

## **SCKEDD Business Loan Application – Required Documents to Attach**

Please complete the application and send the items below. Your loan application will be reviewed once we receive the completed, signed application and requested documents below.

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### **KEY COSTS** (supporting documentation for loan funds)

- Purchase, real-estate agreement, appraisals
- Contractor bids, vendor quotes
- List of capital expenses with quotes (furniture, fixtures, machines, equipment, inventory, etc.)

### **BUSINESS DOCUMENTATION**

- Business plan
- Cash flow projections for first 12 months
- Personal tax returns (prior 3 years) for all owners 20% or greater

#### ***For existing businesses:***

- Current financial statements; balance sheet and income statement (past 90 days)
- Business tax returns (prior 3 years)
- List of business debt and collateral used to secure the loan (Include; name of lender, amount, current balance, status of loan, and monthly payment amount)

### **AFFILIATES WITH 20% OR MORE OWNERSHIP**

- List all affiliated (through ownership or management control) or subsidiary businesses for the applicant and co-owners
- Send initialized and final copies of prior 2 years financial statements and federal income tax returns for the affiliated and/or subsidiary business(es)

South Central Kansas Economic Development District  
9730 East 50<sup>th</sup> Street North, Bel Aire, KS 67226  
Phone: (316) 440-3343  
Fax: (316) 262-7062



## SCKEDD Business Loan Application

Thank you for considering SCKEDD for your business loan needs.

Complete, sign and send the business loan application and documents to start the process. Pages 2-6 need to be completed and returned for **each business owner**. We will evaluate the application, assess eligibility and contact you on the loan decision.

Please contact our Business Development Officer at (316) 440-3343 with any questions or to learn more about our loan program.

### Business Information

Business Name	_____		
Business Email	_____		
Business Website	_____		
Business Phone #	_____		
Business Address	_____		
City, State	_____	Zip	_____
Date Established	_____		
Federal Tax ID	_____	DUNS #	_____
Owner Name/Title	_____	Primary Phone #	_____

Franchise Name (if applicable)	_____
How were you referred to SCKEDD?	_____

Type of Entity:  
(check one)

- |  |  |
|--|--|
| <input type="checkbox"/> Corporation "S" or "C"      | <input type="checkbox"/> Limited Partnership |
| <input type="checkbox"/> Sole Proprietorship (d/b/a) | <input type="checkbox"/> General Partnership |
| <input type="checkbox"/> LLC (# of members): _____   | <input type="checkbox"/> Other: _____        |

### Final estimated loan need

Insert total to fund the business start, expansion or purchase. Funds should be **final** and include the owner's portion of funds, total loan amount and any investor funding. Any changes need to be sent to our program immediately.

Business Need	Enter \$ USD	Notes
Land	-	
Buildings	-	
Leasehold Improvements	-	
Equipment	-	
Furniture and Fixtures	-	
Computers & Office Equip	-	
Vehicles	-	
Other Capital Purchases	-	
Working Capital (Cash)	-	
<b>Total Business Need</b>	-	
<b>Summary of Owner Injection &amp; Loan Need</b>		
Personal Cash	-	
Business Cash	-	
Other Cash	-	
<b>Total Loan Amount Requested</b>	-	

## Owner and Key Management Information (Complete for all owners 20% or more)

Required for all owners and key management staff involved in day-to-day operations.

\_\_\_\_ Ownership \_\_\_\_%

\_\_\_\_ Key Manager

Legal Name _____				Date of Birth _____	
First	Middle Name	Maiden	Last		
Primary Home Address _____				City _____	State _____ Zip _____
Dates at this Address: From: _____				to _____	
Previous Home Address _____				City _____	State _____ Zip _____
Dates at this Address: From: _____				to _____	
Gender _____	Citizenship Status _____	Birth City _____	Birth State _____	Birth County _____	
Race _____	Ethnicity: <input type="checkbox"/> Hispanic/Latino		<input type="checkbox"/> Not Hispanic/Latino		
Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No		Branch _____	Discharge Type _____	Rank at Discharge _____	
Dates in the Military: From: _____		to _____			
Spouse Name _____				Date of Birth _____ SS# _____	
First	Middle Name	Maiden	Last		

Yes ☐ No ☐

☐ Are you presently subject to an indictment, criminal information, arraignment, or other means by which formal criminal charges are brought in any jurisdiction? If YES, must provide detailed information on a separate sheet.

☐ Have you ever been arrested in the past six months for any criminal offense. If YES, all arrests and charges must be disclosed and explained on an attached sheet.

☐ For any criminal offense (other than a minor vehicle violation) have you ever: 1) been convicted; 2) plead guilty; 3) plead 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, must provide detailed information on a separate sheet.

☐ Are you presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency?

☐ If you are at least a 50% or more owner of the applicant business, 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?

☐ Do you have a trust? If YES, provide an executed copy of the Trust(s).

☐ Are you, any of your children, your parents or your spouse employed by, director of, officers of or stockholders of the participating bank of the SBA, SCORE, ACE or any Federal Agency? If yes, please provide the name and address of the person and the office where employed.

☐ Are you or your business involved in any pending lawsuits? If YES, provide documentation.

☐ Do you have ownership, stock ownership, management control, previous relationships with or ties to another business or contractual relationship in any other businesses? If YES, please complete Affiliate Form (form attached)

☐ Do you or any of your affiliated businesses have any existing debt with SBA guarantees? If YES, provide detailed information.

☐ Have you or any of your affiliate businesses ever caused a loss to the Government from prior federal assistance?

☐ Have you ever filed for corporate or personal bankruptcy or been involved in insolvency proceedings? If YES, please provide a copy of the bankruptcy documentation.

