



CALIFORNIA COASTAL
RURAL DEVELOPMENT CORPORATION

INFORMATION CHECKLIST

THE FOLLOWING INFORMATION IS REQUIRED TO PROCESS YOUR LOAN APPLICATION. SOME INFORMATION MAY NOT BE APPLICABLE TO YOUR BUSINESS. IF YOU ARE UNCERTAIN, PLEASE CONTACT THE LOAN OFFICER.

- 1. **Brief History of Your Business** – (form enclosed if desired) the nature of business, number of employees, location, and how long you have operated. If this is a loan request for a start up business and you have developed a business plan, much of this information is probably incorporated in that document. Please provide a copy if one has been prepared.
- 2. **Brief Resume of Management** – (primarily yourself) to demonstrate that you have the skills to operate this business. Include any information on special licenses or degrees obtained.
- 3. **Personal Financial Statement** – (form enclosed) one for each 20% or greater owner of the business.
- 4. **Personal Tax Returns** – three years for all persons completing the personal financial statement form, even if income and circumstances have changed substantially.
- 5. **Interim Business Financial Statement** – this should include a balance sheet and an income statement and be dated within 60 day of application.
- 6. **Year End Business Financial Statements** – three years if applicable and both balance sheet and income statements if available.
- 7. **Business Tax Returns** – if you do not operate as a sole proprietor – submit 3 years.
- 8. **Projections** – financial projections for 3 years if the business is a start up or is substantially changing its strategy.
- 9. **Debt Schedule** – (form provided) lists of all business debt including leases.
- 10. **Organizational Documents** – fictitious name statement, partnership agreement and/or articles for incorporation whichever is appropriate for your business.
- 11. **Description of Project** – include all costs associated with project and all sources of funding. Also include any purchase agreements, cost breakdowns or vendor's estimates as applicable.
- 12. **Copy of Lease Contracts** – include a copy of all land leases.

YOU MAY BE REQUESTED TO PROVIDE ADDITIONAL INFORMATION DEPENDENT UP ON YOUR PARTICULAR SITUATION



SBA 504 LOAN APPLICATION

Operating Company

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if not same as above): _____

Principal in Charge: _____ Phone: _____ Fax: _____

Secondary Contact: _____ Phone: _____ Fax: _____

Type of Business: _____ Date Established: _____

Type of Entity: Proprietorship Partnership Corporation LLC

If Corporation:

President: _____

Vice Pres: _____

Secretary: _____

Company Ownership:

Name: _____ %Ownership: _____

Name: _____ %Ownership: _____

Name: _____ %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: _____

Address: _____

City: _____ State: _____ Zip: _____

Principal in Charge: _____ Phone: _____ Fax: _____

Secondary Contact: _____ Phone: _____ Fax: _____

Date Established: _____

Type of Entity: Proprietorship Partnership Corporation LLC

Company Ownership:

Name: _____ %Ownership: _____

Name: _____ %Ownership: _____

Name: _____ %Ownership: _____

Name: _____ %Ownership: _____

Project Information

Street Address of Property: _____

City: _____ State: _____ Zip: _____

Square Footage of New Building: _____ Square Footage Your Company Will Occupy: _____

**Please note: SBA requires your company to occupy 51% of an existing building and 60% of a new construction.*

Escrow Closing Date: _____

Realtor's Name: _____ Phone: _____

Total Projects Costs

Purchase of existing Building or Equipment only

Purchase Price: \$ _____

Remodel/Renovation: \$ _____

Equipment*: \$ _____

Other: \$ _____

Total: \$ _____

Please Note: Equipment to be financed must have useful life of 10 years of greater.

