



504 Loan Package Applicant Checklist

ADC Contact: Marla Woodman (mwoodman@adcloans.com)

Telephone: 864-382-2350

Date:

	Name of Borrower:	Email:	Phone:	
	Please provide the following, if applicable. Once the information is received, we may have more questions.			Completed
1	ADC Application	Completed and signed by principal		
2	Fee Agreement & Deposit	Signed by principal and \$2,500 deposit payable to ADC		
3	Organizational docs / EIN#	Operating Company (OC), Real Estate Holding Company (EPC) (if applicable) & Affiliates		
4	Personal Financial Statement / Personal Tax Returns	<ul style="list-style-type: none"> 1 year - Personal Tax Return Personal Financial Statement- For all 20% or more owners and spouses (if married) 		
5	Resume	For all 20% or more owners & anyone involved in day-to-day operations of the business		
6	Driver's License	For all 20% or more owners		
7	Borrower Cert	Signed by all owners and spouses (if joint tax returns are filed)		
8	IRS 8821	Signed by principal		
9	SBA 1244 Section 1	Completed		
10	SBA 1244 Section 2	For all 20% or more owners and key employees. *Must hand initial #1 - #9		
11	SBA 1244 Section 3	Signed by applicant and anyone who completed Section 2		
12	Business Tax Returns- For OC/EPC unless EPC is a newly formed entity	<ul style="list-style-type: none"> 2 years of tax returns – OC 2 years of tax returns – EPC, if applicable If new business, provide proforma balance sheet with written assumptions 		
12	Business Interims- For OC/EPC unless EPC is a newly formed entity	<ul style="list-style-type: none"> Current year-to-date balance sheet and income statement Current debt schedule as of same date as above Aging of A/R and/or A/P as of same date as above 		
14	Projections -For new business, acquisition/change of ownership or as requested by the ADC	<ul style="list-style-type: none"> Projections for Year 1 and Year 2 including written assumptions Monthly cash flow for first 12 months of operations <u>OR</u> for 3 months beyond the break-even point 		
15	Previous Gov't Financing	SBA Authorization, Note, payment history, and PPP/EIDL forgiveness (if applicable) for OC, EPC, Affiliates/Associate		
16	Affiliate Financial Information	<ul style="list-style-type: none"> 2 years business tax returns or 2 years year-end balance sheet (if Sch C Guarantor) Current debt schedule for each affiliate Current year-to-date financial statement- if affiliate is a guarantor 		
17	Franchise	Franchise Agreement/Management Agreement		
18	Project Cost Documents	<ul style="list-style-type: none"> Real estate Purchase Agreement/LOI signed by either buyer/seller Mortgage/Note/Settlement Statement if real estate has already been purchased Construction/Renovation/FF&E quotes signed/on letterhead; dated w/in 90 days 		
20	Debt Refinancing	<ul style="list-style-type: none"> Copy of debt being refinanced- ie. Note/Mortgage. If SBA loan- provide Authorization 12 months payment history of debt being refinanced Borrower Refi Cert & letter from lender they won't to refi current loan (if 7a or 504) 		
21	Environmental Questionnaire	Completed/signed by Applicant [and Seller if applicable]. A Report may be required.		
22	Business Plan / Feasibility Study	For new business, specialized property, or as requested by the ADC/SBA		
23	Appraisal	FYI: will be ordered by the lender		
24	Detailed history and summary of business:	Provide as an attachment		
25	Misc requests/Notes:			



SBA 504 Loan Application

Company Information

Company Name _____

Address _____ City _____ State _____ Zip _____

Principal in charge _____ Phone _____ Fax _____

Secondary contact person _____ Phone _____ Fax _____

Email _____ Web Address _____

Type of business _____ Date established _____

Number of Employees: _____ Existing _____ Created within 2 years of loan closing _____

Type of entity (check one) ☐ Proprietorship ☐ Partnership ☐ Corporation ☐ LLC

Company Ownership

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

Affiliate Businesses- ownership 20% or more

Name _____	Owner _____	% of Ownership _____
Name _____	Owner _____	% of Ownership _____
Name _____	Owner _____	% of Ownership _____

