



Small Business

Loan Application

1428 Second Avenue
Columbus, Georgia 31902
Fax: (706) 256-2908

228 West Lamar Street
Americus, Georgia 31709
Fax: (229) 931-2745

(706) 256-2910
(877) 819-6348 (Toll Free)

(Hearing Impaired 1-800-255-0135 – “Equal Opportunity Provider”)

[Chattahoochee](#) | [Clay](#) | [Crisp](#) | [Dooly](#) | [Harris](#) | [Macon](#) | [Marion](#) | [Muscogee](#)
[Quitman](#) | [Randolph](#) | [Schley](#) | [Stewart](#) | [Sumter](#) | [Talbot](#) | [Taylor](#) | [Webster](#)



LOAN APPLICATION CHECKLIST

This checklist is provided to assist you in gathering the information required for the evaluation of your loan request. Complete information is necessary to process your application. Forms are provided in this package for the items that are underlined.

- 1. Use of Proceeds/Source of Equity Injection
- 2. Description of Business use the provided form or attach your own business plan
- 3. Last three (3) years fiscal year-end Financial Statements (balance sheet and income statement) and Tax Returns for the existing business and any affiliates (20% or more ownership interest by any of the owners, partners, or share-holders of the borrower)
- 4. Interim Financial Statements (balance sheet & income statement) within 60 days old for existing business and any affiliates
- 5. Aging of Accounts Receivable and Accounts Payable on existing business and any affiliates (date should match interim statement)
- 6. If this is a business acquisition please provide the last three (3) years Tax Returns or Seller certified Financial Statements and Seller's Interim Financial Statement (balance sheet & income statement) Within 60 days old
- 7. Business Debt Schedule on all existing debt
- 8. Business Projections for 2 years (balance sheet and income statement), on requests for startup Businesses or businesses which can not cash flow the debt historically
- 9. Monthly Cash Flow Projections for one year on start-up businesses
- 10. Personal Financial Statements (current within 60 days) and 3 years Tax Returns on each officer, Director, and any person with 20% or more ownership in the business or providing a personal guaranty
- 11. Personal History Statement (SBA 912) on each proprietor, partner, officer, director, each holder of 20% or more Stock and any other person who has the authority to speak for a commit the borrower in the Management of the business
- 12. Form 4506 Request for Transcript of Tax Return for the business
- 13. Management Resumes on principals and key employees involved in the day to day management of the business
- 14. Copy of bids or vendor quotes on machinery & equipment to be acquired
- 15. Legal description of property being acquired or being taken as collateral
- 16. Copy of sales agreement/contract (for real estate purchase)
- 17. Copy of construction contract, bids, or proposals on site improvements or leasehold improvements
- 18. Copy of signed business purchase agreement. Include asset cost breakdown, all amendments, and extensions
- 19. Copy of Franchise Agreement and FTC Disclosure Statement
- 20. Copy of Certificate of Good Standing/Articles of Incorporation and By-Laws/Partnership Agreement/ Limited Liability Company's Articles of Organization and Operating Agreement

- 21. Details on any previous Government financing by business, affiliate or individuals.
- 22. Financial References/Contacts
- 23. U.S. Citizens, provide a copy of one of the following:
 - Driver's License or State issued identification card with photograph, a passport, or military I.D. Card
- 24. If not a U.S. Citizen, attach proof of Resident Alien Status (copy of front & back of green card) and Copy of drivers license. INS must verify immigration status on all non U.S. Citizens
- 25. Authorization to Release Information
- 26. Environmental Questionnaire on any commercial real estate being pledged as collateral
- 27. If this is a hotel/motel loan, please provide all of the following:
 - Breakdown of revenue and expenses on a month by month basis for the past 12 months
 - Occupancy % and ADR for the subject property annually for the prior 3 years, year to date, And monthly for the past 12 months.
 - Occupancy % and ADR for the market area (STR Report)
- 28. Application for Services/Benefits
- 29. Authorization to Release Credit Information



APPLICATION FOR SERVICES/BENEFITS

Name: _____

Social Security Number: _____ **Telephone #** _____

Address: _____

Type of Service: _____

Date: _____

Signature

“The following information is requested in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in the program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname.”

Race Categories

- American Indian or Alaskan Native Asian White
 Black or African American Native Hawaiian or Other Pacific Islander

Ethnicity

- Hispanic or Latino Not Hispanic or Latino

Sex

- Male Female

This institution is an equal opportunity provider. To file a complaint of discrimination, write, USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, Washington, DC 20250-9410 or call (202) 720-5964 (voice or TDD).

OFFICE USE ONLY

Type of Assistance: _____ Date: _____

Account Number: _____

Other Information: _____



River Valley Area Development Corporation

AUTHORIZATION TO RELEASE CREDIT INFORMATION

I/We hereby authorize the release to River Valley Regional Commission (RVRC)/River Valley Area Development Corporation (RVADC), of any and all information required at any time for any purpose related to our credit application/transaction. I/We further authorize RVRC/RVADC to release such information to any entity deemed necessary for any purpose related to our credit application/transaction.

