ Monthly Income Statement Projection : For the first 2 years, with supporting assumptions, signed and dated.
- ☐ Opening Day Balance Sheet Projection : Signed and dated.
- ☐ Statement of Sale : Written statement from seller giving reason for the sale of the business.

Purchase of or Current Operator of a Franchise Business or any business which operates under a License, Dealership or Jobber Agreement:

- ☐ Franchise Agreement, dealership, licensing, or jobber
- ☐ Franchise Offering Circular
- ☐ Federal Trade Commission (FTC) Franchise Disclosure Statement

Start-up or Significant Business Expansion: For businesses less than 24 months old and those that are using the loan proceeds to add a new product line, open a new office, or support a new large contract, etc., please provide the following:

- ☐ Monthly Income Statement Projection For the first 2 years, with supporting assumptions, signed and dated.
- ☐ Projected Business Balance Sheet (showing changes for new assets, equity, and requested loan)
- ☐ Business Plan

Equipment / Fixed Assets to be used for Collateral:

- ☐ New Equipment - List of prices/verification of any new equipment to be purchased with loan proceeds
- ☐ Existing Business Assets/Equipment Itemized list of any existing business assets/equipment with make, model, serial number and approximate (where applicable) age for all assets with purchase price greater than \$5,000.

Commercial Real Estate Construction:

- ☐ New Construction -- Copies of Contractors Agreement
- ☐ Plans and Building Specs
- ☐ Preliminary Project Budget and Timeline

Real Estate Purchases:

- ☐ Real Estate Purchase Contract
- ☐ Earnest Money Agreement/Escrow Agreement (if available)

From Affiliate Company: Please provide the following if any of the owners of the applicant business owns 20% or more of another company

- ☐ Affiliate Company Business Tax Returns -- For the last 3 years, signed and dated.
- ☐ Affiliate Company Balance Sheets and Income Statements -- For the last 3 years, signed and dated.
- ☐ Affiliate Company Interim Balance Sheet and Income Statement Within 60 days, signed and dated.
- ☐ Affiliate Company Business Debt Schedule As of the date of application, signed and dated

SBA LOAN / LINE APPLICATION

BUSINESS APPLICANT INFORMATION

BUSINESS APPLICATIONMain Financial Institution:

Legal Name of Business Applicant (for sole proprietor, owner(s) name)		Trade Name (doing business as)		Tax ID Number (For Sole Proprietor, owner's SSN)	
				DUNS Number	
Primary Contact Name		Primary Contact Phone Number (if different from Business)			
Street Address		City	County	State	Zip
Mailing Address (if different from above)		City	County	State	Zip
Business Telephone	Email	Date Business Established		Under Current Management Since	
Legal Status: <input type="checkbox"/> Corporate <input type="checkbox"/> Sub-S Corporation <input type="checkbox"/> Sole Proprietorship/Individual <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Other (please explain)					

COMPANY OWNERSHIP List below 100% of the ownership of the applicant

Officer Name(s)	SSN	Home Street Address	Title	% Owned

AFFILIATES (List below all business concerns in which the applicant company or any of the individuals listed in the ownership section above have ownership in excess of 20%)

Company Name	Owner	% Owned

Please answer the following questions

- Is the business applicant or any guarantor or co-applicant currently involved in any litigation or other legal claims? ☐ Yes ☐ No
- Are any business assets held in trust? (If yes, please include a copy of the Trust Agreement, or a certification as to terms.) ☐ Yes ☐ No
- Is any loan applicant, or any director, executive officer, or principal shareholder of loan applicant an executive officer, director, or principal share holder of any financial institution? ☐ Yes ☐ No
- Is the business an endorser, guarantor, or co-maker for obligations not listed in its financial statements? (If yes, provide details.) ☐ Yes ☐ No
- Does your business use or store any hazardous/toxic materials or produce hazardous/toxic waste? ☐ Yes ☐ No

SBA LOAN / LINE APPLICATION

BUSINESS APPLICANT INFORMATION

BUSINESS DEBT SCHEDULE

Provide information for all business installment debts, contracts, notes, and mortgages payable. Also indicate if the debt is to be refinanced with SBA loan proceeds. (Business acquisitions and start-ups, please provide opening day information.) Please attach debt schedule for all affiliates and subsidiaries on a separate sheet.

