

SBA 504 Loan Application

Operating Company

Company Name:		Fed. ID. #:	
Address:			
City:	State:	Zip:	
Mailing Address: <i>(if not same as above)</i>			
Principal in Charge:	Phone:	Fax:	
	Cell:		
Secondary Contact:	Phone:	Fax:	
	Cell:		
Type of Business:	Date Established:		
Type of Entity: <i>(check one)</i>	<input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC		

If Corporation:	President:	
	Vice Pres.:	
	Secretary:	
Company Ownership:	Name:	% Ownership:
	Name:	% Ownership:
	Name:	% Ownership:
	Name:	% Ownership:

Real Estate Holding Company *(if applicable) – if property is held personally, please indicate name here.*

Company Name:		Fed. ID #	
Address:			
City:	State:	Zip:	
Principal in Charge:	Phone:	Fax:	
	Cell:		
Secondary Contact:	Phone:	Fax:	
	Cell:		
Date Established:	Type of Entity: <i>(check one)</i>	<input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> LLC	

Company Ownership:	Name:	% Ownership:
	Name:	% Ownership:
	Name:	% Ownership:
	Name:	% Ownership:

Miscellaneous Questions

Have you or any of your company ever been involved in bankruptcy or insolvency proceedings?

Yes _____ No _____ *(If yes, please provide details on separate sheet)*

Are you and your business involved in any pending or prior lawsuits?

Yes _____ No _____ *(If yes, please provide details on separate sheet)*

Have you ever received a SBA loan?

Yes _____ No _____ *(If yes, please provide a copy of the SBA Loan Authorization and the following)*

Original Amount: _____ Date of Loan: _____

Current Balance: _____ Status: _____

Authorization to Release Information

I/We hereby authorize any financial corporations, insurance companies, investors, credit bureaus, employers, banks, etc., to provide any and/or all information on my/our records and/or accounts to Provident Business Financial Services at its request. Additionally, I/We authorize Provident Business Financial Services to provide any or all information on my/our records and/or accounts to any of the above mentioned entities at their request.

I/We also authorize any information to be released by my/our original or photocopies signature.

I/We hereby certify that the enclosed information, including any attachments or exhibits provided here within or at a later date, is valid and correct to the best of my/our knowledge.

By: _____ **Date:** _____
Signature

Printed Name

By: _____ **Date:** _____
Signature

Printed Name

By: _____ **Date:** _____
Signature

Printed Name

PROJECT INFORMATION

Street Address of Project:		County:	
City:		State:	Zip:
Square Footage of New Building: *		Square Footage your company will occupy:*	
<i>*(Please note: SBA requires your company to occupy 51% of an existing building and 60% of new construction)</i>			
Realtor's Name:		Phone:	

# of Jobs at Application:		# of New Jobs to be Created:	
Bank Name:			
Address:			
City:		State:	Zip Code:
Loan Officer:		Phone:	Loan Amount:

Total Project Costs

Purchase of Existing Building or Equipment Only

Purchase Price: \$ _____
 Remodel/Renovation: \$ _____
 Equipment: \$ _____
 Other: \$ _____

Total: \$ _____

Construction Project

Land Acquisition: \$ _____
 Construction Bid: \$ _____
 Architects, Permits, Other: \$ _____
 Equipment: \$ _____
 Other: \$ _____

Total: \$ _____

If there are any tenants that will lease a portion of the building, please provide the following information:

<i>Tenant</i>	<i>Square Footage</i>	<i>Rent Amount</i>

History and Nature of Business

Company Name:	
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When and by whom was your company established?	

When did you gain control of the business?	

Please describe the nature of your business and its primary products or services:	

Personal Information (for each 20% or greater owner)

Name of Applicant Company:							
Your Name:							
		(First)	(Middle)	(Maiden)	(Last)		
Date of Birth:				Race:		US Citizen: (Y/N)	
Place of Birth:							
Home Address:							
		(Street)	(City)	(State)	(Zip)		
At current address from:		To Present		Social Security No.			
Home Phone:				Business Phone:			
Previous Address:							
		(Street)	(City)	(State)	(Zip)		
From:				To:			
Spouse's Name:							
		(First)	(Middle)	(Maiden)	(Last)		
Date of Birth:				Race:		US Citizen: (Y/N)	
Place of Birth:							

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

If yes, give name of agency and position: _____

Are you presently under indictment, on parole or probation? Yes No

If yes, indicate date parole or probation is to expire: _____

Have you ever been charged with and or arrested for any criminal offense other than a minor motor vehicle violation: Include offenses which have been dismissed, discharged, or not prosecuted (All arrests and charges must be disclosed and explained on an attached sheet.) Yes No

Have you ever been convicted, placed on pretrial diversion, or placed on any form of probation, including adjudication withheld pending probation, for any criminal offense other than a minor vehicle violation? Yes No

Military Service Background

Branch:			From:			To:		
Rank at Discharge:			Honorable?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Job Description:								
Veteran (Y/N):	You		Vietnam(Y/N):	You				