I/We hereby certify that the enclosed information (together with any attachments or exhibits) is valid and true, accurate and correct to the best of my/our knowledge.

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

ECOA NOTICE

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income is derived from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this Creditor is the River Valley Regional Commission/River Valley Area Development Corporation.

**DISCLOSURE OF RIGHT TO REQUEST SPECIFIC REASONS FOR CREDIT DENIAL
GIVEN AT TIME OF APPLICATION (BUSINESS CREDIT)**

If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact the River Valley Regional Commission/River Valley Area Development Corporation, P. O. Box 1908/1428 Second Avenue, Columbus, Georgia 31902 at (706) 256-2910 within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for denial within 30 days of receiving your request for the statement.



River Valley Area Development Corporation

CREDITOR CONTACT INFORMATION

CREDITOR _____

Contact _____

Address _____

City, State, Zip Code _____

Telephone Number _____

Facsimile Number _____

CREDITOR _____

Contact _____

Address _____

City, State, Zip Code _____

Telephone Number _____

Facsimile Number _____

CREDITOR _____

Contact _____

Address _____

City, State, Zip Code _____

Telephone Number _____

Facsimile Number _____

CREDITOR _____

Contact _____

Address _____

City, State, Zip Code _____

Telephone Number _____

Facsimile Number _____

CREDITOR _____

Contact _____

Address _____

City, State, Zip Code _____

Telephone Number _____

Facsimile Number _____

CREDITOR _____

Contact _____

Address _____

City, State, Zip Code _____

Telephone Number _____

Facsimile Number _____

CREDITOR _____

Contact _____

Address _____

City, State, Zip Code _____

Telephone Number _____

Facsimile Number _____

CREDITOR _____

Contact _____

Address _____

City, State, Zip Code _____

Telephone Number _____

Facsimile Number _____



ENVIRONMENTAL QUESTIONNAIRE

The potential impact of environmental issues is an essential part of the approval process because these issues are integral to our customer’s continued financial health. Carefully consider your answers. In addition to this Questionnaire, you may be asked to provide information and/or to obtain an environmental assessment of the property.

The questionnaire should be completed by the current Owner (seller) or Borrower (purchase) and Senior Officer most familiar with the property’s environmental history and issues.

Yes No COMPLIANCE

Is the Company (or its tenants or landlord) required, or has it ever been required, to obtain any permits from government agency responsible for maintaining the environment? If yes, list the permit issuer, permit time period and activity regulated.

Are there any past, pending or threatened environmental investigations, administrative proceedings, enforcement actions, etc. involving the property or the Company and/or its officers, or its landlord/tenant?

Has your Company filed, or should it have filed, any of the following? (CERCLA 104 Report, SARA form R report or DNR-RCRA report?)

Has the Company (or its landlord/tenants) entered into any environmental settlement agreements, consent decrees or other orders with the government or private parties?

Is the Company currently required to repair or install pollution control or monitoring devices in order to achieve compliance with regulatory or legal requirements?

CONDITION OF PROPERTY

Is, or has the property (or any adjoining properties) ever been used as a: gasoline station, motor repair facility, commercial printing facility, dry cleaners, photo developing laboratory, junkyard, landfill, a storage disposal or recycling facility?

Are there (have there been) any mounded areas, depressions, pits, ponds, wetlands, or lagoons located on the property (or adjacent to the property in any way related to waste disposal, storage, or treatment)?

Are there (or have there been) any underground storage tanks for petroleum products or hazardous substances (including fertilizer, pesticides, insecticides, and other chemicals) located on the property? If yes, provide type, size, use, installation date, removal date (if applicable), last testing date and test results.

If the property is serviced by a private well or non-public water system, has the well been tested for contamination? If yes, disclose results in detail.

Are there (or have there been) any hazardous substances (including chemicals, petroleum products, tires, batteries, or waste materials) stored, buried, burned or otherwise located on the property?

Is asbestos or asbestos-containing material present on the property (insulation, ceiling or floor tiles, etc.)? If yes, comment on action taken to mitigate this hazard.

Does the property (or any adjacent properties) contain used or unused railroad tracks or drain tiles?

Is the property:

- Within 1,000 feet of a known environmental hazard (e.g. gas station, landfill, closed factory)?
- Within 2 miles of an environmental hazard identified by a governmental agency?
- Within 5 miles of a "Superfund" list site?

BUSINESS OPERATIONS

Is equipment or vehicular maintenance conducted on the property?

Are there (or have there been) hazardous substances stored, used in, contained in, or produced as a by product of, the Company's process (or its tenants)?

Does the Company use hazardous substances as designated on Material Safety Data Sheets?

