

## SBA 504 Loan Application

### Checklist

The following must be submitted to complete the 504 Loan application. Use attached forms where indicated.

**Sign and date all documents, forms, and information submitted.** If documents are not applicable, note N/A over the checkbox.

- ☐ **Application for SBA 504 Loan**, including but not limited to the following:
  - ☐ **Owner and Key Management Information**
  - ☐ **Personal Resume**
  - ☐ **Personal Financial Statement**
  - ☐ **Schedule of Business Debt** for the operating company and borrowing company
  - ☐ **Schedule of Government Financing**
  - ☐ **Environmental Questionnaire**

#### Supporting Documents:

- ☐ **Business Plan.** Provide a copy or complete SCKEDD's **Business**
- ☐ **Project Cost Documentation.** Purchase Agreement, settlement sheet, contractor bid or construction contract for construction or renovations and a list of equipment to be purchased with corresponding vendor estimates/costs. These estimates should be as accurate as possible because the 504 loan project costs for the project will be based on this documentation.
- ☐ **A Month-by-Month Cash Flow** for next 12 months corresponding with above projections. (New businesses only)
- ☐ Three years **Projected Income Statement**, including narrative of how the projections were determined.
- ☐ **Personal Tax Returns.** Provide for the past two (2) years for every individual providing a personal financial statement.
- ☐ **Business Tax Returns.** Three years past tax returns for the operating company, borrowing company and all affiliated businesses. If the project involves a business acquisition, provide the Seller's Business Tax Returns.
- ☐ Three years past **year-end Balance Sheet and Profit and Loss Statement** for the operating company and borrowing company.
- ☐ **Current Financial Statements** (not over 60 days old) include a balance sheet and profit & loss statement for operating company and borrowing company. Also must include **Aging of Accounts Receivable and Accounts Payable** for the same date as the current financial statements.
- ☐ **Corporate Documents.**

**NOTE:** A deposit is required against the processing fee PRIOR to the loan being submitted to SBA. The deposit is 1% of the SBA portion of the loan, or \$2,500, whichever is less. It will be returned if the loan is not approved by SBA, and is refunded when the debenture sells on approved loans. Additional information on the deposit and assistance provided by SCKEDD will be provided at a later date.

South Central Kansas Economic  
Development District, Inc.  
9730 E. 50<sup>th</sup> Street N.  
Bel Aire, KS 67226



Phone: (316) 262-7035  
Fax: (316) 262-7062

SCKEDD is an equal opportunity  
provider and employer.

## SBA 504 Loan Application

### Operating Company Information

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

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

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

Business Phone \_\_\_\_\_ Business Fax \_\_\_\_\_ Business Email \_\_\_\_\_

Principal in Charge \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

NAICS Code \_\_\_\_\_ Tax Payer ID Number \_\_\_\_\_ DUNS Number\* \_\_\_\_\_

State of Formation \_\_\_\_\_ Date Established \_\_\_\_\_ Date Operating Began \_\_\_\_\_

☐ Business is a franchise. Franchise Name \_\_\_\_\_

If the business is a franchise, provide a copy of the Franchise Agreement and Franchise Disclosure Statement.

Ownership (attach separate sheet if necessary):

Full Legal Name	Title	Ownership %	Yrs Experience
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\* To register your company for **DUNS**, visit this website: <https://fedgov.dnb.com/webform>

### Borrowing Entity (if different from Operating Company)

If an individual or organization, other than the Operating Company will take title (own) to some or all of the Project real estate and/or equipment, please complete the following section.

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

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

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

Business Phone \_\_\_\_\_ Business Fax \_\_\_\_\_ Business Email \_\_\_\_\_

Number of Current Employees \_\_\_\_\_ (Full-time or full-time equivalent)

NAICS Code \_\_\_\_\_ Tax Payer ID Number \_\_\_\_\_ DUNS Number\* \_\_\_\_\_

State of Formation \_\_\_\_\_ Date Established \_\_\_\_\_ Date Operating Began \_\_\_\_\_

Ownership (attach separate sheet if necessary):

Full Legal Name	Title	Ownership Interest %
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\* To register your company for **DUNS**, visit this website: <https://fedgov.dnb.com/webform>

## Loan Amount Requested

USE OF PROCEEDS	AMOUNT	SUPPORTING DOCUMENTS
Land Acquisition		
Land Improvements		
Purchase and/or Remodel Building		
New Construction		
Purchase Machinery/Equipment		
Purchase Furniture/Fixtures		
Refinanced Debt (specify debt to refinance)		
Professional Fees (architecture, engineering, etc.)		
Construction contingency (maximum 10% of construction costs)		
TOTAL AMOUNT REQUESTED		

