



Small Business Finance

## **Microloan Checklist**

### **Supporting documents to provide with loan application**

#### **For existing businesses**

1. Personal Tax Returns for the last three years on all borrowers who own 20% or more of the business
2. Business Tax Returns for the last three years
3. Financial Statements (balance sheet and P/L) for the last three years
4. Interim Financial Statement (balance sheet and P/L) since your last tax reporting period (current within 45 days)
5. Brief history and explanation of your business
6. Proof of other income (ie-most recent paycheck stub)

#### **For start up businesses**

1. Personal Tax Returns for the last three years on all borrowers who own 20% or more of the business
2. Proof of current income (most recent paycheck stub) on all borrowers
3. Business Plan, Projections, Assumptions on which the projections are based
4. Resumes of all owners



Small Business Finance

2448 Historic Decatur Road, Suite 200  
San Diego, CA 92106  
1.800.611.5170

**Company Information**

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

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

Principal in charge \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Secondary contact person \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
(IN-HOUSE CONTROLLER OR BOOKKEEPER)

email \_\_\_\_\_

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 \_\_\_\_\_

If a corporation, please indicate who is President and Secretary

**References**

Bank name \_\_\_\_\_ Acct. no. \_\_\_\_\_ Acct officer \_\_\_\_\_ Phone \_\_\_\_\_

Accountant \_\_\_\_\_ Firm name \_\_\_\_\_ Phone \_\_\_\_\_

Attorney \_\_\_\_\_ Firm name \_\_\_\_\_ Phone \_\_\_\_\_

Trade references \_\_\_\_\_ Contact person \_\_\_\_\_ Phone \_\_\_\_\_

How did you hear about this program? \_\_\_\_\_

Nature of your business \_\_\_\_\_

Number of current employees \_\_\_\_\_ Estimated number of new employees within the next two years as a result of this project \_\_\_\_\_

**Use of Funds**

Business Acquisition .....	\$ _____	Working Capital .....	\$ _____
Machinery/Equipment Purchase .....	\$ _____	Soft Costs.....	\$ _____
Building Improvements or repairs .....	\$ _____	Other (specify).....	\$ _____
Inventory Purchase .....	\$ _____	<b>TOTAL PROJECT AMOUNT.....</b>	<b>\$ _____</b>
Debt Refinance.....	\$ _____	<i>Owner's Injection.....</i>	<i>\$ _____</i>
		<b>TOTAL LOAN REQUEST.....</b>	<b>\$ _____</b>

**Personal Resume Form**

TO BE COMPLETED BY EACH PRINCIPAL INVOLVED IN THE LOAN. PLEASE MAKE COPIES AS NEEDED FOR EACH INDIVIDUAL

Name \_\_\_\_\_  
FIRST MIDDLE MAIDEN LAST

Date of birth \_\_\_\_\_ Social Security No. \_\_\_\_\_

Are you a legal resident in the U.S.?  Yes  No  
If applicable, please provide alien registration number \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Home phone \_\_\_\_\_ Business phone \_\_\_\_\_

Current Employer if employed outside business  
\_\_\_\_\_ Position \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_

Spouse's Name \_\_\_\_\_  
FIRST MIDDLE MAIDEN LAST

Date of birth \_\_\_\_\_ Social Security No. \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_

**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 and/or arrested for any criminal offense other than a minor vehicle violation? Include offenses which have been dismissed, discharged, or not prosecuted. (All arrests and charges must be disclosed and explained on an attached sheet).....  Yes  No

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

Are you or your business involved in any pending or prior lawsuits?  Yes  No

Have you or any officers of your company ever been involved in bankruptcy or insolvency proceedings?  Yes  No

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

Are you a veteran of the armed forces?  Yes  No

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 \_\_\_\_\_

Education (College or Technical Training)

Name and Location \_\_\_\_\_ Dates Attended \_\_\_\_\_ Major \_\_\_\_\_ Degree or Certificate \_\_\_\_\_
1. \_\_\_\_\_
Comments \_\_\_\_\_

2. \_\_\_\_\_
Comments \_\_\_\_\_

Monthly Personal Expenses

Residence Payment:

Rent or Mortgage ..... \$
Taxes & Insurance ..... \$
Maintenance ..... \$
Food ..... \$
Utilities ..... \$
Telephone ..... \$
Medical/Dental ..... \$
Clothing ..... \$
Incidentals ..... \$
Credit Card Payments ..... \$

Insurance:

Life ..... \$
Health ..... \$
Auto ..... \$
Accident ..... \$
Educational Loans ..... \$
Transportation:
Gas, oil & repair ..... \$
Car Payment ..... \$
Childcare/Child Support ..... \$
Other Notes ..... \$

Total Monthly Expenses \$ \_\_\_\_\_

Credit Report Authorization

I declare that the information provided in this application is true and correct. I hereby authorize the release of any and all credit report and other information required in the processing of my loan application and as required in the servicing and/or during the term of my loan. I further authorize CDC Small Business Finance Corp. to release such information to any entity as required in the processing of my loan application.

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

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Signature & Date: \_\_\_\_\_

Signature & Date: \_\_\_\_\_

# Business Debt Schedule

Indebtedness: Please 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
Present Balance	**Total			Total Monthly Payment				

\*Should be the same as current financial statement

\*\*Must agree with balance shown on current financial statement.



U.S. SMALL BUSINESS ADMINISTRATION

OMB Approval No. 3245-0188

EXPIRATION DATE: 11/20/2004

## PERSONAL FINANCIAL STATEMENT

**As of:**

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

Name Business Phone:

Residence Address Residence Phone:

City, State, & Zip Code

Business Name of Applicant/Borrower:

ASSETS	LIABILITIES
Cash on hand and 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 & 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 .....
<b>Total</b> .....	Net Worth .....
	<b>Total</b> .....

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

**Description of Other Income in Section 1.**

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

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

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

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

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

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

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

**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 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 Office, Paper Reduction Project (3245-0188), Office of Management and Budget, Washington, D.C. 20503.