Does the property include any area which evidence soil stains/discoloration or concrete or asphalt stains?

Have hazardous substances generated, or used by, the Company been spilled or released at the property or any other location?

Does the Company have a Hazardous Waste Generation ID number? If yes, provide number(s) and explain Use and items disposed there under.

Has or does the Company dispose of hazardous waste other than through properly licensed contractors or other than in properly licensed recycling or disposal facilities?

Does the Company discharge any treated waste products, pollutants, or hazardous substances (in liquid, airborne, or solid form) on or into surface or ground water, air, or land or into sanitary sewer?

Does or did the Company have environmental insurance or product liability insurance?

ENVIRONMENTAL AUDITS

Has the Company ever conducted an internal review or study of environmental matters, or has it ever engaged an external party to perform an environmental assessment? If yes, explain and attach copies.

OTHER

Are there any environmental matters not covered elsewhere in this Questionnaire but important in assessing future costs or liability?

The foregoing information, including comments and attachments (if any), is true and complete to the best of the undersigned's knowledge, information and belief. Any limitations with respect to the completeness of the responses have been disclosed.

Seller/Purchaser: _____

Print Name: _____

Date: _____

The Loan Officer has made a physical inspection of the property located at:

Type of Property: _____

Were there any environmental conditions identified at inspection? Yes No

River Valley RC/ADC Loan Officer

Print Name: _____

Date: _____

NOTICES REQUIRED BY LAW

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

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

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

Privacy Act (5 U.S.C. § 552a)

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

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

When this information indicates a violation or potential violation of law, whether civil, criminal, or administrative in nature, SBA may refer it to the appropriate agency, whether Federal, State, local, or foreign, charged with responsibility for or otherwise involved in investigation, prosecution, enforcement or prevention of such violations. See 56 Fed. Reg. 8020 (1991) for other published routine uses.

Request for Transcript of Tax Return

OMB No. 1545-1872

▶ **Request may be rejected if the form is incomplete or illegible.**

Tip. Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Order a Transcript" or call 1-800-908-9946. If you need a copy of your return, use **Form 4506, Request for Copy of Tax Return**. There is a fee to get a copy of your return.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number or individual taxpayer identification number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
4 Previous address shown on the last return filed if different from line 3 (see instructions)	
5 If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number.	

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

6 Transcript requested. Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶ _____

a Return Transcript, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120A, Form 1120H, Form 1120L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days

b Account Transcript, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 30 calendar days

c Record of Account, which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 30 calendar days

7 Verification of Nonfiling, which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days

8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript. The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2010, filed in 2011, will not be available from the IRS until 2012. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 45 days

Caution. If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

9 Year or period requested. Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately. _____

Check this box if you have notified the IRS or the IRS has notified you that one of the years for which you are requesting a transcript involved **identity theft** on your federal tax return

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

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, **either** husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note.** For transcripts being sent to a third party, this form must be received within 120 days of the signature date.

	Phone number of taxpayer on line 1a or 2a
Signature (see instructions)	Date
Title (if line 1a above is a corporation, partnership, estate, or trust)	
Spouse's signature	Date

Sign Here

Section references are to the Internal Revenue Code unless otherwise noted.

What's New

The IRS has created a page on IRS.gov for information about Form 4506-T at www.irs.gov/form4506. Information about any recent developments affecting Form 4506-T (such as legislation enacted after we released it) will be posted on that page.

General Instructions

CAUTION. Do not sign this form unless all applicable lines have been completed.

Purpose of form. Use Form 4506-T to request tax return information. You can also designate (on line 5) a third party to receive the information. Taxpayers using a tax year beginning in one calendar year and ending in the following year (fiscal tax year) must file Form 4506-T to request a return transcript.

Note. If you are unsure of which type of transcript you need, request the Record of Account, as it provides the most detailed information.

Tip. Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

Where to file. Mail or fax Form 4506-T to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

If you are requesting more than one transcript or other product and the chart below shows two different addresses, send your request to the address based on the address of your most recent return.

Automated transcript request. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Order a Transcript" or call 1-800-908-9946.

Chart for individual transcripts (Form 1040 series and Form W-2 and Form 1099)

If you filed an individual return and lived in:	Mail or fax to the "Internal Revenue Service" at:
Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	RAIVS Team Stop 6716 AUSC Austin, TX 73301 512-460-2272
Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	RAIVS Team Stop 37106 Fresno, CA 93888 559-456-5876
Connecticut, Delaware, District of Columbia, Florida, Georgia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia	RAIVS Team Stop 6705 P-6 Kansas City, MO 64999 816-292-6102

Chart for all other transcripts

If you lived in or your business was in:	Mail or fax to the "Internal Revenue Service" at:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409 801-620-6922
Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, Wisconsin	RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250 859-669-3592

Line 1b. Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) or your individual taxpayer identification number (ITIN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

Line 3. Enter your current address. If you use a P. O. box, include it on this line.