Existing Business Location(s)

Address _____	Square feet _____	Lease payment _____	Replaced by new facility? <input type="checkbox"/> Yes
			<input type="checkbox"/> No
Address _____	Square feet _____	Lease payment _____	Replaced by new facility? <input type="checkbox"/> Yes
			<input type="checkbox"/> No

References

Banker's Name _____	Bank Name _____	Phone _____
Accountant _____	Firm Name _____	Phone _____
Attorney _____	Firm Name _____	Phone _____

Business Information

Nature of your business _____

Type of products or services _____

Geographic market area _____

List of key customers _____

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 – your company is required to occupy 51% of an existing building and 60% of a new building, initially.***

If known, how will the property be vested (i.e., individually, husband and wife, partnership, LLC, corporation, trust, etc.). _____

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

Total Project Costs

Purchase existing building

Purchase price	\$ _____
Tenant improvements	\$ _____
Equipment*	\$ _____
Other	\$ _____
Total	\$ _____

Construction project

Land Acquisition	\$ _____
Construction Bid	\$ _____
Architects, permits, soft costs	\$ _____
Equipment *	\$ _____
Other	\$ _____
Total	\$ _____

*Equipment to be financed must have a useful life of 10 years or greater.

Other than yourself, if there are any additional tenants, please provide the following information along with copies of the proposed or existing leases.

Tenant name	Square footage	Lease expiration	Rent amount

Personal Information- completed by all owners 20% or more

The fact that you have an arrest or conviction record will not necessarily disqualify you; an incorrect answer may cause your application to be rejected.

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. ☐ 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, we will provide a separate form to be completed.***

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

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

****If yes, to either of the above, provide discharge papers and signed/dated detailed letter of explanation.***

Have you or your business ever received an SBA loan? ☐ Yes ☐ No *Please provide a copy of the SBA Loan Authorization/Note.*

Original Amount _____

Date of the loan _____

Current Balance _____

Status _____

Credit Report Authorization

I declare that the information provided in this application is true and correct. I hereby authorize the release of 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 Appalachian Development Corporation 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.

Signature _____

Date _____

Spouse Signature _____

Date _____

CAIVRS Authorization

We are required by US Small Business Administration ("SBA") to inform you that, in the event of default on the loan and the SBA suffers a loss, the names of the borrower and guarantors will be referred for listing in the Credit Alert Information Verification System (CAIVRS), a database managed by the U.S. Department of Housing and Urban Development. This may affect your eligibility for further financial assistance using a federally guaranteed loan including but not limited to government guaranteed Student Loans, "Disaster" Loans, SBA loans or USDA loans. Further, you are advised that the name of the borrower, guarantors, affiliates, and associates of the borrower will be checked against the CAIVRS database to determine if there has been a previous loss to the federal government. In the event it is determined that there has been such a loss, the business or individual causing the loss will be required to reimburse the government for the loss before the loan request can be further processed.

Signature _____

Date _____



Fee Agreement for SBA 504 Loans

The undersigned hereby acknowledges understanding and acceptance of a deposit of \$2,500 due at the time of applying to the Appalachian Development Corporation (ADC). This deposit is for the processing of an application for SBA 504 Loan Funding. It is due and payable to the ADC prior to any work being performed by the ADC on the project.

The ADC receives a fee at funding of the SBA loan for processing and closing the loan. After the funding of the SBA loan the deposit of \$2,500 will be refunded to the borrower,

In the event the application results in a SBA Authorization and the applicant, for any reason, decides not to go through with the funding of the loan, the \$2,500 will be considered earned by ADC to offset costs incurred. If the application is denied by the SBA, then the deposit will be refunded.

If the application is approved by the ADC Board, but not submitted to the SBA and then is withdrawn or becomes inactive by the applicant, the ADC may consider refunding the deposit less any expenses incurred in the processing of the application by the ADC.

Any legal fees incurred on your behalf for processing and/or for the closing of the loan is the applicant's responsibility to pay in full regardless if the loan closes or not.