Creditor Name/Address	Original Amount	Original Loan Date	Present Balance	Interest Rate	Maturity Date	Monthly Payment	Current/Delinquent	Collateral	Payoff with Proceeds?

Has any debt being refinanced been more than 29 days past due in the last 3 years? ☐ Yes ☐ No

List all previous government loans applied for or received, even if fully repaid, in this section. (SBA, USDA, EXIM, etc)

Name of Agency / Loan #	Original Amount	Date of Request	Approved or Declined	Balance	Current or Past Due
	\$			\$	
	\$			\$	
	\$			\$	
	\$			\$	
	\$			\$	

Total Present Loan Balance: \$ _____

Total Monthly Payments: \$ _____

Please list other business deposit accounts

Financial Institution	Account Type (Checking, Savings, etc.)	Current Balance	Average Balance

SBA LOAN / LINE APPLICATION

PROJECT COST WORKSHEET

PROJECT COST WORKSHEET

Use of Funds	Amount (Round to the nearest dollar)
Land/Building Purchase	\$
Building Renovation/New Construction	\$
Equipment Purchase	\$
Leaseholds	\$
Working Capital	\$
Inventory	\$
Acquisition of Existing Business	\$
Pay Off/Refinance Existing Business Debts	\$
Pay Off/Refinance Existing SBA Loan	\$
Soft Costs (SBA Guaranty & Closing Fees)	\$
Other	\$

Total Project Cost: \$ 0.00

SOURCES OF FUNDS

Source	Amount (Round to the nearest dollar)
Borrower's Equity Contribution (List Source of Equity)	\$
Credit Union SBA Loan Requested	\$
Other Governmental Loan Assistance	\$
Other	\$

Total Project Funding: \$ 0.00

COLLATERAL OFFERED

Collateral	Present Market Value (Round to the nearest dollar)
Land	\$
Building	\$
Machinery & Equipment	\$
Furniture	\$
Fixtures	\$
Accounts Receivable	\$
Inventory	\$
Residential Real Estate	\$
Stocks/Bonds (attach most recent statements)	\$
Business Vehicles	\$
Key Person Life Insurance	\$
Other	\$

Total Collateral Offered: \$ 0.00

Further Explanation of project cost items,
sources of equity contributed to the project and
all collateral offered:

SBA LOAN / LINE APPLICATION

APPLICANT'S AGREEMENT & CERTIFICATION

APPLICANT'S AGREEMENT & CERTIFICATION

By signing below, you certify that all the information you've given with this application is true and complete. You authorize us to verify all your statements with any source, obtain credit and employment history (including your spouse's if you live in a community property state), and exchange information with others about your credit and account experience with us. You agree to provide additional information that we may require to process this application, including but not limited to true and complete federal income tax returns, employment verification, and income verification.

You also agree to reimburse the Lender for its expenses incurred in connection with any credit commitment. These expenses include without limitation Lender's appraisal, environmental services, and legal costs and are payable even though the extension of credit may not be consummated.

By signing below, you certify that you have recieved Midwest Business Solutions d/b/a Pactola, herinafter referred to as Pactola's Notice of Right to Recieve an Appraisal. That notice is provided as a seperate page in this application and is to be retained by you for your records.

This is to advise you that the sole purpose of the appraisal is to establish adequacy of the property as security for the credit union. Pactola, the appraiser, any inspector retained by Pactola, and any agency insuring the loan make no representations or warranties of any kind or nature as to the market value of the property or its improvements.

Everything you have stated in this application is correct to the best of your knowledge. You understand that Pactola will retain this application whether or not it is approved. Pactola is authorized to check your credit and employment history and to answer questions about Pactola's credit experience with you. You have read and understood the application form and agree to provide any additional information that may be legally required to determine creditworthiness. (Note: Falsification of credit information to a credit union may be a federal offense and may result in exemption from discharge in the event a petition for bankruptcy is filed).