## Borrower Contribution ☐ Business ☐ Personal

\$ \_\_\_\_\_ Cash – type of account \_\_\_\_\_  
\$ \_\_\_\_\_ Borrowed  
\$ \_\_\_\_\_ Non-cash assets (estimated market value)  
\$ \_\_\_\_\_ Other: \_\_\_\_\_

If any of the contribution is borrowed please provide the following:

Lender Name \_\_\_\_\_ Rate \_\_\_\_\_ Term \_\_\_\_\_ Payment \$ \_\_\_\_\_  
Maturity Date \_\_\_\_\_ Collateral for the debt \_\_\_\_\_  
If Non-cash Assets will be used, provide a list of assets with current market value.

## Project Collateral

Project Real Estate: ☐ Existing building ☐ New construction Location: ☐ Urban ☐ Rural

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

Year Built \_\_\_\_\_ Lot Size \_\_\_\_\_ sq. ft. Building Size \_\_\_\_\_ sq. ft.

Operating Company will occupy \_\_\_\_\_ sq. ft. Will the property be occupied at funding? ☐ Yes ☐ No

Will the Operating Company occupy 100% of the building? ☐ Yes ☐ No If no, we will request additional information.

Who will hold title to the land? \_\_\_\_\_

Project Equipment:

Provide a detailed list & cost of equipment to be purchased. Include vendor estimates and cost quotes.

Who will hold title to the equipment? \_\_\_\_\_

## Contractor Information If the project includes construction please complete the following information.

General Contractor Name \_\_\_\_\_ Contact Name \_\_\_\_\_

Phone Number \_\_\_\_\_ Does the general contractor, or any of its owners, have any ownership in the operating company or borrowing company applying for this SBA 504 loan? \_\_\_\_\_ If yes, provide the name of the owners in common.

## Management Responsibilities

Information of those individuals (owners and non-owners) who will be responsible for the day-to-day operations of the company.

Name	Responsibilities
_____	_____
_____	_____
_____	_____
_____	_____

## Affiliated / Subsidiary Businesses

Please provide the names of all affiliated or subsidiary businesses. (Attached a separate sheet if necessary)

Name of Affiliated/Subsidiary Company	DBA Name	No. of Owners	Percent Ownership	Managerial Role
_____	_____	_____	_____%	_____
_____	_____	_____	_____%	_____
_____	_____	_____	_____%	_____
_____	_____	_____	_____%	_____

SBA's general principles of affiliation: Small business concerns and entities are affiliates of each other when one controls or has the power to control the other, or a third party or parties controls or has the power to control both, regardless whether control is exercised, so long as the power to control exists. SBA considers factors such as ownership, management, stock ownership, previous relationships with or ties to another concern and contractual relationships. (Complete definition of affiliation is found at 13 CFR 121.103)

## Employment Questionnaire

How many full-time (or full-time equivalent) employees do you currently employ? \_\_\_\_\_

How many full-time (or full-time equivalent) jobs will be created during the next two years? \_\_\_\_\_

Describe each positions (number and type of jobs) \_\_\_\_\_

\_\_\_\_\_

How many full-time (or full-time equivalent) jobs would be lost if the project doesn't happen? \_\_\_\_\_

### **Manufacturing Business complete the following:**

Is your product or service principally (51% or more) sold outside of Kansas? \_\_\_\_\_

Does your product or service replace other products that would normally be imported into Kansas? \_\_\_\_\_

Do you produce a product (raw materials, ingredients, or components) for other Kansas firms that are exporting the majority (51% or more) of their product beyond the boundaries of Kansas? \_\_\_\_\_

Is your business a regional distribution center which is used principally (51% or more) for inter-state commerce? \_\_\_\_\_

Is your business a corporate multi-state headquarters used for the supervision of business activities which occur primarily (51% or more) outside the boundaries of Kansas? \_\_\_\_\_

## Owner and Key Management Information

Required for all key management staff involved in day-to-day operations and all persons with ownership.