This agreement is understood, acknowledged and agreed to as of _____.
(Date)

Business
Name: _____

Signature: _____
Title:

ADC: _____
Connally Bradley, Executive Director

880 S. Pleasantburg Dr. Suite 3-E
Greenville, SC 29607
Phone: 864-382-2350 Fax: 864-382-2370
WWW.ADCLOANS.COM

PLEASE LIST ALL EXISTING BUSINESS DEBTS

DEBT SCHEDULE

Date: _____

[illegible]

BORROWER'S CERTIFICATION

TO: Appalachian Development Corporation/U.S. Small Business Administration
880 S. Pleasantburg Dr. Suite 3-E
Greenville, SC 29607

RE: SBA 504 Application

The undersigned* certify the following:

1. I/we have applied for a U.S. Small Business Administration Section 504 loan through Appalachian Development Corporation. In applying for the loan, I/we completed a loan application containing various information on the purpose of the loan, the amount and source of the down-payment, employment, and income information, including my/our business and personal tax returns, and assets and liabilities including my/our financial statements.
2. I/we certify that all the information contained in my/our application is true and complete. I/we made no misrepresentations on the loan application or other documents, nor did I/we omit any pertinent information.
3. This certification includes, but is not limited to:
 - a) Personal and Business Tax Returns
 - b) Personal and Business Financial Statements
 - c) Affiliate Tax Returns and Financial Statements
4. I/we fully understand that it is a federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements when applying for this Section 504 loan, as applicable under the provisions of Title 15, United States Code, Section 645 and Title 18, United States Code, Section 1001.

By: _____

Date: _____

By: _____

Date: _____

*A spouse's signature is required if joint tax returns are filed. It does not indicate that he/she is an applicant/borrower.

ENVIRONMENTAL QUESTIONNAIRE AND DISCLOSURE STATEMENT

Applicant Business:

Address of the Property:

The purpose of this questionnaire is to provide information about the past and present ownership and uses of the real property. Please respond fully to all questions, including supporting documentary evidence where appropriate. If unable to answer, please respond "unknown." If space is inadequate to answer, please attach additional pages as needed. If applicant has an interest (leasehold or fee interest) and conducts business at multiple locations, separate disclosure statement should be supplied for each location.

1. Past and present uses of the Property and Adjoining Properties, with particular attention paid to those uses by environmentally sensitive industries:
2. Past and present identification of any Hazardous Substances at the Property and Adjoining Properties:
3. Storage, generation, treatment, emission or disposal of Hazardous Substances at the Property and Adjoining Properties:
4. Possession of permits to use, store, generate, treat, emit, or dispose of Hazardous Substances by businesses operating at the Property and Adjoining Properties:
5. Evidence of Contamination at the Property and Adjoining Properties:
6. Potential sources of Contamination* at the Property and Adjoining Properties:
7. Knowledge on the part of the Borrower, seller, or Lender of any past evidence of Contamination or sources of Contamination at the Property and Adjoining Properties:
8. Knowledge on the part of the Borrower, seller, or Lender of any past, threatened or pending lawsuits or administrative proceedings concerning a Release or threatened Release at the Property and Adjoining Properties:

I am familiar with the real property described in this questionnaire. By signing below, I represent and warrant to Appalachian Development Corporation (ADC) that the answers to the above questions are complete and accurate to the best of my knowledge. I also understand that ADC will rely on the completeness and accuracy of my answers in assessing any environmental risks associated with the property.

The undersigned owner(s) and/or operator(s) acknowledge(s) and agree(s) that intentionally falsifying or concealing any material fact with regard to the subject matter of this Environmental Questionnaire may, in addition to other penalties, result in prosecution under applicable law including 18 U.S.C. section 1001."

SELLER

APPLICANT

COMPANY:

COMPANY:

Signature: _____

Signature: _____

(Title)

(Title)

DATE:

DATE:

I have reviewed or completed at least one site visit to the Property and made a good faith effort to conduct an interview with the current owner or operator of the Property.