Authorized Signature: _____

Authorized Signature: _____

Print Name & Title: _____

Print Name & Title: _____

Street Address: _____

Street Address: _____

City, ST, Zip: _____

City, ST, Zip: _____

Soc. Sec. or Tax ID No.: _____

Soc. Sec. or Tax ID No.: _____

Date: _____

Date: _____

SBA LOAN / LINE APPLICATION

APPLICANT: PLEASE RETAIN THIS DISCLOSURE FOR YOUR RECORDS

Notice of Right to Appraisal: In the event that you have applied for a loan that will be secured by residential real property, we may order an appraisal to determine the property's value and charge you for this appraisal. We will promptly give you a copy of any residential real property appraisal we may order in connection with this application, even if your loan does not close.

This is to advise you that the sole purpose of any appraisal we order is to establish the adequacy of the property as security for the credit union. Midwest Business Solutions d/b/a/ Pactola, the appraiser, any inspector retained by the Lender, and any agency insuring the loan make no representations or warranties of any kind or nature as to the market value of the property or its improvements. You can pay for an additional appraisal for your own use at your own cost.

SBA LOAN APPLICATION MANAGEMENT PROFILE

This form needs to be completed for **EACH** officer, director, manager (LLC), key employee, and shareholder or member that own 20% or more of the applicant business or a related operating company. Please complete all the requested information. Use additional pages as needed. If an item is not applicable, please indicate. Please attach additional relevant information as a separate exhibit.

MANAGEMENT PROFILE

Applicant Business Name			
First Name	Middle	Last	Social Security Number
Former Name: First	Middle	Last	When Used
Primary Residence Address		City	State Zip
Primary Residence From	Primary Residence To	Primary Residence Phone	Business Phone
Previous Residence Address		City	State Zip
Previous Address From	Previous Address To	Date of Birth	Place of Birth
Are you employed by the U.S. Government? if Yes, Agency and Position: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Military Service Background: Branch	To	From	Honorable Discharge <input type="checkbox"/> Yes <input type="checkbox"/> No Vietnam Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No
Rank at Discharge	Major Assignment/Accomplishment		

CURRENT & PRIOR GOVERNMENT DEBT List all previous government loans applied for or recieved, even if fully repaid, in this section (SBA, USDA, FHA, VA, EXIM, and Student Loan Debts).

Name of Agency	Agency Loan #	Borrower's Name	Original Amount of Loan	Date of Application	Loan Status	Outstanding Balance	\$ Amount of Loss to Government

EDUCATIONAL EXPERIENCE List chronologically, beginning with most recent education. Attach separate exhibit, if necessary.

College or Technical Training Name			Location
From	To	Major	Degree/Certificate
College or Technical Training Name			Location
From	To	Major	Degree/Certificate
College or Technical Training Name			Location
From	To	Major	Degree/Certificate



SBA LOAN APPLICATION MANAGEMENT PROFILE

MANAGEMENT PROFILE

EMPLOYMENT HISTORY List chronologically, beginning with present employment. Attach separate exhibit, if necessary. ☐ Yes ☐ No

Company Name		Location	
From	To	Title	
Duties			
Company Name		Location	
From	To	Title	
Duties			

INSURANCE INFORMATION Do you have an existing life insurance policy? ☐ Yes ☐ No
If yes, please provide the following information.

Life Insurance Company	Agent Name	Telephone
Name of Insured	Beneficiary	\$ Amount

ADDITIONAL INFORMATION Please use this space to include any additional relevant information, or attach as separate exhibit.

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BY SIGNING BELOW, I hereby certify that all information I have provided on this form or in connection herewith is true, correct, and complete.

Signature	Printed Name	Date

INFORMATION FOR GOVERNMENT STATISTICAL PURPOSES ONLY. THE FOLLOWING INFORMATION HAS NO BEARING ON THE CREDIT DECISION. DISCLOSURE IS VOLUNTARY. ONE OR MORE RACES MAY BE SELECTED. The following information is required by the U.S. Small Business Administration for all SBA 7(a) Guaranteed Loan Applications in order to reflect the participation of various groups in the program. Each OWNER of the business MUST provide the following information. DO NOT complete this section for key managers who are not owners of the business.