Line 4. Enter the address shown on the last return filed if different from the address entered on line 3.

Note. If the address on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address.

Line 6. Enter only one tax form number per request.

Signature and date. Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the information be sent to a third party, the IRS must receive Form 4506-T within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines are completed before signing.

Individuals. Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Corporations. Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer.

Partnerships. Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

All others. See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

Documentation. For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the letters testamentary authorizing an individual to act for an estate.

Privacy Act and Paperwork Reduction Act

Notice. We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. You are not required to request any transcript; if you do request a transcript, sections 6103 and 6109 and their regulations require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form**, 10 min.; **Preparing the form**, 12 min.; and **Copying, assembling, and sending the form to the IRS**, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service
Tax Products Coordinating Committee
SE:W:CAR:MP:T:M:S
1111 Constitution Ave. NW, IR-6526
Washington, DC 20224

Do not send the form to this address. Instead, see *Where to file* on this page.

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

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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.



Description of Business

Tell us about your business. If available, provide brochures, news clippings or other materials that explain more about your company, products, and services.

Type of Business

History of Business

List Types of Products & Services

Days and Hours of Operation

Describe Your Customer Profile and Target Market

List Key Customers

List Major Competitors



Major Past Accomplishments

Describe Your Future Plans for Growth/Expansion

How will this loan benefit your company?

Number of current employees _____

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

Have you or any officer of your company ever been involved in bankruptcy or insolvency proceedings? _____
If yes, please provide details on a separate sheet.

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

Other information about your business that will assist in this loan request



River Valley Area Development Corporation

BREAKDOWN AND PURPOSE OF LOAN

NAME OF APPLICANT: _____

APPROXIMATE LOAN AMOUNT REQUESTED: _____

Approximate Breakdown of Loan Amount

- 1. For the business operating space:
 - A. Purchase land _____
 - B. Construct building _____
 - C. Purchase land and existing building _____
 - D. Renovations to Equipment and Upgrade _____
 - E. Leasehold improvements _____
 - 2. Purchase furniture, fixtures and equipment _____
 - 3. Purchase Inventory _____
 - 4. Working Capital
 - A. Lease/rent business space _____
 - B. Marketing/advertising _____
 - C. Hire/train employees _____
 - D. Other _____
 - 5. Refinance
 - A. Accounts payable _____
 - B. Mortgage(s) _____
 - C. Line of Credit _____
 - D. Short-termed notes _____
 - E. Other _____
 - 6. Acquisition of existing business
Seller's asking price _____
 - 7. Other _____
- Total \$ _____

Signature of Applicant _____

SOURCES AND USES STATEMENT

<i>USE OF FUNDS</i>		<i>SOURCES OF FUNDS</i>					
Use	Amount	Provider/Lender	Term	Est. Rate	Collateral	Amount	Monthly Debt Service
Purchase Building							
Machinery & Equipment							
Machinery & Equipment							
Machinery & Equipment							
Salaries/Operating Exps.							
Public Infrastructure							
Engineering							
Administration							
Total Costs		Total Sources					



River Valley Area Development Corporation

Name of Borrower(s) Receiving Assistance (SBC)		1 GENDER DATA: _____ RACIAL/ETHNIC DATA: _____ I DO NOT WISH TO PROVIDE THIS INFO.: _____	
Number of Jobs to be Created _____ + Saved _____ = Total _____			
Name of Small Business Concern and/or (dba)		___ Corp. Yrs. Chartered _____ ___ Partnership No. Partners _____ ___ Proprietorship Date Established _____	
Street Address of Project (If Address of SBC is different, Explain)			Telephone Number
City	County	State and Zip Code	
Name of Principal in Charge of the Small Business Concern ___ Existing Business ___ New Business Relocation: Yes No			
Bank of Account	Account Officer	Telephone Number	
Name(s), Address(es), and Amount of Private Sector Source(s) of Financing (Bank, etc.) 1.			
Amount \$	Account Officer	Telephone #	

This information is requested by the Federal Government for certain types of loans in order to monitor the lender's compliance with equal credit opportunity. You are not required to furnish this information, but are encouraged to do so. The law requires that a lender may neither discriminate on the basis of this information nor on whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations, this lender is required to note race/ethnicity on the basis of visual observation or surname. If you do not wish to furnish the above information, please check the box : AI do not wish to furnish this information@ as stated above.