Appalachian Development Corporation

By: _____

Title:

Date

*Sources of Contamination may include, but are not limited to, the following: (1) damaged or discarded automotive or industrial batteries; (2) pesticides, paints or other chemicals stored in individual containers greater than 5 gallons in volume or 50 gallons in the aggregate; (3) chemicals in industrial drums or sacks; (4) pits, ponds or lagoons used for waste disposal or storage; (5) fill dirt from a contaminated or unknown source; (6); underground or above- ground storage tanks; (7) vent pipes, fill pipes or access ways indicating a fill pipe protruding from the ground; (8) flooring drains or walls within a facility that are stained by substances other than water and/or are emitting noxious odors; (9) clarifiers, pits or sumps; (10) dry wells.



PERSONAL FINANCIAL STATEMENT

U.S. SMALL BUSINESS ADMINISTRATION

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

To complete this form

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

<input type="checkbox"/> 7(a) loan / 504 loan / Surety Bonds
Complete this form for: (1) each proprietor; (2) general partner; (3) managing member of a limited liability company (LLC); (4) each owner of 20% or more of the equity of the Applicant; and (5) any person providing a guaranty on the loan (including the assets and liabilities of the owner's spouse and any minor children).
Return completed form to: For 7(a) loans: the Lender processing the application for SBA guaranty For 504 loans: the Certified Development Company (CDC) processing the application for SBA guaranty For Surety Bonds: the Surety Company or Agent processing the application for surety bond guarantee

<input type="checkbox"/> Disaster Business Loan Application (Excluding Sole Proprietorships)
Complete this form for: (1) each applicant; (2) each general partner; (3) each managing member of a limited liability company (LLC); (4) each owner of 20% or more of the equity of the Applicant business; and (5) any person providing an unlimited guaranty on the loan.
Return completed form to: Disaster Processing and Disbursement Center at 14925 Kingsport Road, Fort Worth, TX 76155-2243 or FAX to 1-202-481-1505 or disasterloans@sba.gov

<input type="checkbox"/> Women Owned Small Business (WOSB) Federal Contracting Program
This form must be completed by each individual claiming economic disadvantage in connection with the SBA's Women-Owned Small Business (WOSB) Federal Contracting Program. A separate form must be completed by the individual's spouse, unless the individual and the spouse are legally separated. Use attachments if necessary. Each attachment must be identified as a part of this statement and signed. In addition, each individual claiming economic disadvantage must update the form as changes arise, but at least annually, to ensure the information is current, accurate and complete.
SBA's regulations state that to be considered economically disadvantaged for purposes of the WOSB Program, a woman must have an adjusted gross income averaged over the three prior fiscal years of \$350,000 or less; less than \$6 million in the fair market value of all her assets (to include her primary residence and value of the business concern); and less than \$750,000 in personal net worth (excluding equity interest in her personal residence and ownership interest in the business, and funds invested in a retirement account that are unavailable until retirement age). 13 C.F.R. §127.203. The information contained in this form must be submitted and certified through beta.certify.sba.gov

<input type="checkbox"/> 8(a) Business Development Program
8(a) applicants must show that 51% of the firm is owned by one or more individuals determined by the SBA to be socially and economically disadvantaged. The information contained in this form must be submitted by each socially and economically disadvantaged individual using their one time 8(a) eligibility to qualify this firm for 8(a) certification. If married, the spouse must complete a separate SBA Form 413, except when the individual and the spouse are legally separated. If separated, provide copy of separation document.
SBA's regulations state that to be considered economically disadvantaged for purposes of the 8(a) Business Development Program, an individual must have an adjusted gross income averaged over the three prior fiscal years of \$350,000 or less; less than \$6 million in the fair market value of all assets (to include primary residence and value of the business concern); and less than \$750,000 in personal net worth (excluding equity interest in the personal residence and ownership interest in the business, and funds invested in a retirement account that are unavailable until retirement age). 13 C.F.R. §124.104.
Note: Please complete this form with Personal Information not Business Information and divide all jointly owned assets and liabilities, as appropriate with spouse or others. The information contained in this form must be submitted and certified through certify.sba.gov . For additional information go to: http://www.sba.gov/8abd