MANAGEMENT (Proprietor, partners, officers, directors all holder of outstanding stock -- 100% of ownership must be shown.) Use a separate sheet if necessary

Name and Social Security Number and Position/Title	Complete Address	% Owned	Veteran Status*	Gender*
			<input type="checkbox"/> Veteran <input type="checkbox"/> If yes, service disabled?	<input type="checkbox"/> Male <input type="checkbox"/> Female
		% Owned		
Race*: <input type="checkbox"/> Amer.Ind./Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/Afr.-Amer. <input type="checkbox"/> Native Haw./Pacific Islander <input type="checkbox"/> White/Cauc			Ethnicity *Hisp./Latino <input type="checkbox"/> *Not Hisp./Latino <input type="checkbox"/>	

NOTE: This information is for statistical purposes only. It has no bearing on the credit decision. Disclosure is voluntary. One or more boxes for race may be selected.



SBA LOAN APPLICATION BUSINESS PROFILE

Please complete all required information. Use additional pages if necessary or attach additional relevant information as separate exhibits or provide this in a separate written document.

BUSINESS PROFILE

Name of Applicant
Operating Company Name (<input type="checkbox"/> Check here if attaching a business plan and projections)
Outlook for Operating Company
How will this loan benefit your company?
Will funding this loan create new employment opportunities? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, state how and how many employees you expect to hire within 24 months and at what wages, if your application is approved
Customer profile: What are the primary markets who use your products?
List key customers(Name, City, State, and Percentage of Revenues)
List major competitors
List major suppliers
Future Plans: What is your growth strategy? (Rapid (>10%), moderate, or maintain market position.) How will you achieve this?
What are the impediments that may impact your success?
Major Past Accomplishments: How does your business differ from the competition? What are your competitive advantages?

SBA LOAN APPLICATION

BUSINESS PROFILE

Please complete all required information. Use additional pages if necessary or attach additional relevant information as separate exhibits or provide this in a separate written document.

BUSINESS PROFILE

MARKETING ANALYSIS & STRATEGY What are your promotional, pricing, and distribution strategies?**NUMBER OF EMPLOYEES** at your business and including subsidiaries and affiliates

	Business	Affiliates or Subsidiaries
At time of application		
If loan is approved		
Totals	0	0

KEY CONTACTS, VENDORS OR PARTNERS

Accountant Name	Phone
Attorney Name	Phone
Business Insurance Agent Name	Phone
Residential Insurance Agent Name	Phone
Certified Development Corporation Name	Phone
Real Estate Agent Name	Phone

PLEASE ANSWER THE FOLLOWING QUESTIONS

Have you or any officer of your company ever been involved in bankruptcy or insolvency proceedings or defaulted on any debts? (If yes, please provide details.) ☐ Yes ☐ No

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 participating lender? If yes, please provide the name and address of the person and the office where employed. ☐ Yes ☐ No

Do you buy from, sell to, or use the services of any concern in which someone in your company has a significant financial interest? If yes, please provide details. ☐ Yes ☐ No

Use this space to provide additional information on any of the questions to which you responded "Yes."

BY SIGNING BELOW, I hereby certify that all information I have provided on this form or in connection herewith is true, correct, and complete.

Signature	Printed Name	Date
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United States of America
SMALL BUSINESS ADMINISTRATION
STATEMENT OF PERSONAL HISTORY

Please Read Carefully : SBA uses Form 912 as one part of its assessment of program eligibility. Please reference SBA Regulations and Standard Operating Procedures if you have any questions about who must submit this form and where to submit it. For further information, please call SBA's Answer Desk at 1-800-U-ASK-SBA (1-800-827-5722), or check SBA's website at www.sba.gov.