Construction Project

Land Acquisition \$ _____

Construction Bid: \$ _____

Architects, Permits, Other Soft Costs: \$ _____

Equipment*: \$ _____

Other: \$ _____

Total: \$ _____

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

Title	Square Footage	Rent Amount

Employees

Number of Current Employees: Full-time: _____ Part-time: _____

Estimated Number of Employees in
Two Years as a Result of this Project: Full-time: _____ Part-time: _____

Key Employees:

Title	Name	Responsibilities	Years with the Company	Years in the Industry

Miscellaneous Questions

Have you or any of your company ever been involved in bankruptcy or insolvency proceedings?
If yes, please provide details on separate sheet.
 Yes No

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

Have you ever received an SBA loan?
If yes, please provide a copy of the SBA Loan Authorization and the following:
 Yes No

Original Amount: \$ _____ Date of Loan: _____

Current Balance: \$ _____ Status of Loan: _____

IMPORTANT INFORMATION ABOUT IDENTIFICATION PROCEDURES FOR PROCESSING AN SBA 504 LOAN

To help the government fight the funding of terrorism and money laundering activities, Federal law requires Certified Development Companies to obtain, verify, and record information that identifies each person who applies for a 504 loan.

What this means for you: When you apply for a 504 loan, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

Authorization to Release Information

I/We hereby authorize any financial corporations, insurance companies, investors, credit bureaus, employers, banks, etc., to release any and/or all information on my/our records and/or accounts to Cal Coastal Rural Development Corporation at its request.

I/We hereby authorize any information to be released by my/our original or photocopied 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: _____ 20_____

By: _____ Date: _____ 20_____

By: _____ Date: _____ 20_____

Note: A signed hard-copy of this document will need to be provided before final loan can be processed.



CAL COASTAL
RURAL DEVELOPMENT CORPORATION

HISTORY AND NATURE OF BUSINESS

Company Name:

When and by whom was your company established?

When did you get control of the business?

Please describe nature of your business and primary products and services?

What is the geographic market served by your business?

List key customers:

List major competitors:

Please provide a narrative history of the business including any benefits that will result from obtaining an SBA 504 loan?

Submitted by: _____

Date: _____



PERSONAL HISTORY AND RESUME FORM

Name of Applicant Company: _____

Your Name (first, mid, maiden, last): _____

Date of Birth: _____ Place of Birth: _____ Race: _____

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: _____

Date of Birth: _____ Place of Birth: _____ Race: _____

Are you employed by the US Government? Yes No

If yes, give name of agency and position: _____

Are you currently 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 offences 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? Yes No

Note: You will need to provide a copy of an unexpired government-issued photo ID such as a driver's license or passport photo page before application is complete.