Name	Business Phone (xxx-xxx-xxxx)
Home Address	Home Phone (xxx-xxx-xxxx)
City, State, & Zip Code	
Business Name of Applicant/Borrower	
Business Address (if different than home address)	
Business Type: ___ Corporation ___ S-Corp. ___ LLC ___ Partnership ___ Sole Proprietor (does not apply to ODA applicant)	
This information is current as of [month/day/year] (within 90 days of submission for 7(a)/504/SBG/ODA/WOSB or within 30 days of submission for 8(a) BD)	
WOSB applicant only, Married ___ Yes ___ No	

ASSETS (Omit Cents)	LIABILITIES (Omit Cents)
Cash on Hand & in banks.....	Accounts Payable.....
Savings Accounts.....	Notes Payable to Banks and Others..... (Describe in Section 2)
IRA or Other Retirement Account..... (Describe in Section 5)	Installment Account (Auto)..... Mo. Payments _____
Accounts & Notes Receivable..... (Describe in Section 5)	Installment Account (Other)..... Mo. Payments _____
Life Insurance – Cash Surrender Value Only..... (Describe in Section 8)	Loan(s) Against Life Insurance.....
Stocks and Bonds..... (Describe in Section 3)	Mortgages on Real Estate..... (Describe in Section 4)
Real Estate..... (Describe in Section 4)	Unpaid Taxes..... (Describe in Section 6)
Automobiles..... (Describe in Section 5, and include Year/Make/Model)	Other Liabilities..... (Describe in Section 7)
Other Personal Property..... (Describe in Section 5)	Total Liabilities.....
Other Assets..... (Describe in Section 5)	Net Worth.....
Total _____	Total _____ Must equal total in assets column.

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 should not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income)

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

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

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

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

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

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

Signature _____

Date _____

Print Name _____

Social Security No. _____

Signature _____

Date _____

Print Name _____

Social Security No. _____

PERSONAL RESUME OF

Home Address _____
Street City State Zip Phone _____

Past Address _____
Street City State Zip From To _____

Date of Birth _____ Place of Birth _____ Marital Status _____

MILITARY

Branch of Military _____ From _____ To _____ Honorable Discharge _____

Rank at Discharge _____ Job Description _____

EDUCATION

College or Technical Training Name and Location	Dates Attended From To	Major	Degree or Certificate
1. _____	_____	_____	_____
Comments _____			
2. _____	_____	_____	_____
Comments _____			
3. _____	_____	_____	_____
Comments _____			
4. _____	_____	_____	_____
Comments _____			

WORK EXPERIENCE

1. Name of Company _____ From: _____ To: _____
Full Address _____
Title: _____ Duties: _____

2. Name of Company _____ From: _____ To: _____
Full Address _____
Title: _____ Duties: _____

3. Name of Company _____ From: _____ To: _____
Full Address _____
Title: _____ Duties: _____

4. Name of Company _____ From: _____ To: _____
Full Address _____
Title: _____ Duties: _____

5. Name of Company _____ From: _____ To: _____
Full Address _____
Title: _____ Duties: _____

Tax Information Authorization

- Go to www.irs.gov/Form8821 for instructions and the latest information.
► Don't sign this form unless all applicable lines have been completed.
► Don't use Form 8821 to request copies of your tax returns or to authorize someone to represent you. See instructions.