Name and Address of Applicant (Firm Name)(Street, City, State, and ZIP Code)		SBA District/Disaster Area Office	
1. Personal Statement of: (State name in full, if no middle name, state (NMN), or if initially, indicate initial.) List all former names used, and dates each name was used. Use separate sheet if necessary. <div style="display: flex; justify-content: space-between;"> First Middle Last </div>		2. Give the percentage of ownership or stock owned or to be owned in the small business or the development Company	
Name and Address of participating lender or surety co. (when applicable and known) Umpqua Bank 2426 Sixth Street Eureka CA 95501-		3. Date of Birth (Month, day, and year) 4. Place of Birth: (City & State or Foreign Country) 5. U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No INITIALS: _____ If No, are you a Lawful Permanent resident alien: <input type="checkbox"/> Yes <input type="checkbox"/> No If non-U.S. citizen, provide alien registration number:	
6. Present residence address: From: To: Address: Home Telephone No. (Include Area Code): Business Telephone No. (Include Area Code):		Most recent prior address (omit if over 10 years ago): From: To: Address:	
<p>PLEASE SEE REVERSE SIDE FOR EXPLANATION REGARDING DISCLOSURE OF INFORMATION AND THE USES OF SUCH INFORMATION. YOU MUST INITIAL YOUR RESPONSES TO QUESTIONS 5,7,8 AND 9.</p> <p>IF YOU ANSWER "YES" TO 7, 8, OR 9, FURNISH DETAILS ON A SEPARATE SHEET. INCLUDE DATES, LOCATION, FINES, SENTENCES, WHETHER MISDEMEANOR OR FELONY, DATES OF PAROLE/PROBATION, UNPAID FINES OR PENALTIES, NAME(S) UNDER WHICH CHARGED, AND ANY OTHER PERTINENT INFORMATION. AN ARREST OR CONVICTION RECORD WILL NOT NECESSARILY DISQUALIFY YOU; HOWEVER, UNTRUTHFUL ANSWER WILL CAUSE YOUR APPLICATION TO BE DENIED AND SUBJECT YOU TO OTHER PENALTIES AS NOTED BELOW.</p>			
7. Are you presently under indictment, on parole or probation? INITIALS: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, indicate date parole or probation is to expire.) _____			
8. Have you ever been charged with and or arrested for any criminal offense other than a minor motor vehicle violation? Include offenses which have been dismissed, discharged, or not prosecuted (All arrests and charges must be disclosed and explained on an attached sheet.) <input type="checkbox"/> Yes <input type="checkbox"/> No INITIALS: _____			
9. Have you ever been convicted, placed on pretrial diversion, or placed on any form of probation, including adjudication withheld pending probation, for any criminal offense other than a minor vehicle violation? <input type="checkbox"/> Yes <input type="checkbox"/> No INITIALS: _____			
10. I authorize the Small Business Administration Office of Inspector General to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for programs authorized by the Small Business Act, and the Small Business Investment Act.			
<p>CAUTION - PENALTIES 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, surety bond, or other program participation. A false statement is punishable under 18 USC 1001 AND 3571 by imprisonment of not more than five years and/or a fine of up to \$250,000; under 15 USC 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, under 18 USC 1014 by imprisonment of not more than thirty years and/or a fine of not more than \$1,000,000.</p>			
Signature		Title	
Date		Date	
Agency Use Only 11. <input type="checkbox"/> Fingerprints Waived <input type="checkbox"/> Fingerprints Required Date Sent to OIG _____ Date _____ Approving Authority _____		12. <input type="checkbox"/> Cleared for Processing Date _____ Approving Authority _____ 13. <input type="checkbox"/> Request a Character Evaluation Date _____ Approving Authority _____ (Required whenever 7,8 or 9 are answered "yes" even if cleared for processing)	
Please Note: The estimated burden for completing this form is 15 minutes per response. You are not required to respond to any collection of information unless it displays a currently valid OMB approval number. Comments on the burden should be sent to U.S. Small Business Administration, Chief, AIB, 409 3rd St. S.W., Washington, D.C. 20416 and Desk Officer for the Small Business Administration, Office of Management and Budget, New Executive Office Building, Room 10202, Washington, D.C. 20503. OMB Approval 3245-0178. PLEASE DO NOT SEND FORMS TO OMB			

NOTICES REQUIRED BY LAW

The following is a brief summary of the laws applicable to this solicitation of information.