☐ Ownership \_\_\_\_\_% ☐ Key Management Staff

Legal Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_  
First Full Middle Name Maiden Last

Current 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: ☐ Hispanic/Latino ☐ Not Hispanic/Latino

Veteran ☐ Yes ☐ No Branch \_\_\_\_\_ Discharge Type \_\_\_\_\_ Rank at Discharge \_\_\_\_\_  
Dates in the Military: From: \_\_\_\_\_ to \_\_\_\_\_

Spouse Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_  
First Full 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 Resume

Required for all key management staff involved in day-to-day operations and all persons with 20% or more ownership in the operating company and borrowing entity.

Name \_\_\_\_\_  
First Full Middle Name Maiden Last

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone Number \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

### Education

Institution	Dates Attended	Major	Degree or Certificate
_____	_____ - _____	_____	_____
_____	_____ - _____	_____	_____
_____	_____ - _____	_____	_____

### Work Experience

Employer _____	From / To Date _____	Title _____
Duties _____		Salary \$ _____
Employer _____	From / To Date _____	Title _____
Duties _____		Salary \$ _____
Employer _____	From / To Date _____	Title _____
Duties _____		Salary \$ _____
Employer _____	From / To Date _____	Title _____
Duties _____		Salary \$ _____
Employer _____	From / To Date _____	Title _____
Duties _____		Salary \$ _____

### Other Business Related interest or Activities (List any training, certification, or business related interest or activities)

_____
_____
_____

## Personal Income & Expense Analysis

This form needs to be filled out by all persons owning 20% or more of the operating company and borrowing entity.

Name(s): \_\_\_\_\_

### INCOMES:

		MONTHLY	ANNUALLY
Available Draw	(NP + Depreciation)	_____	_____
Gross Salary	(Principal)	_____	_____
Gross Salary	(Spouse)	_____	_____
Rental Income	(Gross)	_____	_____
Interest Income	(Recurring)	_____	_____
Alimony	(Recurring)	_____	_____
Other Income: _____	(Recurring)	_____	_____

### TOTAL INCOME

\$ \_\_\_\_\_ \$ \_\_\_\_\_

### EXPENSES:

Residence Expense	(Rent or P&I)	_____	_____
Rental Mortgages	(P&I)	_____	_____
Rental Expenses	(Cash Exp. Less P&I)	_____	_____
Auto Loan(s)	(All)	_____	_____
Installment Loan(s)	(All)	_____	_____
Revolving Credit	(All)	_____	_____
Utilities/Phone	(Estimate)	_____	_____
Insurance	(All Personal)	_____	_____
Food	(Estimate)	_____	_____
Clothing	(Estimate)	_____	_____
Medical Expenses	(3 Yr. Average)	_____	_____
Income Taxes	(Historical Rate)	_____	_____
Property Taxes	(Historical Rate)	_____	_____
Alimony	(If Applicable)	_____	_____
Child Care	(If Applicable)	_____	_____
Other Expenses	(_____)	_____	_____
Miscellaneous	(_____)	_____	_____

(Miscellaneous expenses are typical range is 5% - 10% of total income)

### TOTAL EXPENSES

\$ \_\_\_\_\_ \$ \_\_\_\_\_

### NET DISCRETIONARY INCOME

\$ \_\_\_\_\_ \$ \_\_\_\_\_

### COVERAGE RATIO (INCOME/EXPENSE)

\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

## PERSONAL FINANCIAL STATEMENT

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

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

<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>	

ASSETS <span style="float: right;">(Omit Cents)</span>	LIABILITIES <span style="float: right;">(Omit Cents)</span>
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>Total</b> \$ _____
	*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.



<b>Section 2. Notes Payable to Banks and Others.</b> (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
<b>Section 3. Stocks and Bonds.</b> (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
<b>Section 4. Real Estate Owned.</b> (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					
<b>Section 5. Other Personal Property and Other Assets.</b> (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.)					
<b>Section 6. Unpaid Taxes.</b> (Describe in detail as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)					
<b>Section 7. Other Liabilities.</b> (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)

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. \_\_\_\_\_

**NOTICE TO LOAN AND SURETY BOND APPLICANTS: CRIMINAL PENALTIES AND ADMINISTRATIVE REMEDIES FOR FALSE STATEMENTS:**

Knowingly making a false statement on this form is a violation of Federal law and could result in criminal prosecution, significant civil penalties, and a denial of your loan or surety bond application. A false statement is punishable under 18 U.S.C. §§ 1001 and 3571 by imprisonment of not more than five years and/or a fine of up to \$250,000; under 15 U.S.C. § 645 by imprisonment of not more than two years and/or a fine of not more than \$5,000; and, if submitted to a Federally-insured institution, a false statement is punishable under 18 U.S.C. § 1014 by imprisonment of not more than thirty years and/or a fine of not more than \$1,000,000. Additionally, false statements can lead to treble damages and civil penalties under the False Claims Act, 31 U.S.C. § 3729, and other administrative remedies including suspension and debarment.

