

504 Loan Application Checklist

PLEASE NOTE: Not all of the items will be applicable to your business, please put a N/A if it does not.

BUSINESS INFORMATION

1. _____ 504 Application – Attached
2. _____ Business Plan or a History and Nature of your Business to include: Type of Products or services(include any catalogs or brochures); Geographic Market Area; List Key Costumers; List Major Competitors.
3. _____ Business financial statements for the last three years for both the operating company and the real estate holding company, if applicable; **as well as three years federal tax returns with all schedules**
4. _____ Balance Sheet and Income statement dated within the last 60 days of the application together with an aging of the accounts receivable and accounts payable listed.
5. _____ Projected Balance Sheet and Income Statement for first two years after the loan and a description of assumptions.
6. _____ For a new business (less than two years in existence) a monthly cash-flow analysis for the first 12 months of operation or for three months beyond the break-even point (whichecker is longer) together with a description of assumptions.
7. _____ List of any term debt and lines of credit for both operating company and real estate holding company, if applicable; **See business debt section of application**
8. _____ Articles of Incorporation and By-Laws (if a Corporation)
9. _____ Articles of Organization and Operating Agreement (if LLC)
10. _____ Partnership Agreement(if Partnership)
11. _____ Franchise Agreement and FTC Disclosure document if applicable
12. _____ The names of affiliated (through ownership or management control) businesses as well as the last 2 fiscal year-end financial statements and/or Federal tax returns with all schedules, for each of these firms, if applicable

PERSONAL INFORMATION(anyone with 20% or more ownership)

1. _____ Personal Federal Tax returns for the last year with all schedules
2. _____ Personal Information (**form 912 and photo ID**) and Resume Form (**Included in application**)
3. _____ Personal Financial Statement (**See form 413**)
4. _____ Previous Government Financing

REAL ESTATE INFORMATION

1. _____ Real Estate Purchase Agreement
2. _____ Construction Bids and/or equipment invoices
3. _____ Appraisal if available

BANK

1. _____ Letter from banker stating terms and conditions of it participation and the reason why it will not finance the entire project.

South Dakota Development Corporation

504 Loan Application

Company Information

Company Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Principal in Charge: _____ Phone: _____ Fax: _____
Secondary Contact Person: _____ Phone: _____ Fax: _____
(In-House Controller or Bookkeeper)
Type of Business: _____ Date Established: _____
Type of Entity: (check one) Proprietorship Partnership Corporation LLC

Company Ownership

Name: _____ Title: _____ % of Ownership: _____
Name: _____ Title: _____ % of Ownership: _____
Name: _____ Title: _____ % of Ownership: _____

Affiliate Businesses (IF APPLICABLE)

Name: _____ Owner: _____ % of Ownership: _____
(Applicant company or individuals)
Name: _____ Owner: _____ % of Ownership: _____
(Applicant company or individuals)

Existing Business Locations

Address: _____ Square Feet: _____ Lease Payment: _____ Replaced by New Facility? _____
Address: _____ Square Feet: _____ Lease Payment: _____ Replaced by New Facility? _____

References

Bank Name: _____ Acct. No: _____ Acct. Officer: _____ Phone: _____

Accountant: _____ Firm Name: _____ Phone: _____
Attorney: _____ Firm Name: _____ Phone: _____
Trade References: _____ Contact Person: _____ Phone: _____

Nature of Your Business

Nature of Your Business: _____

Type of Products or Services (include any catalogs or brochures): _____

Geographic Market Area: _____

List Key Customers: _____

List Major Competitors: _____

Project Information

Street Address of Project: _____

City: _____ State: _____ Zip: _____ County: _____

What is the Square Footage of the New Building? _____

What is the Square Footage Your Company Will Occupy?*

*Please note -- We require your company to occupy 51% of an existing building and 67% of a new building.

Escrow Closing Date: _____ Realtor's Name: _____ Phone: _____

If known, how will the property be vested (i.e. individually, partnership, LLC, corporation, trust...)

Please provide appropriate document (i.e. Partnership Agreement, LLC documents, Articles of Incorporation, Trust Agreement...)

Total Project Costs

Purchase Existing Building or Equipment Only

Purchase Price\$ _____

Tenant Improvements\$ _____

Equipment*\$ _____

Other\$ _____

Total\$ _____

Construction Project

Land Acquisition\$ _____

Construction Bid\$ _____

Architects, permits, other soft costs\$ _____

Equipment*\$ _____

Other.....\$ _____

Total\$ _____

*Please note -- equipment to be financed must have a useful life of 10 years or greater.

If there are any tenants that will remain in the building, please provide the following information:

Also, please have your realtor provide copies of all existing leases.

Tenant Name	Square Footage	Lease Expiration	Rent Amount

Employee Questionnaire

Number of current employees: _____

Estimated number of new employees within the next two years as a result of this project: _____

Key Employees

Name	Title	Responsibilities	Years with Company	Years in the Industry

Miscellaneous Questions

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

Are you or your business involved in any pending or prior lawsuits? _____ If yes, please provide details on a separate sheet.

