CAL COASTAL
A SMALL BUSINESS LENDER

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 enclose 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. **Marketing Contract** – who/where will product be sold.
- ❑ 9. **Yields** – three years minimum for all commodities.
- ❑ 10. **Budget and Projections** – monthly budget with projections for the season/year.
- ❑ 11. **Debt Schedule/Previous Government Financing/Schedule of Affiliates**
- ❑ 12. **Organizational Documents** – fictitious name statement, partnership agreement and/or articles for incorporation, whichever is appropriate for your business.
- ❑ 13. **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.
- ❑ 14. **Copy of Lease Contracts** – include a copy of all land leases.

YOU MAY BE REQUESTED TO PROVIDE ADDITIONAL INFORMATION DEPENDENT UPON YOUR PARTICULAR SITUATION.

132 W. Gabilan St., Salinas, CA 93901
Tel: (831) 424-1099 Fax: (831) 424-1094
www.calcoastal.org

CAL COASTAL
A SMALL BUSINESS LENDER

Personal Summary

Name: _____
FIRST MIDDLE LAST

Former names: _____ Dates Used: _____

Date of Birth: _____ Place of Birth: _____ Social Security Number: _____

U.S. Citizen Yes ☐ No ☐ If no, are you a Lawful Permanent resident alien Yes ☐ No ☐ Alien Registration Number _____

Home address _____ City _____ State _____ Zip _____

Home Phone _____ Business Phone _____ Email Address _____

Military Service Background

Branch: _____ From _____ To _____

Rank at Discharge: _____ Honorable Discharge? Yes ☐ No ☐ Service-Disabled Vet? Yes ☐ No ☐

Race/Ethnicity (Optional)

☐ American Indian/Alaska Native ☐ Hispanic/Latino ☐ Asian
☐ Native Hawaiian/Pacific Islander ☐ Black/African American ☐ White/Caucasian
☐ Prefer Not to Respond

Work Experience for previous 5 years

Company Name & Location: _____
Dates of Employment: From _____ To _____ Title: _____
Duties: _____
_____

Company Name & Location: _____

Dates of Employment: From _____ To _____ Title: _____

Duties: _____

_____

Education College or Technical Training Name and Location	**Date Attended From/To**	**Major**	**Degree/ Certificate**

Are you presently subject to an indictment, arraignment or other means by which formal criminal charges are brought in any jurisdiction?	Yes ☐	No ☐	
Have you been arrested in the past 6 months for any criminal offense?	Yes ☐	No ☐	
For any criminal offense – other than a minor vehicle violation – have you ever been convicted, plead guilty, pleaded nolo contendere, been placed on pretrial diversion or been placed on any form of probation or parole?	Yes ☐	No ☐	
Are you **personally or the Operating Company** presently suspended, declared ineligible or voluntarily excluded from participation in this transaction by a Federal department or agency?	Yes ☐	No ☐	
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 order or repayment agreement between the holder and custodial parent or repayment agreement between the holder and a state agency providing child support enforcement services?	Yes ☐	No ☐	N/A☐
Have you **personally or the Operating Company** been involved in a bankruptcy or insolvency proceeding? If yes, please provide copies of the proceedings?	Yes ☐	No ☐	
Are you **personally or the Operating Company** involved in any pending lawsuits? If yes, please provide a letter of explanation.	Yes ☐	No ☐	
Has the application for this project been previously submitted to the SBA by any CDC or Lender in connection with any SBA program?	Yes ☐	No ☐	

The undersigned warrants and represents that all information above, and all information provided to CDC, including without limitation, all information regarding the Borrower's and the Operating Company's, if any, financial condition, is accurate to the best of its knowledge and that the undersigned has not withheld any material information. The undersigned further acknowledges that submission of false information to CDC, or the withholding of material information from CDC (or the U.S. Small Business Administration), can result in criminal prosecution under 18 U.S.C. § 1001 and other provisions, liability for treble damages under the False Claims Act, 31 U.S.C. §§ 3729-3733, debarment and suspension, and other consequences.