Name of Other Sources 2.	Name and Address of Interim Lender
Amount \$	Amount \$

USE OF PROCEEDS	Requested
Land Acquisition	\$
Land Improvements	\$
Purchase and/or Remodel Bldg.	\$
New Construction	\$
Purchase and/or Repair M & E	\$
Purchase Furniture & Fixtures	\$
Other (contingencies)	\$
TOTALS	\$ _____
	\$

SOURCE OF PROCEEDS	Requested	% Project Cost	Interest Rate	Maturity	Lien Position
1. MFADC Share of Project Costs					
2. Private Sector Financial Institution Other (Identify)					
3. Other Federal Sources					
4. SBC Share					
5. TOTAL PROJECT FINANCING					

A. Existing Cash Flow		
1. Last Yrs. Earnings Before Tax		\$
2. Savings:		
a. + Last Yrs. Rent Expenses		\$
b. + Last Yrs. Other _____		\$
c. + Last Yrs. Other _____		\$
3. New Expenses:		
a. - Calculated R.E. Taxes		\$
b. - Calculated Occupancy Costs		\$
c. - New Interest Expense		\$
d. - New Depreciation Expense		\$
4. Adjusted Earnings Before Tax		\$
5. - Calculated Tax		\$
6. Adjusted Profit After Tax =		\$
a. + Last Yrs. Depreciation		\$
b. + Last Yrs. Interest Expense		\$
c. + New Depreciation		\$
d. + New Interest Expense		\$
7. Existing Cash Flow (CF) for P&I		\$
B. Projected Cash Flow		
1. Projected Profit After Tax		\$
2. + Projected Interest Expense		\$
3. + Projected Depreciation Expense		\$
4. = Projected Cash Flow		\$
C. Total Debt Service:		
1. Existing Annual P&I		\$
2. Annual P&I on Loan this package		\$
3. Int. on lines of Cr. & Other Oblig.		\$
4. Total Annual Debt Service (D/S) (Sum C1. - C3)		\$
D. Coverage Ratio		
1. Last Yrs. Coverage Ratio (Existing Yrs. CF / Total D/S)		\$
2. Projected Coverage Ratio (Projected CF / Total D/S)		\$

PRO FORMA SCHEDULE OF OBLIGATIONS (check one)

_____ PRINCIPAL _____ PRINCIPAL + INTEREST

Year 1	Year 2	Year 3	Year 4
\$			
	\$	\$	\$

Comments on Ability to Repay:

FINANCIAL SUMMARY

BALANCE SHEET	AS OF	ADJUSTMENTS		ADJUSTED FINANCIAL DATA
		DEBITS	CREDITS	(PRO FORMA)
ASSETS				
Cash	\$	\$	\$	\$
Accounts Receivable	\$	\$	\$	\$
Inventory	\$	\$	\$	\$
Other	\$	\$	\$	\$
Total Current Assets	\$	\$	\$	\$
Fixed Assets	\$	\$	\$	\$
Other Assets	\$	\$	\$	\$
Total Assets	\$	\$	\$	\$
LIABILITIES & NET WORTH	\$	\$	\$	\$
Accounts Payable	\$	\$	\$	\$
Notes Payable	\$	\$	\$	\$
Taxes	\$	\$	\$	\$
SBA	\$	\$	\$	\$
Other	\$	\$	\$	\$
Total Current Liabilities	\$	\$	\$	\$
Notes Payable	\$	\$	\$	\$
SBA	\$	\$	\$	\$
Total Liabilities	\$	\$	\$	\$
Net Worth	\$	\$	\$	\$
Total Liab. & Net Worth	\$	\$	\$	\$
Adjustments to Balance Sheet: (i.e., goodwill, intangibles, stockholder loans on standby, etc.)				

PROJECTED FIXED COSTS

	Original Amount	Maturity Date	Balance	Rate	Monthly Payment	Annual P & I
MFADC	\$		\$		\$	\$
First Mortgage Lender	\$		\$		\$	\$
	\$		\$		\$	\$
	\$		\$		\$	\$
	\$		\$		\$	\$
	\$		\$		\$	\$
	\$		\$		\$	\$
	\$		\$		\$	\$
	\$		\$		\$	\$
	\$		\$		\$	\$
	\$		\$		\$	\$
	\$		\$		\$	\$
	\$		\$		\$	\$
	\$		\$		\$	\$
	\$		\$		\$	\$
	\$		\$		\$	\$

Balance Sheet Comments:

PROFIT & LOSS

	Year	%	Year	%	Year	%
Sales	\$		\$		\$	
Cost of Goods Sold	\$		\$		\$	
Gross Profit	\$		\$		\$	
G&A Expenses	\$		\$		\$	
Net before Taxes	\$		\$		\$	
Income Taxes	\$		\$		\$	
Net after Taxes	\$		\$		\$	
Other						
Depreciation	\$		\$		\$	
Interest	\$		\$		\$	
W/D & Officer Comp.	\$		\$		\$	
Rent	\$		\$		\$	
Others	\$		\$		\$	
Others	\$		\$		\$	

	Cost or Net Book Value	Prior Liens	Appraised Values
Land	\$	\$	\$
Building	\$	\$	\$
M&E	\$	\$	\$
_____	\$	\$	\$
_____	\$	\$	\$
Other	\$	\$	\$
Totals	\$	\$	\$
Guarantor(s) and/or Owner(s)	Personal Net Worth	Pledged Security	

THE ULTIMATE RECIPIENT CERTIFIES THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

THE ULTIMATE RECIPIENT CERTIFIES THAT IT IS UNABLE TO OBTAIN SUITABLE TERMS AND CONDITIONS ON THIS LOAN REQUEST FROM ANY OTHER LENDING SOURCE AND THAT IT IS UNABLE TO FINANCE THE PROPOSED PROJECT ITSELF.

