



## Centinel Financial Corporation

### **SBA Loan Checklist (Existing Company)**

Enclosed is a checklist of items needed to evaluate your loan request.

1. Enclose a history of your company, describing the business, the industry and your company's niche in that industry.
2. List the proposed uses of the SBA loan with detailed amounts for each use. Describe why you need the proposed loan and what this loan will do for your company.
3. Financial statements on your business (balance sheets and P&L statements) for the past three (3) fiscal year ends. If company is less than 3 years old, please enclose all applicable years.
4. Copies of the company federal income tax returns for the past three (3) fiscal years. Please enclose ALL supporting schedules. If company is less than 3 years old, please enclose all applicable years.
5. An interim month end financial statement (balance sheet and P&L statement) no later than 60 days old. Statements less than 60 days old are required to process your application.
6. Detailed debt schedule and copies of any notes and capital leases which were owed by the company as of the same interim financial statement date used in #5 above (form enclosed).
7. Aged listing of all accounts receivable and accounts payable as of the same interim financial statement date used in #5 above.
8. If either you or your company has a 50% or more ownership interest in, or control the operation of any other company or entity, this is generally considered an affiliated company. Please enclose financial statements and federal income tax returns for each affiliate for the past three (3) years (or all applicable years).
9. A personal financial statement (balance sheet and personal cash flow) for each person who owns 20% or more of the company (form enclosed).
10. Copies of the personal federal income tax returns for each person who owns 20% or more of the company. Please enclose ALL supporting schedules.
11. Personal information form for each person who owns 20% or more of the company (form enclosed).

12. Signed credit report authorization (form enclosed). This authorization is required to obtain a copy of both your personal credit report and the company's business credit report.
13. Copy of your corporate charter, filed articles of incorporation and bylaws. If a partnership, a copy of your partnership agreement. If a sole proprietorship, a copy of your filed assumed name or fictitious name certificate.
14. If the loan request includes a real estate purchase, enclose a copy of the real estate contract.
15. If an old appraisal is available, please enclose a copy. It is not necessary to order a new appraisal until your loan has been approved.
16. Lists of collateral to be pledged on the proposed SBA loan as of the same date used on the interim financial statement in #5 above. This list should include estimated market values of each item.

## Company Profile

Company Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Company Assumed Name (if applicable): \_\_\_\_\_

Brief Business Description: \_\_\_\_\_

Business Entity:  Corporation  Sole Proprietorship  Partnership  \_\_\_\_\_

Date Business Formed: \_\_\_\_\_ Date incorporated: \_\_\_\_\_

Date current management assumed control: \_\_\_\_\_

Federal taxpayer identification number: \_\_\_\_\_

Number of employees at time of application: \_\_\_\_\_ If loan is approved: \_\_\_\_\_

Company Ownership (100% ownership must be shown)

| <u>Name &amp; Address</u> | <u>Social Security Number</u> | <u>Ownership %</u> | <u>Company Title</u> |
|---------------------------|-------------------------------|--------------------|----------------------|
| 1 .                       |                               |                    |                      |
| 2 .                       |                               |                    |                      |
| 3 .                       |                               |                    |                      |
| 4 .                       |                               |                    |                      |
| 5 .                       |                               |                    |                      |

Name to be used on your business checking account: \_\_\_\_\_

Designated signers on checking account: \_\_\_\_\_

CPA Name / Firm: \_\_\_\_\_ Phone: \_\_\_\_\_

Attorney Name / Firm: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Agent / Firm: \_\_\_\_\_ Phone: \_\_\_\_\_

Affiliated Companies: \_\_\_\_\_ # Employees: \_\_\_\_\_

(if applicable) \_\_\_\_\_ # Employees: \_\_\_\_\_

\_\_\_\_\_ # Employees: \_\_\_\_\_

## Use of Proceeds

The Requested loan funds will be used for the following purpose(s):