## Projected Income Statement for \_\_\_\_\_

Required for all 504 projects. Please attach narrative explaining basis for figures.

		Year 1	Year 2	Year 3
A	<b>Gross Receipts</b>	_____	_____	_____
B	<b>Merchandise Cost</b> (Cost of Goods Sold)	_____	_____	_____
C	<b>Gross Profit</b> (A - B)	=====	=====	=====
<b>EXPENSES:</b>				
D	Officer Compensation	_____	_____	_____
E	Employee Wages	_____	_____	_____
	Administrative	_____	_____	_____
	Production	_____	_____	_____
F	Accounting & Legal	_____	_____	_____
G	Advertising	_____	_____	_____
H	Rent	_____	_____	_____
I	Depreciation	_____	_____	_____
J	Supplies	_____	_____	_____
K	Utilities & Telephone	_____	_____	_____
L	Interest	_____	_____	_____
	Existing Debt	_____	_____	_____
	Proposed New Debt	_____	_____	_____
M	Repairs & Maintenance	_____	_____	_____
N	Taxes	_____	_____	_____
	Real Estate/Property	_____	_____	_____
	Payroll	_____	_____	_____
	Other	_____	_____	_____
O	Insurance (property, workers comp, etc.)	_____	_____	_____
P	Other operating expenses *	_____	_____	_____
Q	<b>Total Expenses</b> (Sum of D thru P)	=====	=====	=====
R	<b>Net Profit</b> (C-Q)	_____	_____	_____
S	Less Income Taxes	_____	_____	_____
T	Less Withdraws	_____	_____	_____
U	Less Capital Expenditures	_____	_____	_____
V	<b>Available for Debt Service</b>	=====	=====	=====
	(R-S-T+I+L)			

\* Itemize "other operating expenses" on a separate sheet.

I certify that the above projections fairly represents the financial situation to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## **Guidelines for the Narrative to support the Projected Financial Statements**

Required for all 504 projects.

**Provide a written narrative to the Projected Financial Statements** to summarize the "activities" and "assumptions" you made in creating the projected financial statements. This narrative will equip SCKEDD with the necessary information needed to understand and comprehend your projected financial statements. There is no set structure nor should specific guideline that depict which topics be included in the notes to the forecasted financial statements. The following list provides some suggestions you may want to use when creating your narrative to the projected financial statements. Please sign and date the written narrative and include it with your loan application.

### **Outline for Narrative**

- **Introduction**
  - Who prepared the projected financial statements
  - General Assumptions, such as:
    - Management and Staff
    - Other, as deemed necessary
- **Projected Income Statement**
  - Operating Revenue(s)
  - Operating Expense(s), such as:
    - Salaries and related costs
    - Marketing Expenses
    - Operating expenses specific for your business operations
    - Depreciation and Amortization
    - Contracted Services
    - Income Tax
    - Other, as deemed necessary
- **Proforma Balance Sheet**
  - Source of Cash
  - Accounts Receivable
  - Inventory
  - Assets (existing and cost of new assets)
  - Accounts Payable
  - Short-term and Long-term Loans
  - Owner(s) Capital Account
  - Retained Earnings
  - Other, as deemed necessary

## SBA 504 Loan Application

### Schedule of Business Debt

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

As of: \_\_\_\_\_, 20\_\_

Debts listed must correspond to the current balance sheet provided with this loan application.

Provide separate sheet for the operating company and borrowing company.

Loan No.	Creditor	Original Amount	Original Date	Current Balance	Status	Maturity Date	Interest Rate	Monthly Payment	Collateral
Line of Credit Information									

Signature \_\_\_\_\_

Date \_\_\_\_\_

## Schedule of Current & Previous Government Financing

As of: \_\_\_\_\_, 20\_\_

Include all government financing (i.e., student loans, FHA loans, VA loans, USDA loans, EDA loans, CDBG, etc.)

This form should include government financing for each owner of the borrowing entity, operating company, affiliate companies, the operating company, the borrowing company and all guarantors.