I CERTIFY THAT WE SHALL ATTEMPT TO EMPLOY AT LEAST 30% OF OUR WORKFORCE FROM BELOW POVERTY LINE INDIVIDUALS.

THE ULTIMATE RECIPIENT AGREES TO A ____% FEE (NOT LESS THAN \$1,000) FOR PROCESSING/PACKAGING AND ATTORNEY FEES FOR CLOSING THIS LOAN, IF APPROVED FOR FUNDING. I ALSO AGREE AND UNDERSTAND THAT ANY ADDITIONAL COSTS FOR ALL LEGAL DOCUMENT FILING FEES, TITLE INSURANCE, AND TANGIBLE TAXES ON REAL ESTATE PLEDGED AS COLLATERAL (IF REQUIRED) WILL BE AN ADDITIONAL COST TO ME.

THE ULTIMATE RECIPIENT ALSO AGREES TO AND UNDERSTANDS THAT IT MUST REMIT 1/2% OF THE ____% PROCESSING/PACKAGING FEE AS AN ADVANCE DEPOSIT IN APPLYING FOR THIS LOAN.

I AUTHORIZE THE RIVER VALLEY REGIONAL COMMISSION OR THE RIVER VALLEY AREA DEVELOPMENT CORPORATION TO REQUEST A CREDIT REPORT FROM A CREDIT BUREAU AND ANY OTHER CREDIT ANALYSIS THAT IS NECESSARY.

THE INTERMEDIARY HEREBY CERTIFIES THAT:

- the ultimate recipient is eligible
- the proposed loan is for an eligible purpose; and
- the proposed loan complies with all applicable statutes and regulations

THE INTERMEDIARY HEREBY CERTIFIES THAT THERE IS NO CONFLICT OF INTEREST BETWEEN THE ULTIMATE RECIPIENT AND THE INTERMEDIARY.

THE INTERMEDIARY HEREBY CERTIFIES THAT THE ULTIMATE RECIPIENT IS UNABLE TO FINANCE THE PROPOSED PROJECT ITSELF OR THROUGH COMMERCIAL CREDIT, ETC.



SMALL BUSINESS OWNER (ULTIMATE RECIPIENT)

BY: _____

DATE: _____

BY: _____

DATE: _____



THIS IS AN EQUAL OPPORTUNITY PROGRAM. DISCRIMINATION IS PROHIBITED BY FEDERAL LAW. COMPLAINTS OF DISCRIMINATION MAY BE FILED WITH THE SECRETARY OF AGRICULTURE, WASHINGTON, D.C. 20250.

IN ACCORDANCE WITH FEDERAL LAW AND U.S. DEPARTMENT OF AGRICULTURE POLICY, THIS INSTITUTION IS PROHIBITED FROM DISCRIMINATING ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, SEX, AGE, OR DISABILITY.

TO FILE A COMPLAINT OF DISCRIMINATION, WRITE USDA, DIRECTOR, OFFICE OF CIVIL RIGHTS, ROOM 326-W, WHITTEN BUILDING, 1400 INDEPENDENCE AVENUE, SW, WASHINGTON, D.C. 20250-9410 OR CALL (202) 720-5964 (VOICE OR TDD). USDA IS AN EQUAL OPPORTUNITY PROVIDER AND EMPLOYER.



River Valley Area Development Corporation

BUSINESS PROJECTIONS

	FIRST YEAR PROJECTIONS		SECOND YEAR PROJECTIONS	
	Dollar Estimate	%	Dollar Estimate	%
REVENUE/SALES	\$ _____	_____	\$ _____	_____
Cost of Goods Sold	\$ _____	_____	\$ _____	_____
GROSS PROFIT	\$ _____	_____	\$ _____	_____
EXPENSES	\$ _____	_____	\$ _____	_____
Officers' Salaries	\$ _____	_____	\$ _____	_____
Salaries & Wages	\$ _____	_____	\$ _____	_____
Payroll Tax Expense	\$ _____	_____	\$ _____	_____
Accounting & Legal	\$ _____	_____	\$ _____	_____
Advertising	\$ _____	_____	\$ _____	_____
Auto Expenses	\$ _____	_____	\$ _____	_____
Depreciation	\$ _____	_____	\$ _____	_____
Interest - SBA	\$ _____	_____	\$ _____	_____
Interest - Other	\$ _____	_____	\$ _____	_____
Insurance - Liability	\$ _____	_____	\$ _____	_____
Insurance - Employee	\$ _____	_____	\$ _____	_____
Outside Services	\$ _____	_____	\$ _____	_____
Postage	\$ _____	_____	\$ _____	_____
Repairs & Maintenance	\$ _____	_____	\$ _____	_____
Rent - Property	\$ _____	_____	\$ _____	_____
Rent - Equipment	\$ _____	_____	\$ _____	_____
Royalties (if franchise)	\$ _____	_____	\$ _____	_____
Supplies	\$ _____	_____	\$ _____	_____
Telephone	\$ _____	_____	\$ _____	_____
Travel & Entertainment	\$ _____	_____	\$ _____	_____
Utilities	\$ _____	_____	\$ _____	_____
_____	\$ _____	_____	\$ _____	_____
_____	\$ _____	_____	\$ _____	_____
_____	\$ _____	_____	\$ _____	_____
TOTAL EXPENSES	\$ _____	_____	\$ _____	_____