Have you ever received a SBA loan? _____ If yes, please provide a copy of the SBA Loan Authorization Document and the following:

Original Amount \$ _____ Date of the Loan: _____

Current Balance \$ _____ Status: _____

Checklist

Business Information

<input type="checkbox"/>	Business financial statements for the last three years
<input type="checkbox"/>	Interim financial statement dated within the last 45 days
<input type="checkbox"/>	Business debt schedule (form attached)
<input type="checkbox"/>	Federal tax returns for the last three years
<input type="checkbox"/>	Articles of Incorporation and By-Laws (if corporation)
	• President of the corporation is:
	• Secretary of the corporation is:
<input type="checkbox"/>	Articles of Organization and Operating Agreement (if LLC)
<input type="checkbox"/>	Partnership Agreement (if partnership)
<input type="checkbox"/>	Business License and Fictitious Business Name Statement (if proprietorship)
<input type="checkbox"/>	Franchise Agreement

Personal Information

(for each owner of 20% or greater)

<input type="checkbox"/>	Personal tax returns for the last three years
<input type="checkbox"/>	Personal resume (form attached)
<input type="checkbox"/>	Personal financial statement (form attached)

Real Estate Information

<input type="checkbox"/>	Real Estate Purchase Agreement or settlement sheet
<input type="checkbox"/>	Construction cost budget and/or equipment invoices
<input type="checkbox"/>	Existing environmental studies

Authorization to Release Information

I/We hereby authorize the release to South Dakota Development Corporation of any information they may require at any time for any purpose related to my/our credit transaction with them.

I/We further authorize South Dakota Development Corporation to release such information to any entity they deem necessary for any purpose related to my/our credit transaction with them.

Business Debt Schedule

Indebtedness: Furnish the following information on all installment debts, contracts, notes, and mortgages payable.
 Do not include accounts payable or accrued liabilities.

Date _____ *

Creditor Name/Address	Original Amount	Original Date	Present Balance	Interest Rate	Maturity Date	Monthly Payment	Security	Current or Delinquent
								Total monthly payment

* Should be the same date as current financial statement. ** Total must agree with balance shown on current financial statement.

Personal Resume Form TO BE COMPLETED BY EACH PRINCIPAL INVOLVED IN THE LOAN

Name: _____
FIRST MIDDLE MAIDEN LAST

Date of Birth: _____ Place of Birth: _____ Race: _____ Social Security No.: _____

■ U.S. Citizen -- if not, please provide alien registration number: _____

Home Address: _____ City: _____ State: _____ Zip: _____

From: _____ To: _____ Home Phone: _____ Business Phone: _____

Immediate Past Address: _____ City: _____ State: _____ Zip: _____

From: _____ To: _____

Are you employed by the U.S. Government? _____

If so, give the name of the agency and position: _____

Spouse's Name: _____
FIRST MIDDLE MAIDEN LAST

Date of Birth: _____ Place of Birth: _____ Race: _____ Social Security No.: _____

Personal Information

Be sure to answer the next three questions correctly because they are important. The fact that you have an arrest or conviction record will not necessarily disqualify you; an incorrect answer will probably cause your application to be turned down.

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

Have you ever been charged with or arrested for any criminal offense other than a minor vehicle violation? Include offenses which have been dismissed, discharged, or nolle prosequi. (All arrests and charges must be disclosed and explained on an attached sheet.) _____ Yes _____ No

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 motor vehicle violation? _____ Yes _____ No

If yes to any of the above, furnish details in a separate exhibit. List name(s) under which held.

Military Service Background

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Honorable? _____

Job Description: _____

Work Experience

List chronologically, beginning with present employment

Name of Company: _____ % of business owned: _____

Full Address: _____ City: _____ State: _____ Zip: _____

From: _____ To: _____ Title: _____

Duties: _____

Name of Company: _____ % of business owned: _____

Full Address: _____ City: _____ State: _____ Zip: _____

From: _____ To: _____ Title: _____

Duties: _____

Name of Company: _____ % of business owned: _____

Full Address: _____ City: _____ State: _____ Zip: _____

From: _____ To: _____ Title: _____

Duties: _____

Education (College or Technical Training)

Name and Location	Dates Attended	Major	Degree or Certificate
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1. _____	_____	_____	_____
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Comments: _____

2. _____	_____	_____	_____
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Comments: _____

3. _____	_____	_____	_____
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Comments: _____

4. _____	_____	_____	_____
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Comments: _____

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

Name of Applicant(s) _____

Signature of Applicant(s) _____

Date _____

Name of Applicant(s) _____

Signature of Applicant(s) _____

Date _____



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	
	Amount Applied for (when applicable)	File No. (if known)

1. Personal Statement of: (State name in full, if no middle name, state (NMN), or if initial only, indicate initial.) List all former names used, and dates each name was used. Use separate sheet if necessary. First _____ Middle _____ Last _____	2. Give the percentage of ownership or stock owned or to be owned in the small business or the development company _____	Social Security No. _____
	3. Date of Birth (Month, day, and year) _____	
	4. Place of Birth: (City & State or Foreign Country) _____	

Name and Address of participating lender or surety co. (when applicable and known)	5. U.S. Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO 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: _____
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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: _____
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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.