Loan No.	Borrower Name	Lender	Original Amount	Original Date	Outstanding Balance	Status	Maturity Date	Interest Rate	Monthly Payment	Collateral

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## ENVIRONMENTAL QUESTIONNAIRE

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

Date of Site Visit: \_\_\_\_\_

Name/Title of Person Doing Site Visit: \_\_\_\_\_

Site Name or Business Name: \_\_\_\_\_

Site Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

County: \_\_\_\_\_

Site Contact Name: \_\_\_\_\_

Site Contact Business Title: \_\_\_\_\_

Site Contact Telephone Number: \_\_\_\_\_

Is Site Contact the Owner or Occupant: \_\_\_\_\_

If neither, Relationship to Site: \_\_\_\_\_

Length of Time Associated with Site: \_\_\_\_\_

Known Past/Present Uses of Property: \_\_\_\_\_

### Adjoining Properties Known Past/Present Uses

*List name/address of the business and the current business conducted.*

North Property: \_\_\_\_\_

Toxic Chemicals/Petroleum Products Evident? Yes / No \_\_\_\_\_

Northeast Property: \_\_\_\_\_

Toxic Chemicals/Petroleum Products Evident? Yes / No \_\_\_\_\_

East Property: \_\_\_\_\_

Toxic Chemicals/Petroleum Products Evident? Yes / No \_\_\_\_\_

Southeast Property: \_\_\_\_\_

Toxic Chemicals/Petroleum Products Evident? Yes / No \_\_\_\_\_

South Property: \_\_\_\_\_

Toxic Chemicals/Petroleum Products Evident? Yes / No \_\_\_\_\_

Southwest Property: \_\_\_\_\_

Toxic Chemicals/Petroleum Products Evident? Yes / No \_\_\_\_\_

West Property: \_\_\_\_\_

Toxic Chemicals/Petroleum Products Evident? Yes / No \_\_\_\_\_

Northwest Property: \_\_\_\_\_

Toxic Chemicals/Petroleum Products Evident? Yes / No \_\_\_\_\_

Question	Owner/Operator	Observed During Site Visit
1. Do any of the past and/or present uses of the Property and Adjoining Properties involve environmentally sensitive industries?	Yes   No   Unknown	Yes   No   Unknown
If yes, please explain:		
2. Have Hazardous Substances been used or identified at the Property or Adjoining Property in the past or present?	Yes   No   Unknown	Yes   No   Unknown
If yes, please explain:		
3. Is there storage, generation, treatment, emission or disposal of Hazardous Substances at the Property and Adjoining Properties?	Yes   No   Unknown	Yes   No   Unknown
If yes, please explain:		
4. Do the owners or business operators of the Property and Adjoining properties possess permits to use, store, generate, dispose, treat, emit or dispose of Hazardous Substances?	Yes   No   Unknown	Yes   No   Unknown
If yes, please explain:		
5. Is there evidence of Contamination at the Property and Adjoining Properties?	Yes   No   Unknown	Yes   No   Unknown
If yes, please explain:		
6. Are there potential sources of Contamination <sup>1</sup> at the Property and Adjoining Properties?	Yes   No   Unknown	Yes   No   Unknown
If yes, please explain:		



7. Does the borrower, seller or Lender have any knowledge of any past evidence of Contamination or sources of Contamination at the Property and Adjoining Properties?	Yes    No    Unknown	Yes    No    Unknown
If yes, please explain:		
8. Does the borrower, seller or Lender have any knowledge of any past, threatened or pending lawsuits or administrative proceedings concerning a Release or threatened Release at the Property and Adjoining Properties?	Yes    No    Unknown	Yes    No    Unknown
If yes, please explain:		
9. Has any Governmental Entity taken any regulatory actions for environmental conditions at the Property and Adjoining Properties?	Yes    No    Unknown	Yes    No    Unknown
If yes, please explain:		
10. Have any environmental risk studies or assessments been previously performed pertaining to the Property?	Yes    No    Unknown	Yes    No    Unknown
If yes, please identify the type of study (questionnaire, TSA, Phase I, Phase II, other), when it was performed, results of the study if know, and attach copies if available:		
11. Is there any presence of lead paint, asbestos, or Polychlorinated Biphenyls ("PCBs") at the Property?	Yes    No    Unknown	Yes    No    Unknown
If yes, please explain:		

<sup>1</sup> Source 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 five gallons in volume of 50 gallons in the aggregate; (3) chemicals in industrial drums or sacks; (4) pits, ponds or lagoons for waste disposal or storage; (5) fill dirt from a contaminated or unknown source; (6) underground or aboveground storage tanks; (7) vent pipes, fill pipes or access ways indicated a fill pipe protruding from the ground; (8) flooring drains or wall 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.