River Valley Area Development Corporation

MONTHLY BUSINESS PROJECTIONS

	MONTH 1	MONTH 2	MONTH 3	MONTH 4	MONTH 5	MONTH 6
REVENUE/SALES	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Cost of Goods Sold	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Gross Profit	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Expenses	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Officers' Salaries	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Salaries & Wages	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Payroll Tax Expense	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Accounting & Legal	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Advertising	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Auto Expenses	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Depreciation	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Interest	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Interest - Other	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Insurance-Liability	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Insurance-Employees	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Outside Services	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Postage	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Repairs&Maintenance	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Rent - Property	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Rent - Equipment	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Royalties	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Supplies	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Telephone	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Travel/Entertainment	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Utilities	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

TOTAL EXPENSES	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
NET PROFIT BEFORE TAXES	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Less Income Taxes	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
NET PROFIT AFTER TAXES	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Less Withdrawals	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
(Only if Proprietorship or Partnership)	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
NET PROFIT	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

MONTH 7	MONTH 8	MONTH 9	MONTH 10	MONTH 11	MONTH 12	TOTAL
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____



River Valley Area Development Corporation

FINANCIAL REFERENCES CONTACT INFORMATION

CONTACT _____

Contact _____

Address _____

City, State, Zip Code _____

Telephone Number _____

Facsimile Number _____

CONTACT _____

Contact _____

Address _____

City, State, Zip Code _____

Telephone Number _____

Facsimile Number _____

CONTACT _____

Contact _____

Address _____

City, State, Zip Code _____

Telephone Number _____

Facsimile Number _____

CONTACT _____

Contact _____

Address _____

City, State, Zip Code _____

Telephone Number _____

Facsimile Number _____

CONTACT _____

Contact _____

Address _____

City, State, Zip Code _____

Telephone Number _____

Facsimile Number _____

CONTACT _____

Contact _____

Address _____

City, State, Zip Code _____

Telephone Number _____

Facsimile Number _____

CONTACT _____

Contact _____

Address _____

City, State, Zip Code _____

Telephone Number _____

Facsimile Number _____

CONTACT _____

Contact _____

Address _____

City, State, Zip Code _____

Telephone Number _____

Facsimile Number _____



PERSONAL FINANCIAL STATEMENT

As of _____, 20____

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 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	
CASH IN BANKS		TOTAL REVOLVING CREDIT	
SAVINGS ACCOUNTS		TOTAL INSTALLMENT LOANS	
RETIREMENT ACCOUNTS (IRA, SEP, 401-K)		1ST MORTGAGE ON RESIDENCE	
STOCKS/BONDS/MUTUAL FUNDS (INCLUDE COPY OF BROKER'S STATEMENTS)		OTHER MORTGAGES ON RESIDENCE	
LIFE INSURANCE (CASH SURRENDER VALUE)		MORTGAGE(S) ON OTHER REAL ESTATE	
ACCOUNTS & NOTES RECEIVABLE		LOANS ON LIFE INSURANCE	
RESIDENCE MARKET VALUE		UNPAID TAXES	
OTHER REAL ESTATE MARKET VALUE		OTHER LIABILITIES (PLEASE DESCRIBE)	
AUTOMOBILES - PRESENT VALUE		OTHER LIABILITIES (PLEASE DESCRIBE)	
OTHER PERSONAL PROPERTY			
OTHER ASSETS		NET WORTH	
TOTAL ASSETS		TOTAL LIABILITIES & NET WORTH	
SOURCE OF INCOME		CONTINGENT LIABILITIES	
SALARY		AS ENDORSER OR CO-MAKER	
NET INVESTMENT INCOME		LEGAL CLAIMS & JUDGEMENTS	
REAL ESTATE INCOME		PROVISION FOR FEDERAL INCOME TAX	
OTHER INCOME (DESCRIBE BELOW)*		OTHER SPECIAL DEBT	