Paperwork Reduction Act (44 U.S.C. Chapter 35)

SBA is collecting the information on this form to make a character and credit eligibility decision to fund or deny you a loan or other form of assistance. The information is required in order for SBA to have sufficient information to determine whether to provide you with the requested assistance. The information collected may be checked against criminal history indices of the Federal Bureau of Investigation.

Privacy Act (5 U.S.C. § 552a)

Any person can request to see or get copies of any personal information that SBA has in his or her file, when that file is retrievable by individual identifiers, such as name or social security numbers. Requests for information about another party may be denied unless SBA has the written permission of the individual to release the information to the requestor or unless the information is subject to disclosure under the Freedom of Information Act.

Under the provisions of the Privacy Act, you are not required to provide your social security number. Failure to provide your social security number may not affect any right, benefit or privilege to which you are entitled. Disclosures of name and other personal identifiers are, however, required for a benefit, as SBA requires an individual seeking assistance from SBA to provide it with sufficient information for it to make a character determination. In determining whether an individual is of good character, SBA considers the person's integrity, candor, and disposition toward criminal actions. In making loans pursuant to section 7(a)(6) the Small Business Act (the Act), 15 USC § 636 (a)(6), SBA is required to have reasonable assurance that the loan is of sound value and will be repaid or that it is in the best interest of the Government to grant the assistance requested. Additionally, SBA is specifically authorized to verify your criminal history, or lack thereof, pursuant to section 7(a)(1)(B), 15 USC § 636(a)(1)(B). Further, 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 Act or the Small Business Investment Act, 15 USC §§ 634(b)(11) and 687b(a). For these purposes, you are asked to voluntarily provide your social security number to assist SBA in making a character determination and to distinguish you from other individuals with the same or similar name or other personal identifier.

When this information 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 56 Fed. Reg. 8020 (1991) for other published routine uses.

PERSONAL FINANCIAL STATEMENT

Financial Condition as of: _____, 20____ **Main Credit Union Used** _____

Complete this form for: (1) each proprietor, or (2) each partner who owns 20% or more interest, or (3) each stockholder owning 20% or more interest, or (4) any person providing a guaranty on the loan.

Applicant		Co-Applicant	
Social Security No.		Social Security No.	
Birth Date		Birth Date	
Address		Address	
Phone		Phone	
Email		Email	
Employer	Yrs. on job	Employer	Yrs. on job
Position/Title/Business Type	Yrs. in profession	Position/Title/Business Type	Yrs. in profession
Employer Address		Employer Address	

Business Name of Applicant/Borrower

Name, Address & phone number of nearest relative not living with applicant(s)

Personal Financial Statement

Assets	Value	Liabilities	Monthly Payment	Balance Outstanding
1. Cash and Deposit Accounts (Section 1)		Accounts Payable		
2. Stocks, bonds and marketable securities (Section 2)		Notes Payable (Section 7)		
3. Non-marketable securities (Section 3)		Unsecured debt		
4. Accounts, loans and notes receivable		Unpaid taxes and interest		
5. Cash Value Life Insurance (Section 4)		Life Insurance Policy Loans		
6. Real Estate Investment (Section 5)		Investment Real Estate Debt (Section 5)		
7. Real Estate Personal Residence (Section 5)		Personal Residence Debt (Section 5)		
8. Real Estate Other (Section 5)		Other Real Estate Debt (Section 5)		
9.		Other Debts (please define)		
10. Vehicles/Equipment				
11. Business ventures, partnerships, LLCs (Section 6)				
12. Personal Property				
13. Other Assets (please define)				
14.				
15.				
16.		Total Monthly Payments/Liabilities		
17.		Net Worth		
18. Total Assets		Total Liabilities and Net Worth		

Sources of Income

Contingent Liabilities (if any)

Salary, Bonus and Commission	\$ _____	Co-Applicant	\$ _____	As Guarantor or Co-Maker	\$ _____
Net Invest Income	\$ _____		\$ _____	Any Legal Claims & Judgments	\$ _____
Real Estate Income	\$ _____		\$ _____	Lease Obligations	\$ _____
Other Income*	\$ _____		\$ _____	Other Special Debt	\$ _____

Please Provide Description of Other Income

* Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.