|  |                  |
|--|------------------|
| Land Purchase  | \$ _____         |
| Building Construction                                | _____            |
| Building Soft Costs (Engineering, etc.)              | _____            |
| Construction Contingency                             | _____            |
| Inventory Purchase                                   | _____            |
| Equipment Purchase                                   | _____            |
| Leasehold Improvement Purchase                       | _____            |
| Purchase of Existing Business                        | _____            |
| Franchise Fees                                       | _____            |
| Debt Refinance                                       | _____            |
| Accounts Payable                                     | _____            |
| Working Capital                                      | _____            |
| Application and Closing Costs                        | _____            |
| Other: _____   | _____            |
| _____  | _____            |
| _____  | _____            |
| _____  | _____            |
| _____  | _____            |
| <b>Total Funds Required</b>                          | <b>\$ _____</b>  |
| <b>Less: Proposed Borrower Down Payment (Equity)</b> | <b>( _____ )</b> |
| <b>Total Loan Request</b>                            | <b>\$ _____</b>  |

Details on construction project (location, size and type of facility, etc.), assets to be purchased (location, description, etc.), items to be refinanced, used of working capital, and source of Borrower's equity:

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How will this loan benefit your company ?

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Company Name, Inc.

**Schedule of Debts**

As of: \_\_\_\_\_

SAMPLE

| <i>Lender</i>                     | <i>Originated Maturity</i> | <i>Original Purpose</i> | <i>Original Balance</i> | <i>Present Balance</i> | <i>Interest Rate</i> | <i>Terms</i> | <i>Collateral or Security</i>                         |
|-----------------------------------|----------------------------|-------------------------|-------------------------|------------------------|----------------------|--------------|---|
| Community Credit Union, Plano, TX | 01/01/04<br>01/01/07       | Purchase Equipment      | \$50,000                | \$50,000               | 6.50%                | 36 @ \$1,532 | 1st Lien on Accounts Receivable, Inventory, Equipment |
|                                   |                            |                         |                         |                        |                      | @            |   |
|                                   |                            |                         |                         |                        |                      | @            |   |
|                                   |                            |                         |                         |                        |                      | @            |   |
|                                   |                            |                         |                         |                        |                      | @            |   |
|                                   |                            |                         |                         |                        |                      | @            |   |
|                                   |                            |                         |                         |                        |                      | @            |   |
|                                   |                            |                         |                         |                        |                      | @            |   |
|                                   |                            |                         |                         |                        |                      | @            |   |
|                                   |                            |                         |                         |                        |                      | @            |   |
|                                   |                            |                         |                         |                        |                      | @            |   |
|                                   |                            |                         |                         |                        |                      | @            |   |
|                                   |                            |                         |                         |                        |                      | @            |   |
|                                   |                            |                         |                         |                        |                      | @            |   |
|                                   |                            |                         |                         |                        |                      | @            |   |
|                                   |                            |                         |                         |                        |                      | @            |   |
|                                   |                            |                         |                         |                        |                      | @            |   |
| <b>Total</b>                      |                            |                         |                         |                        |                      | @            |   |

**Government Financing**

If you, your company, or any affiliated companies have ever had ANY type of government financing, please complete the form below (use additional sheets if necessary):

| <i>Name of Government Agency</i> | <i>Original Amount of Loan</i> | <i>Date of Request</i> | <i>Current Balance</i> | <i>Current, Past Due or Paid Off</i> |
|----------------------------------|--------------------------------|------------------------|------------------------|--------------------------------------|
|                                  |                                |                        |                        |                                      |
|                                  |                                |                        |                        |                                      |
|                                  |                                |                        |                        |                                      |



# 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 other person or entity providing a guaranty on the loan.

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

| ASSETS   | LIABILITIES                             |
|--|---|
| (Omit Cents)                                     | (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 .....                 |
| <b>Total</b> .....                               | Net Worth .....                         |
|  | <b>Total</b> .....                      |

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

Description of Other Income in Section 1.

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

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

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

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

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

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

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

I authorize 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.