☐ A current credit report will be request on each borrower. Are there entries on the credit report which will require an explanation? Is so, please attach a sheet explaining the circumstances of these entries.

I certify that the above information is valid and correct to the best of my knowledge.

Signature \_\_\_\_\_

Date \_\_\_\_\_



## PERSONAL FINANCIAL STATEMENT 7(a) / 504 LOANS AND SURETY BONDS

U.S. SMALL BUSINESS ADMINISTRATION

As of \_\_\_\_\_, \_\_\_\_\_

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 application for an SBA guaranteed 7(a) or 504 loan or, with respect to a surety bond, to assist in recovery in the event that the contractor defaults on the contract. 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.

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 (including the assets of the owner's spouse and any minor children); and (5) any person providing a guaranty on the loan

**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

<b>Name</b>		<b>Business Phone</b>	
<b>Home Address</b>		<b>Home Phone</b>	
<b>City, State, &amp; Zip Code</b>			
<b>Business Name of Applicant</b>			
<b>ASSETS</b>		<b>LIABILITIES</b>	
(Omit Cents)		(Omit Cents)	
Cash on Hand & in banks.....\$ _____		Accounts Payable.....\$ _____	
Savings Accounts.....\$ _____		Notes Payable to Banks and Others.....\$ _____	
IRA or Other Retirement Account.....\$ _____		(Describe in Section 2)	
(Describe in Section 5)		Installment Account (Auto).....\$ _____	
Accounts & Notes Receivable.....\$ _____		Mo. Payments \$ _____	
(Describe in Section 5)		Installment Account (Other).....\$ _____	
Life Insurance – Cash Surrender Value Only.....\$ _____		Mo. Payments \$ _____	
(Describe in Section 8)		Loan(s) Against Life Insurance.....\$ _____	
Stocks and Bonds.....\$ _____		Mortgages on Real Estate.....\$ _____	
(Describe in Section 3)		(Describe in Section 4)	
Real Estate.....\$ _____		Unpaid Taxes.....\$ _____	
(Describe in Section 4)		(Describe in Section 6)	
Automobiles.....\$ _____		Other Liabilities.....\$ _____	
(Describe in Section 5, and include		(Describe in Section 7)	
Year/Make/Model)		Total Liabilities.....\$ _____	
Other Personal Property.....\$ _____		Net Worth.....\$ _____	
(Describe in Section 5)			
Other Assets.....\$ _____			
(Describe in Section 5)			
<b>Total</b>	<b>\$ _____</b>	<b>Total</b>	<b>\$ _____</b>
		*Must equal total in assets column.	
<b>Section 1. Source of Income.</b>		<b>Contingent Liabilities</b>	
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.....\$ _____	
<b>Description of Other Income in Section 1.</b>			

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

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

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

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

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

	Property A	Property B	Property C
Type of Real Estate (e.g. Primary Residence, Other Residence, Rental Property, Land, etc.)			
Address			
Date Purchased			
Original Cost			
Present Market Value			
Name & Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment per Month/Year			
Status of Mortgage			

**Section 5. Other Personal Property and Other Assets.** (Describe, and, if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment and, if delinquent, describe delinquency.)**Section 6. Unpaid Taxes.** (Describe in detail as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)

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<b>Section 7. Other Liabilities.</b> (Describe in detail.)
<b>Section 8. Life Insurance Held.</b> (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 or a surety bond. 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. _____

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AUTHORIZATION AND INDEMNIFICATION AGREEMENT

I/we hereby authorize South Central Kansas Economic Development District, Inc., (hereafter referred to as "CDC" Certified Development Company) or any of its affiliates to make all inquiries it deems necessary to verify the accuracy of the information provided herein, and to determine my/our credit worthiness for any purpose related to our credit transaction with them. I/we hereby certify that the enclosed application information including attachments/exhibits are valid and correct to the best of my/our knowledge.

I/we hereby authorize the CDC to furnish relevant information to all necessary sources including various federal, state, county, and conventional funding opportunities to obtain the best sources for the project. I/we hereby authorize the CDC to furnish relevant information to CDC's Loan Review Committee(s) for decision; and, to furnish relevant information to the CDC's Board of Directors and various federal, state, and county agencies, officials and economic development representatives for CDC's reporting requirements regarding area economic development.

I/we authorize any company, partnership, corporation, organization or entity of whatever kind to provide the CDC with any credit, financial or personal information held by such entity and requested by the CDC.

I/we further agree that I shall indemnify and hold the CDC harmless from any claim or cause of action arising because of incorrect, inaccurate or incomplete information furnished by me, whether the furnishing of such incorrect, inaccurate or incomplete information was accidental or intentional and in consideration of the CDC's assistance, I waive all claims against the CDC, its personnel or counselors arising from this assistance.

The small business applicant and its principals as individuals, agree to indemnify and hold South Central Kansas Economic Development District, Inc. (CDC) and/or its agents and assigns harmless from and against, any damages, cost, liability or expense attributable to release, threatened release, discharge, manufacture, production, storage or disposal or the presence of hazardous toxic substances, on or under borrower's property or property in which borrower has an interest including adjoining real property and based upon claims assertible by local, state, and federal governmental authority or other third parties against CDC or its assigns.

This indemnification will specifically survive, and is entirely independent of the debtor's contractual obligation to repay the primary obligation held by CDC as amended, extended, or renewed by CDC, prepayment in full of the borrower's indebtedness to CDC; and release of CDC liens on borrower's real or personal property by payment, foreclosure, or other action including CDC's discretionary abandonment of lien.

Sign Name, Business and Title of all owners:

Signature / Business / Title	Date
Signature / Business / Title	Date
Signature / Business / Title	Date
Signature / Business / Title	Date