Please Provide Details of Contingent Liabilities

PERSONAL FINANCIAL STATEMENT

Section 1 - Cash Accounts

Account Title	Financial Institution	Balance	Pledged Y/N
Total to Line 1 Personal Financial			

Section 2 - Marketable Securities / Brokerage Accounts

# of Shares	Name of Security	Cost	Market Value Exchange	Cost	Total Value
Total to Line 2 Personal Financial Statement					

Section 3 - Non Marketable Securities

Number of Shares	Description	In Name of	Pledged?	Value	Source of Value
Total to Line 3 Personal Financial Statement					

Section 4 - Life Insurance Carried, Including Group Insurance

Insurance Company	Owner of Policy	Beneficiary and Relationship	Face Amount	Policy Loans	Cash Value
Total to Line 5 Personal Financial Statement					

Section 5 - Real Estate Owned

Address and Type of Property (Residence, rental, other)	Percent Owned	Date Acquired	Cost	Present Value	Mortgage Balance	Monthly Payment	Monthly Rental Income
Total to Line 6-8 Personal Financial Statement							

PERSONAL FINANCIAL STATEMENT

Section 6 - Business Ventures/Partnerships/LLCs

Name of Business	Your Position	Your % Ownership	Net Worth of Business	Total Assets of Business	What does Business do? Years in Business	Tax ID Number
Total of Your Percentage of Net Worth of Business to Line 11 Personal Financial Statement						

Section 7 - Notes Payable

Note Holder	Original Balance	Current Balance	Monthly Payment	Collateral
Totals to Line 2, Liabilities, Personal Financial Statement				

The following information is applicable to the person(s) signing this Personal Financial Statement	Applicant (Yes/No)	Co-Applicant (Yes/No)
1. Are you a U.S. Citizen?		
2. Are you involved in any suits or legal actions?		
3. Have you ever declared bankruptcy?		
4. Have any judgments ever been entered against you?		
5. Do you have ownership in or are you a partner in any other corporation or partnership?		
6. Do you pay alimony, child support, or separate maintenance payments? If yes, amount \$		
7. Do you have any contested tax liens?		
8. Do you have any contingent liabilities as endorser or guarantor?		
9. Are any debts past due?		
10. Have you ever had any assets repossessed?		
11. Have you applied for a loan in the past six months?		

If you answered yes to questions 2-11, please provide details:

The financial statement and the information contained herein is given to the financial institution, hereafter called "Lender," by the undersigned for the purpose of inducing Lender, from time to time, to extend credit to or otherwise become or remain the creditor of the undersigned, or persons, firms or corporations in whose behalf the undersigned may either individually or jointly with others, execute a guarantee in the Lender's favor. The undersigned acknowledges that the Lender will rely on the information contained in this Financial Statement in making its credit decision, and **under penalty of perjury**, represents and warrants that such information is true and complete and that there are no material omissions. The undersigned agrees that the Lender may consider this Financial Statement as continuing to be true and complete until a written notice of a change is given to the Lender by the undersigned. The Lender and/or its affiliates is authorized to make all inquiries that it deems necessary to verify the accuracy of the information contained herein and to determine the undersigned's creditworthiness. The Lender is further authorized to respond to any inquiries from others concerning the Lender's credit experience with the undersigned.