## PERSONAL CASH FLOW STATEMENT

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

This Cash Flow Statement is a part of my financial statement dated \_\_\_\_\_ Individual ( ) Joint ( )

| SOURCES OF CASH                          | PRIOR YEAR | CURRENT YEAR | NEXT YEAR |
|--|------------|--------------|-----------|
| Salary, Bonuses, Commissions             |            |              |           |
| Rental Income                            |            |              |           |
| Interest, Royalties, Dividends, Etc.     |            |              |           |
| Distribution from Estates and Trusts     |            |              |           |
| Sale of Assets                           |            |              |           |
| Cash Received from Individual Businesses |            |              |           |
| Cash Received from Partnerships          |            |              |           |
| Cash Received from "S" Corporations      |            |              |           |
| IRA Distributions                        |            |              |           |
| Other                                    |            |              |           |
| Other                                    |            |              |           |
| Other                                    |            |              |           |
| Other                                    |            |              |           |
| Other                                    |            |              |           |
| Other                                    |            |              |           |
| Other                                    |            |              |           |
| <b>TOTAL CASH RECEIVED</b>               |            |              |           |

| USES OF CASH                              | PRIOR YEAR | CURRENT YEAR | NEXT YEAR |
|---|------------|--------------|-----------|
| Bank Loans (Principal and Interest)       |            |              |           |
| Mortgage Loans (Principal and Interest)   |            |              |           |
| Insurance                                 |            |              |           |
| Household Expenses (Food, Clothing, Etc.) |            |              |           |
| Charge Accounts                           |            |              |           |
| IRA Contributions                         |            |              |           |
| Charitable Contributions                  |            |              |           |
| Business Payments (Capitalizations, Etc.) |            |              |           |
| Income Taxes                              |            |              |           |
| Other                                     |            |              |           |
| Other                                     |            |              |           |
| Other                                     |            |              |           |
| Other                                     |            |              |           |
| Other                                     |            |              |           |
| Other                                     |            |              |           |
| <b>TOTAL CASH OUTLAYS</b>                 |            |              |           |
| <b>CASH FLOW SURPLUS (DEFICIT)</b>        |            |              |           |

| CONTINGENT LIABILITIES               | PRIOR YEAR | CURRENT YEAR | NEXT YEAR |
|--------------------------------------|------------|--------------|-----------|
| As Endorser, Comaker or Guarantor    |            |              |           |
| On Leases or Contracts               |            |              |           |
| Legal Claims or Judgments            |            |              |           |
| Other (Alimony, Child Support, Etc.) |            |              |           |
| <b>TOTAL CONTINGENT LIABILITIES</b>  |            |              |           |

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_

## Personal History Statement

**First, Middle, Last Name:** \_\_\_\_\_

Company Title: \_\_\_\_\_ Percent Ownership in Company: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ U.S. Citizen? Yes  No

Have you ever been in bankruptcy? Yes  No  Alien Registration No. (if applicable): \_\_\_\_\_

**Spouse First, Middle, Last Name:** \_\_\_\_\_

Company Title: \_\_\_\_\_ Percent Ownership in Company: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ U.S. Citizen? Yes  No

Have you ever been in bankruptcy? Yes  No  Alien Registration No. (if applicable): \_\_\_\_\_

**Current Address:** \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

**Former Address:** \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

**Military (Branch):** \_\_\_\_\_

Service Date Entered: \_\_\_\_\_ Date Discharged: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

**Education:**

Institution: \_\_\_\_\_ City and State: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Major: \_\_\_\_\_ Degree: \_\_\_\_\_

Institution: \_\_\_\_\_ City and State: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Major: \_\_\_\_\_ Degree: \_\_\_\_\_

**Employment History (Attach More Detailed Resume for Key Employees:**

Employer: \_\_\_\_\_ City and State: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Title: \_\_\_\_\_ Duties: \_\_\_\_\_

Employer: \_\_\_\_\_ City and State: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Title: \_\_\_\_\_ Duties: \_\_\_\_\_

Employer: \_\_\_\_\_ City and State: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Title: \_\_\_\_\_ Duties: \_\_\_\_\_

Employer: \_\_\_\_\_ City and State: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Title: \_\_\_\_\_ Duties: \_\_\_\_\_

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 motor vehicle violation? 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

**Authorization to Release Personal Credit Information**

I / We hereby authorize Centinel Financial Corporation to contact any Credit Reporting Agency or any other credit references for the purpose of verifying my / our credit history.

Names: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Social Security Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

**Authorization to Release Business Credit Information**

I / We hereby authorize Centinel Financial Corporation to contact any Credit Reporting Agency or any other credit references for the purpose of verifying my / our business credit history.

Company: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Tax Identification Number: \_\_\_\_\_

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

Title: \_\_\_\_\_