**Acknowledgement:**

I acknowledge that I have read this questionnaire and have responded to the issues and questions to the best of my knowledge. I have prepared the answers to this questionnaire jointly with the bank and its representatives and I have made a full disclosure of my knowledge of suspected or actual environmental concerns regarding this property.

**CURRENT OWNER/OPERATOR**

Signature

Printed Name

By: \_\_\_\_\_  
(Title) Date

**LENDER**

Signature

Printed Name

By: \_\_\_\_\_  
(Title) Date

**APPLICANT**

Signature

Printed Name

By: \_\_\_\_\_  
(Title) Date

Based on the site visit and answers and information provided in response to the questions above, further investigation (See SBA SOP 50 10 5)

\_\_\_\_\_ Is not warranted (answers, and site visit revealed no evidence of contamination)

\_\_\_\_\_ Is warranted (one or more yes answers, incomplete answers, and/or site visit findings indicate potential environmental issues may exist.)

**DEFINITIONS** - As defined in SOP 50 10 5 Effective Date: January 1, 2018 pages 353-357

**“Adjoining Properties”** means any real property or properties the border ow which is (are) shared in part or in whole with that of the Property, or that would be shared in part of in whole with that of the Property but for a street, road, or other public thoroughfare separating the properties (See 40 CFR 312.20)

**“Contamination”** means the presence of any Hazardous Substance at or affecting the Property, including any hazardous Substances that have migrated to or from the Property, in such quantities or under such conditions as to render the Property or the operations conducted thereon subject to, or potentially subject to, a directive or order from a Governmental Entity.

**“Environmental Questionnaire”** means the questionnaire used by a Lender to determine the likelihood that Contamination may be present at Property offered to secure an SBA guaranteed loan. Environmental Questionnaires must be complete or reviewed by a Lender that has made at least one site visit to the Property and a good faith effort to conduct an interview with the current owner or operator of the Property. An Environmental Questionnaire may be considered if it was complete up to one year prior to submission. The current owner or operator of the Property must sign the Environmental Questionnaire.

**“Hazardous Substance”** means and includes any substance, material or waste regulated by CERCLA or any other Environmental Law, and specifically includes petroleum products.

**“Release”** means the presence of or any spilling, leaking, pumping, pouring, emitting, emptying, discharging, injecting, escaping, leaching, seeping, migrating, dumping or disposing of any Hazardous Substance into the environment including the abandonment or discharging of barrels, drums, tanks, and similar receptacles and containers, containing Hazardous Substances.

# SBA 504 Loan Application

## Customer Identification Program

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all Certified Development Companies to obtain, verify and record information that identifies each person who applies for a 504 loan. What this means for you: 1) When you apply for a 504 loan, we will ask your name, address, date of birth, and other information what will allow us to identify you; and 2) We will also ask to see your driver's license (or other identifying documents) and may or may not take photocopies of said documents.

## Authorization and Indemnification Agreement

I/we hereby authorize South Central Kansas Economic Development District (hereafter referred to SCKEDD) or any of its affiliates to make all inquiries it deems necessary to verify the accuracy of the information provided herein, to release any information they may require at any time for any purpose related to my/our credit transaction with them, and to determine my/our credit worthiness, including obtaining a credit report on me/us through the credit reporting agency of its choice, as well as to answer questions others may ask about me/our record with SCKEDD. I/We understand that I/we must update credit and financial information as requested if my/our financial condition changes. I/we hereby certify that the application information, including any attachments and exhibits, are valid and correct to the best of my/our knowledge.

I/we hereby authorize the SCKEDD 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 SCKEDD to furnish relevant information to SCKEDD's Loan Committee and Board of Directors for decision; and, to furnish relevant information to the various federal, state, and county agencies, officials and economic development representatives for SCKEDD's reporting requirements regarding area economic development.

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

I/we further agree that I shall indemnify and hold the SCKEDD 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 SCKEDD's assistance, I waive all claims against the SCKEDD, its personnel or counselors arising from this assistance.

The small business applicant and its principals as individuals, agree to indemnify and hold SCKEDD 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 assertble by local, state, and federal governmental authority or other third parties against SCKEDD 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 SCKEDD as amended, extended, or renewed by SCKEDD, prepayment in full of the borrower's indebtedness to SCKEDD; and release of SCKEDD liens on borrower's real or personal property by payment, foreclosure, or other action including SCKEDD's discretionary abandonment of lien.

All borrowers and guarantors must sign.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_