Work Experience

List chronologically, beginning with present employment

Name of Company: _____ % of Business Owned: _____

Full Address: _____
Street City State Zip

From: _____ To: _____ Title: _____

Duties: _____

Name of Company: _____ % of Business Owned: _____

Full Address: _____
Street City State Zip

From: _____ To: _____ Title: _____

Duties: _____

Name of Company: _____ % of Business Owned: _____

Full Address: _____
Street City State Zip

From: _____ To: _____ Title: _____

Duties: _____

Name of Company: _____ % of Business Owned: _____

Full Address: _____
Street City State Zip

From: _____ To: _____ Title: _____

Duties: _____

Name of Company: _____ % of Business Owned: _____

Full Address: _____
Street City State Zip

From: _____ To: _____ Title: _____

Duties: _____

Education

Name of School: _____

Attended From: _____ To: _____

Major: _____ Degree: _____

Comments: _____

Education – continued

Name of School: _____

Attended From: _____ To: _____

Major: _____ Degree: _____

Comments: _____

Name of School: _____

Attended From: _____ To: _____

Major: _____ Degree: _____

Comments: _____

Name of School: _____

Attended From: _____ To: _____

Major: _____ Degree: _____

Comments: _____

Submitted by: _____ Date: _____



CAL COASTAL
RURAL DEVELOPMENT CORPORATION

DEBT SCHEDULE

As of*: _____ For (Company Name): _____

Payable to (institution and Account #)	Original Amount	Original Date	Present Balance	Rate of Interest	Maturity Date	Monthly Payment	Security	Current or Past Due
Instit/ Acct#	_____	_____	_____	_____	_____	_____	_____	_____
Instit/ Acct#	_____	_____	_____	_____	_____	_____	_____	_____
Instit/ Acct#	_____	_____	_____	_____	_____	_____	_____	_____
Instit/ Acct#	_____	_____	_____	_____	_____	_____	_____	_____
Instit/ Acct#	_____	_____	_____	_____	_____	_____	_____	_____
Instit/ Acct#	_____	_____	_____	_____	_____	_____	_____	_____
Instit/ Acct#	_____	_____	_____	_____	_____	_____	_____	_____
Instit/ Acct#	_____	_____	_____	_____	_____	_____	_____	_____

Submitted by: _____ Date: _____

*NOTE: Dates and amounts should match information shown on current Financial Statement (Balance Sheet)

PERSONAL FINANCIAL STATEMENT

(non-farm borrowers)

As of

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 other person or entity providing a guaranty on the loan.

Name:		Business Phone:	
Street Address City, State & Zip Code:		Residence Phone:	
Business Name of Applicant/Borrower:			

ASSETS	LIABILITIES
Cash on hand & in Banks.....\$	Accounts Payable.....\$
Savings Accounts.....\$	Notes Payable to Banks and Others.....\$ (Describe in Section 2)
IRA or Other Retirement Account.....\$	Installment Account (Auto).....\$ Mo. Payments \$
Accounts & Notes Receivables.....\$	Installment Account (Other).....\$ Mo. Payments \$
Life Insurance-Cash Surrender Value Only.....\$ (Complete Section 8)	Loan on Life Insurance.....\$
Stocks and Bonds.....\$ (Describe in Section 3)	Mortgage on Real Estate.....\$ (Describe in Section 4)
Real Estate.....\$ (Describe in Section 4)	Unpaid Taxes.....\$ (Describe in Section 6)
Automobile - Present value.....\$	Other Liabilities.....\$ (Describe in Section 7)
Other Personal Property.....\$ (Describe in Section 5)	TOTAL LIABILITIES.....\$
Other Assets.....\$ (Describe in Section 5)	NET WORTH (ASSETS - LIABILITIES).....\$
TOTAL ASSETS.....\$	TOTAL NET WORTH + LIABILITIES.....\$

SECTION 1. Source of Income	CONTINGENT LIABILITIES AND RENT
Salary.....\$	As Endorser or Co-Maker.....\$
Net Investment Income.....\$	Legal Claims & Judgments.....\$
Real Estate Income.....\$	Provision for Federal Income Tax.....\$
Other Income (Describe below).....\$	Monthly Rent.....\$

Description of Other Income in Section 1.

(Alimony or child support payments need not included in Other Income unless it is desired to have such payments counted toward total income.)

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

Name and address of Note holder	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 a 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 attachments if necessary. Each attachment must be identified as a part of this statement and signed).			
	Property A	Property B	Property C
Type of Property			
Name & Address of Title Holder			
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			
Second Mortgage Holder			
Second Mortgage Balance/Payment			
If additional loans on properties, please attach additional sheets.			

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).

SECTION 7. Other Liabilities (Describe in Detail)

SECTION 8. Life Insurance Held. (Give face amount and cash surrender value of policies - Name of insurance company and beneficiaries).

I authorize CalCoastal RDC to make inquiries as necessary to verify the accuracy of the statements made and 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:	Social Security Number:
Signature:	Date:	Social Security Number:



United States of America
SMALL BUSINESS ADMINISTRATION
STATEMENT OF PERSONAL HISTORY

Please Read Carefully: SBA uses Form 912 as one part of its assessment of program eligibility. Please reference SBA Regulations and Standard Operating Procedures if you have any questions about who must submit this form and where to submit it. For further information, please call SBA's Answer Desk at 1-800-U-ASK-SBA (1-800-827-5722), or check SBA's website at www.sba.gov.