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.

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.)	INITIALS: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Have you ever been convicted, placed on pretrial diversion, or placed on any form of probation, including adjudication withheld pending probation, for any criminal offense other than a minor vehicle violation?	INITIALS: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	

10. I authorize the Small Business Administration Office of Inspector General to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for programs authorized by the Small Business Act, and the Small Business Investment Act.

CAUTION - 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.

Signature	Title	Date
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Agency Use Only 11. <input type="checkbox"/> Fingerprints Waived Date _____ Approving Authority _____ <input type="checkbox"/> Fingerprints Required Date _____ Approving Authority _____ Date Sent to OIG _____	12. <input type="checkbox"/> Cleared for Processing Date _____ Approving Authority _____ 13. <input type="checkbox"/> Request a Character Evaluation Date _____ Approving Authority _____ (Required whenever 7, 8 or 9 are answered "yes" even if cleared for processing.)
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PLEASE NOTE: The estimated burden for completing this form is 15 minutes per response. You are not required to respond to any collection of information unless it displays a currently valid OMB approval number. Comments on the burden should be sent to U.S. Small Business Administration, Chief, AIB, 409 3rd St., S.W., Washington D.C. 20418 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 retrieved 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 the information collected on this form 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 74 Fed. Reg. 14890 (2009) for other published routine uses.



PERSONAL FINANCIAL STATEMENT

U.S. SMALL BUSINESS ADMINISTRATION

As of _____, _____

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

Name	Business Phone
Residence Address	Residence Phone
City, State, & Zip Code	
Business Name of Applicant/Borrower	

ASSETS	(Omit Cents)	LIABILITIES	(Omit Cents)
Cash on hand & in Banks	\$ _____	Accounts Payable	\$ _____
Savings Accounts	\$ _____	Notes Payable to Banks and Others	\$ _____
IRA or Other Retirement Account	\$ _____	(Describe in Section 2)	
Accounts & Notes Receivable	\$ _____	Installment Account (Auto)	\$ _____
Life Insurance-Cash Surrender Value Only	\$ _____	Mo. Payments \$ _____	
(Complete Section 8)		Installment Account (Other)	\$ _____
Stocks and Bonds	\$ _____	Mo. Payments \$ _____	
(Describe in Section 3)		Loan on Life Insurance	\$ _____
Real Estate	\$ _____	Mortgages on Real Estate	\$ _____
(Describe in Section 4)		(Describe in Section 4)	
Automobile-Present Value	\$ _____	Unpaid Taxes	\$ _____
Other Personal Property	\$ _____	(Describe in Section 6)	
(Describe in Section 5)		Other Liabilities	\$ _____
Other Assets	\$ _____	(Describe in Section 7)	
(Describe in Section 5)		Total Liabilities	\$ _____
		Net Worth	\$ _____
Total	\$ _____	Total	\$ _____

Section 1. Source of Income	Contingent Liabilities
Salary	As Endorser or Co-Maker
Net Investment Income	Legal Claims & Judgments
Real Estate Income	Provision for Federal Income Tax
Other Income (Describe below)*	Other Special Debt

Description of Other Income in Section 1.

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

Section 2. Notes Payable to Banks and Others. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

Name and Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed Type of Collateral

Section 3. Stocks and Bonds. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed).

Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

Section 4. Real Estate Owned. (List each parcel separately. Use attachment if necessary. Each attachment must be identified as a part of this statement and signed.)

	Property A	Property B	Property C
Type of Property			
Address			
Date Purchased			
Original Cost			
Present Market Value			
Name & Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment per Month/Year			
Status of Mortgage			

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

Section 6. Unpaid Taxes. (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)

Section 7. Other Liabilities. (Describe in detail.)

Section 8. Life Insurance Held. (Give face amount and cash surrender value of policies - name of insurance company and beneficiaries)

I authorize SBA/Lender to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. I understand FALSE statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001).

Signature: _____ Date: _____ Social Security Number: _____

Signature: _____ Date: _____ Social Security Number: _____

PLEASE NOTE: The estimated average burden hours for the completion of this form is 1.5 hours per response. If you have questions or comments concerning this estimate or any other aspect of this information, please contact Chief, Administrative Branch, U.S. Small Business Administration, Washington, D.C. 20416, and Clearance Officer, Paper Reduction Project (3245-0188), Office of Management and Budget, Washington, D.C. 20503. **PLEASE DO NOT SEND FORMS TO OMB.**