Signature: _____

Date: _____

Signature: _____

Date: _____

Personal Budget Analysis

Name _____

Name _____

Income

Net Salary
Spouse's Salary
Owner Draw
Rental Income
Interest Income
Other (_____)
Other (_____)

Monthly

Total Monthly Income

Expenses

Mortgage Payment
Auto Payment
Installment Payments
Credit Lines/Cards
Utilities & Telephone
Insurance
Food
Clothing
Child Care
Contingent Liabilities
Other (_____)
Other (_____)

Monthly

Total Monthly Expenses

I/We hereby certify that the above information is valid and correct to the best of my/our knowledge.

Signature

Date

Signature

Date

Business History

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

General Information:

Date business started: _____

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

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

Products or Services/Description of Business Activity:

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

Sales/Marketing Activity:

Who will or do you sell to (*retailers, wholesalers, the public, etc.*)? _____

List your key customers. _____

How are your sales made? _____

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

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

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

(Continued)

Competition: Briefly list and describe your major competitors. _____

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

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

Location: If a retail business, describe the area and customer base. _____

Describe your business locations' advantages and disadvantages. _____

Facilities: Describe the type and condition of the building, if applicable. _____

What improvements are needed, if any? _____

Debt Schedule

Business Debt Schedule for: _____ As of: _____

(Please provide the information requested for all installment debt, contracts, notes, and mortgages payable, listing each loan separately.) √ those to be paid off, if any, in the last column

If Debt is an SBA Loan, include SBA Loan # & Type (i.e. Express, PLP, Working Capital CAPLine.) Note: Present balance should agree with the latest balance sheet submitted.

Creditor Name & Account # / SBA Loan #	Original Amount	Original Date	SBA Loan Type	Current Balance	Interest Rate	Maturity Date	Monthly Payment	Collateral or Security for debt	Current or Delinquent	Purpose of Loan	√

Signature: _____ Title: _____

Date Signed: _____

Aging of Accounts Receivables and Payables

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

Standard Terms Offered on Account _____

Standard Terms Received on Account _____

Special Terms Offered or Received _____

Signed _____ Date _____

Company Name

Explanations

[illegible]

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.**

OMB No. 1545-1872

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 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
4 Previous address shown on the last return filed if different from line 3 (see instructions)	
5 If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number.	

Midwest Business Solutions dba Pactola, 2700 N Plaza Drive, Rapid City SD, 57702

Caution: If the tax transcript is being mailed to a third party, ensure that you have filled in lines 6 through 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your tax transcript to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.

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. ► _____

a Return Transcript, 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 ☐

c Record of Account, 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 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript. 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 2011, filed in 2012, will likely not be available from the IRS until 2013. 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 ☐

Caution: 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 your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

9 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 four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

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

Signature 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 tax information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify 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 signature date.

<input type="checkbox"/> Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-T. See instructions.	Phone number of taxpayer on line 1a or 2a
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Signature (see instructions) </div> <div style="width: 45%;"> Date </div> </div>	
Sign Here	
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Title (if line 1a above is a corporation, partnership, estate, or trust) </div> <div style="width: 45%;"> Date </div> </div>	
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Spouse's signature </div> <div style="width: 45%;"> Date </div> </div>	

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.

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. You can also designate (on line 5) a third party to receive the 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.

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 below shows two different addresses, send your request to the address based on the address of your most recent return.

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:

Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address

Internal Revenue Service
RAIVS Team
Stop 6716 AUSC
Austin, TX 73301

855-587-9604

Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming

Internal Revenue Service
RAIVS Team
Stop 37106
Fresno, CA 93888

855-800-8105

Connecticut, Delaware, District of Columbia, Florida, Georgia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia

Internal Revenue Service
RAIVS Team
Stop 6705 P-6
Kansas City, MO 64999

855-821-0094

Chart for all other transcripts

If you lived in or your business was in:

Mail or fax to:

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, or A.P.O. or F.P.O. address

Internal Revenue Service
RAIVS Team
P.O. Box 9941
Mail Stop 6734
Ogden, UT 84409

855-298-1145

Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin

Internal Revenue Service
RAIVS Team
P.O. Box 145500
Stop 2800 F
Cincinnati, OH 45250

855-800-8015

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 8822-B, Change of Address or Responsible Party — Business.

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, including your SSN or EIN. If you do not 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.