OMB No. 1545-1165
For IRS Use Only
Received by:
Name _____
Telephone _____
Function _____
Date _____

1 Taxpayer information. Taxpayer must sign and date this form on line 6.

Taxpayer name and address	Taxpayer identification number(s)	
	Daytime telephone number	Plan number (if applicable)

2 Designee(s). If you wish to name more than two designees, attach a list to this form. **Check here if a list of additional designees is attached** ☒

Name and address Tax Guard, LLC 10355 Westmoor Drive Suite 101 Westminster, CO 80021	CAF No. 0306-56669R PTIN _____ Telephone No. (720) 204-7751 Fax No. (720) 204-7751
Check if to be sent copies of notices and communications <input type="checkbox"/>	Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
Name and address Appalachian Development Corporation 880 S Pleasantburg Drive Suite 3E Greenville, SC 29607	CAF No. None PTIN _____ Telephone No. (864) 382-2350 Fax No. null
Check if to be sent copies of notices and communications <input type="checkbox"/>	Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>

3 Tax information. Each designee is authorized to inspect and/or receive confidential tax information for the type of tax, forms, periods, and specific matters you list below. See the line 3 instructions.

☒ By checking here, I authorize access to my IRS records via an Intermediate Service Provider.

(a) Type of Tax Information (Income, Employment, Payroll, Excise, Estate, Gift, Civil Penalty, Sec. 4980H Payments, etc.)	(b) Tax Form Number (1040, 941, 720, etc.)	(c) Year(s) or Period(s)	(d) Specific Tax Matters
Withholding/Civil Penalty/Excise Tax	941/943/944/945/6672/720/8804/CIV PEN	1st, 2nd, 3rd, 4th quarters 2012 through 2023	N/A
Unemployment/Heavy Use/Civil Penalty	940/2290/CIV PEN	2012 through 2023	N/A
Income	1065/1120/1120S/990/1041	2012 through 2023	N/A

4 Specific use not recorded on the Centralized Authorization File (CAF). If the tax information authorization is for a specific use not recorded on CAF, check this box. See the instructions. If you check this box, skip line 5 ☐

5 Retention/revocation of prior tax information authorizations. If the line 4 box is checked, skip this line. If the line 4 box isn't checked, the IRS will automatically revoke all prior tax information authorizations on file unless you check the line 5 box and **attach a copy** of the tax information authorization(s) that you want to retain ☐
To revoke a prior tax information authorization(s) without submitting a new authorization, see the line 5 instructions.

6 Taxpayer signature. If signed by a corporate officer, partner, guardian, partnership representative (or designated individual, if applicable), executor, receiver, administrator, trustee, or individual other than the taxpayer, I certify that I have the legal authority to execute this form with respect to the tax matters and tax periods shown on line 3 above.

► IF NOT COMPLETED, SIGNED, AND DATED, THIS TAX INFORMATION AUTHORIZATION WILL BE RETURNED.

► DON'T SIGN THIS FORM IF IT IS BLANK OR INCOMPLETE.

Signature

Date

Print Name

Title (if applicable)



Application for Section 504 Loans

Section One: Business Information

Applicant Name (Eligible Passive Company, if applicable)			
Legal Name		Business Address	
DBA or Tradename	Legal Structure	Tax ID	DUNS Number
Contact Name	Email Address	Phone Number (xxx-xxx-xxxx)	Business Web Address
Operating Company (if Applicant is an EPC)			
Legal Name		Business Address	
DBA or Tradename	Legal Structure	Tax ID	DUNS Number
Contact Name	Email Address	Phone Number (xxx-xxx-xxxx)	Business Web Address

Project Address (if different than OC Address) (Street, City, State, Zip code)	Type of Business (Summary Description)

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

- Does the Small Business Applicant have any Affiliates? ☐ Yes ☐ No
If "Yes," please attach a listing as a part of Exhibit 10
- Have the Small Business Applicant or any Affiliates ever obtained or applied for a direct ☐ Yes ☐ No
or guaranteed loan from SBA, or from any other Federal, State or local government loan program
or been a guarantor on such a loan? If yes, provide relevant information in Exhibit 9
- Has an application for this Project previously been submitted to the SBA by any ☐ Yes ☐ No
CDC or Lender in connection with any SBA program?
If yes, provide CDC/Lender Name and Loan Program: _____
- Has the Applicant business ever declared bankruptcy? ☐ Yes ☐ No
If yes, explain and provide relevant documents in Exhibit 27
- Is the Applicant business involved in any pending lawsuits? ☐ Yes ☐ No
If yes, explain and provide relevant documents in Exhibit 27
- Is the Applicant business owned by one of the following? ☐ 401(k) ☐ ESOP ☐ Trust ☐ Cooperative
If the Applicant is owned by an ESOP (Employee Stock Ownership Plan) or 401(k) plan (including a Rollover as
Business Start-Up (ROBS) plan), Applicant must provide evidence to the CDC that the Applicant, ESOP, and/or
the 401(k) plan are in compliance with all applicable Government Agencies (e.g., IRS, Treasury, and Department
of Labor) requirements and that it will comply with all relevant operating and reporting requirements.