DESCRIPTION OF OTHER INCOME

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

NOTES PAYABLE TO BANKS AND OTHERS

NAME OF BANK OR NOTEHOLDER(S)	ORIGINAL BALANCE	CURRENT BALANCE	PAYMENT AMOUNT	FREQUENCY (MONTHLY, ETC.)	HOW SECURED OR ENDORSED TYPE OF COLLATERAL

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

STOCKS AND BONDS (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

NO. OF SHARES	NAME OF SECURITY	COST	MARKET VALUE	DATE OF QUOTATION	TOTAL VALUE

REAL ESTATE OWNED (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

PROPERTY TYPE: SF=SINGLE FAMILY MF=MULTIPLE FAMILY C=COMMERCIAL L=LAND/ACREAGE

TYPE OF PROPERTY	RESIDENCE <input type="checkbox"/> SF <input type="checkbox"/> MF	<input type="checkbox"/> VAC <input type="checkbox"/> RENTAL <input type="checkbox"/> SF <input type="checkbox"/> MF <input type="checkbox"/> C <input type="checkbox"/> L	<input type="checkbox"/> VAC <input type="checkbox"/> RENTAL <input type="checkbox"/> SF <input type="checkbox"/> MF <input type="checkbox"/> C <input type="checkbox"/> L	<input type="checkbox"/> VAC <input type="checkbox"/> RENTAL <input type="checkbox"/> SF <input type="checkbox"/> MF <input type="checkbox"/> C <input type="checkbox"/> L
PERCENTAGE OF OWNERSHIP				
TITLE VESTED IN				
PROPERTY ADDRESS				
DATE PURCHASED				
PURCHASE PRICE				
ESTIMATED MARKET VALUE				
1ST MORTGAGE BALANCE				
NAME OF MORTGAGE HOLDER				
ALL OTHER MORT/LENS				
MONTHLY MORTGAGE PMTS				
MORTGAGE MATURITY YEAR				
GROSS MONTHLY RENT				

OTHER PERSONAL PROPERTY AND OTHER ASSETS (Describe, and if any is pledged as security, state name of lien holder, amount of lien, terms of payment, and if delinquent, describe delinquency.)

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

OTHER LIABILITIES (Describe in Detail.)

LIFE INSURANCE HELD (Give face amount and cash surrender value of policies, name of insurance company and beneficiaries)

GENERAL INFORMATION

<input type="checkbox"/> YES <input type="checkbox"/> NO Have you ever had a repossession?	<input type="checkbox"/> YES <input type="checkbox"/> NO Are you a party to any claims or lawsuits?
<input type="checkbox"/> YES <input type="checkbox"/> NO Have you ever had a bankruptcy or had a judgement against you?	<input type="checkbox"/> YES <input type="checkbox"/> NO Has there been an IRS audit in the past 3 years?
<input type="checkbox"/> YES <input type="checkbox"/> NO Have you ever been a principal or guarantor of a firm that declared bankruptcy?	<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, has the audit been settled?
<input type="checkbox"/> YES <input type="checkbox"/> NO Are any assets pledged or debts secured except as shown?	<input type="checkbox"/> YES <input type="checkbox"/> NO Are you a non U.S. citizen?

If yes to any of the above, please explain: _____

I authorize Lower Chattahoochee Regional Development Center to make inquiries as necessary to verify the accuracy of the statements made to determine my credit worthiness. 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		SS#	
SIGNATURE		DATE		SS#	



MANAGEMENT RESUME

NAME _____ Social Security # _____
First Middle/Maiden Last

Date of Birth _____ Place of Birth _____

Residence Telephone _____ Business Telephone _____

Residence Address _____

Previous Address _____

Lived There From _____ To _____

Spouse's Name _____ Social Security # _____
First Middle/Maiden Last

EDUCATION

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

MILITARY SERVICE BACKGROUND

Branch _____ From _____ To _____ Honorable Discharge? _____

Rank at Discharge _____ Major Assignment/Accomplishment _____

WORK EXPERIENCE

Company Name/Location _____

From _____ To _____ Title _____

Duties _____

Company Name/Location _____

From _____ To _____ Title _____

Duties _____

OTHER INFORMATION

Are you employed by the U.S. Government? Yes No

Are you a U.S. Citizen? Yes No
If no, give Alien Registration number _____

Have you ever been charged with, arrested for, or convicted of any criminal offense other than a misdemeanor involving a motor vehicle violation? Yes No
If yes, furnish details in a separate exhibit.

Are you presently under indictment, or parole, or probation? Yes No
If yes, furnish details in a separate exhibit.

Are you involved in any lawsuit at this time or have you ever filed for personal or business bankruptcy protection? Yes No
If yes, furnish details in a separate exhibit.

Have you ever obtained credit under any other name(s) Yes No
If yes, furnish details in a separate exhibit.

Signature _____ **Date** _____