Name and Address of Applicant (Firm Name)(Street, City, State, and ZIP Code)		SBA District/Disaster Area Office	
Amount Applied for (when applicable)		File No. (if known)	

1. Personal Statement of: (State name in full, if no middle name, state (NMN), or if initial only, indicate initial.) List all former names used, and dates each name was used. Use separate sheet if necessary. First _____ Middle _____ Last _____	2. Give the percentage of ownership or stock owned or to be owned in the small business or the development company	Social Security No. _____
	3. Date of Birth (Month, day, and year)	
	4. Place of Birth: (City & State or Foreign Country)	

Name and Address of participating lender or surety co. (when applicable and known)	5. U.S. Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO INITIALS: _____ If No, are you a Lawful Permanent resident alien: <input type="checkbox"/> YES <input type="checkbox"/> NO If non-U.S. citizen provide alien registration number: _____
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6. Present residence address: From: _____ To: _____ Address: _____ Home Telephone No. (Include Area Code): _____ Business Telephone No. (Include Area Code): _____	Most recent prior address (omit if over 10 years ago): From: _____ To: _____ Address: _____
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PLEASE SEE REVERSE SIDE FOR EXPLANATION REGARDING DISCLOSURE OF INFORMATION AND THE USES OF SUCH INFORMATION.

YOU MUST INITIAL YOUR RESPONSES TO QUESTIONS 5,7,8 AND 9.

IF YOU ANSWER "YES" TO 7, 8, OR 9, FURNISH DETAILS ON A SEPARATE SHEET. INCLUDE DATES, LOCATION, FINES, SENTENCES, WHETHER MISDEMEANOR OR FELONY, DATES OF PAROLE/PROBATION, UNPAID FINES OR PENALTIES, NAME(S) UNDER WHICH CHARGED, AND ANY OTHER PERTINENT INFORMATION. AN ARREST OR CONVICTION RECORD WILL NOT NECESSARILY DISQUALIFY YOU; HOWEVER, UNTRUTHFUL ANSWER WILL CAUSE YOUR APPLICATION TO BE DENIED AND SUBJECT YOU TO OTHER PENALTIES AS NOTED BELOW.

7. Are you presently under indictment, on parole or probation? **INITIALS:** _____
 Yes No (If yes, indicate date parole or probation is to expire.)

8. 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 **INITIALS:** _____

9. 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 **INITIALS:** _____

10. I authorize the Small Business Administration Office of Inspector General to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for programs authorized by the Small Business Act, and the Small Business Investment Act.

CAUTION - PENALTIES 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, surety bond, or other program participation. A false statement is punishable under 18 USC 1001 and 3571 by imprisonment of not more than five years and/or a fine of up to \$250,000; under 15 USC 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, under 18 USC 1014 by imprisonment of not more than thirty years and/or a fine of not more than \$1,000,000.

Signature	Title	Date
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Agency Use Only

11. <input type="checkbox"/> Fingerprints Waived Date _____ Approving Authority _____	12. <input type="checkbox"/> Cleared for Processing Date _____ Approving Authority _____
<input type="checkbox"/> Fingerprints Required Date Sent to OIG _____ Date _____ Approving Authority _____	13. <input type="checkbox"/> Request a Character Evaluation Date _____ Approving Authority _____ (Required whenever 7, 8 or 9 are answered "yes" even if cleared for processing.)

PLEASE NOTE: The estimated burden for completing this form is 15 minutes per response. You are not required to respond to any collection of information unless it displays a currently valid OMB approval number. Comments on the burden should be sent to U.S. Small Business Administration, Chief, AIB, 409 3rd St., S.W., Washington D.C. 20416 and Desk Officer for the Small Business Administration, Office of Management and Budget, New Executive Office Building, Room 10202, Washington, D.C. 20503. OMB Approval 3245-0178. **PLEASE DO NOT SEND FORMS TO OMB.**

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 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.