Application for Section 504 Loans

Section One: Business Information

Business Ownership (Attach additional pages if needed)

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

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

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

Eligible Passive Company (EPC) Ownership (if applicable)

Owner/Entity Name	Title/Organization Type	SSN/TIN	Ownership %

Operating Company (OC) Ownership

Owner/Entity Name	Title/Organization Type	SSN/TIN	Ownership %



Application for Section 504 Loans

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

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

Name (Last, First, Middle)		Former Names and Dates Used	
U.S. Citizen?	USCIS Registration # (if Legal Permanent Resident)	If a non-US citizen or LPR, provide Country of Citizenship	
Yes <input type="checkbox"/> No <input type="checkbox"/>			
Place of Birth (City and State or Foreign Country)		SSN or IRS TIN	Date of Birth (mm/dd/yyyy)
Phone Number (Home or Cell xxx-xxx-xxxx)		Home Address (Street, City, State, Zip code)	

Answer the following Yes/No Questions and Initial to the Right of Each Answer

Initial

1. Do you have an ownership interest in any other entity that has existing SBA loans? ☐ Yes ☐ No _____

If yes, provide loan numbers and current status: _____

2. Are you presently subject to an indictment, criminal information, arraignment, or other means by which formal criminal charges are brought in any jurisdiction? ☐ Yes ☐ No _____

If yes, the Applicant is not eligible for SBA assistance

3. Have you been arrested in the last 6 months for any criminal offense? ☐ Yes ☐ No _____

If yes, please provide relevant documents as a part of Exhibit 28

4. For any criminal offense – other than a minor vehicle violation – have you ever: ☐ Yes ☐ No _____

1) been convicted; 2) pleaded guilty; 3) pleaded nolo contendere; 4) been placed on pretrial diversion; or 5) been placed on any form of parole or probation (including probation before judgment)? (If “Yes,” furnish the dates, locations, fines, sentences, level of charge (whether misdemeanor or felony), dates of parole/probation, unpaid fines or penalties, name(s) under which charged, and any other pertinent information as part of Exhibit 28)

5. Are you presently suspended, debarred, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal Department or agency? ☐ Yes ☐ No _____

If yes, the Applicant is not eligible for SBA assistance



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

Veteran/Gender/Race/Ethnicity Information

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

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

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

Signature: _____ Date (mm/dd/yyyy): _____

Print Name: _____

Signer's Relationship with Applicant Business: _____



Application for Section 504 Loans

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

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

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

Legal Name of Applicant Business: _____ EPC or OC: _____

DBA/Trade Name (if applicable): _____

Authorized Signature: _____ Date (mm/dd/yyyy): _____

Print Name of Authorized Representative: _____ Title: _____

Attested By: _____ (seal, if required)

Legal Name of Business: _____ EPC or OC: _____

DBA/Trade Name (if applicable): _____

Authorized Signature: _____ Date (mm/dd/yyyy): _____

Print Name of Authorized Representative: _____ Title: _____

Attested By: _____ (seal, if required)

Each Associate of the Applicant must sign below. Each individual should only sign once. Attach additional signature pages if needed.

Signature: _____ Date (mm/dd/yyyy): _____

Print Name: _____

Signature: _____ Date (mm/dd/yyyy): _____

Print Name: _____

Signature: _____ Date (mm/dd/yyyy): _____

Print Name: _____

Signature: _____ Date (mm/dd/yyyy): _____

Print Name: _____

Signature: _____ Date (mm/dd/yyyy): _____

Print Name: _____