Signature: _____ **Date:** _____

CAL COASTAL
A SMALL BUSINESS LENDER

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 a loan?

Submitted by: _____ Date: _____

CAL COASTAL
RURAL DEVELOPMENT CORPORATION

APPLICATION FOR FARM LOAN

SECTION 1

Business Financial Statement

Individual Completing Application		Address of Individual	
Name of Business		Tax I.D. or SS#	
Full Street Address		Telephone	
City/County		Zip	
Type of Crop(s)		Date Established	
Business Structure:	☐ Sole Proprietor ☐ Corporation "S/C" ☐ Partnership ☐ LLC/Other		
Number of Employees at Time of Application		If Loan is Approved	
Bank of Business Account & Address			

SECTION 2

Nature of Business/Crops

SECTION 3

Business Ownership		Company Name	Location
Name:	%		
Name:	%		
Name:	%		
Name:	%		

SECTION 4

Use of Loan Proceeds	Total Cost	Cal Coastal Loan	Other Funding	Borrower's Investment
Farm Operating Loan				
Farm Equipment Purchase				
Farm Land Purchase				
Hard Construction Costs (Refinance of existing farm debt)				
Other				

NOTE: Please provide a copy of the purchase agreement. If loan proceeds are to pay off existing debt, please provide a copy of last statement and reason for pay off request.

You are applying for a USDA/FSA Guaranteed loan. As part of the requirements for this loan you will be asked to submit annual financial information. Your signature below acknowledges your understanding of this requirement. You are also certifying that all information provided on this form is true and correct to the best of your knowledge.

I authorize Cal Coastal 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 that FALSE statements may result in forfeiture of benefits and possibly prosecution by the U.S Attorney General (Reference 18 U.S.C. 101).

Business Owner/Partner or Corporate Officer _____ Date _____

CAL COASTAL
RURAL DEVELOPMENT CORPORATION

BUSINESS INFORMATION

If your business is a start-up (two years or less in operation) more information may be necessary. A Business plan outline is available upon request. Use a separate sheet to answer questions if necessary.

SECTION 1 **Company Name and Location**	**Business Ownership**		
	Name:		%
	Name:		%
	Name:		%
	Name:		%

NATURE OF BUSINESS

TYPES OF CROPS

SECTION 2 **CUSTOMER PROFILE**	
MARKETING	**HOW PAID**
MAJOR SUPPLIERS/VENDORS	**GEOGRAPHICAL SALES AREA**

SECTION 3 **FUTURE PLANS FOR GROWTH/EXPANSION**		
HOW WILL THIS LOAN BENEFIT YOUR COMPANY?		
Will the funding of the loan create new employment opportunities?	☐ Yes	☐ No
If yes, please state how:		

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).

CAL COASTAL
RURAL DEVELOPMENT CORPORATION

BALANCE SHEET 1

Applicant Name:_____ Balance Sheet as of:_____
Date
Co-Applicant Name:_____

(complete Supplemental Schedules (A-I) where appropriate)

ASSETS

I/we am/are the legal owner(s) of the following assets:

Cash		
Savings		
Accounts Receivable		
Overage/Rebates		
Feed, Seed & Supplies	*(Sch. A)*	
Cash in Growing Crops	*(Sch. B)*	
Inventories	*(Sch. C)*	
Other Current Assets	*(Sch. D)*	
Marketable Securities	*(Sch. E)*	
Current Assets		$
Auto & Trucks		
Farm Machinery & Equipment	*(Sch. J)*	
Other Machinery		
Production Livestock	*(Sch. G)*	
Contracts or Notes Receivable		
Cash Value of Life Insurance		
Retirement Accounts		
Cooperative Stock, I.e. FCS		
Co-operative Retains		
Real Estate Owned	*(Sch. F)*	
Other Real Estate		
Residence		
Leasehold Improvements		
Contracts or Notes Receivable		
Fixed Assets		$
Total Assets		$

LIABILITIES

I/we owe the following debt:	Interest Rate	Total Annual Installments	Balance
Income Taxes (State & Federal)			
Real Estate Taxes			
Other Taxes & Assessments			
A/P			
Installment Debt (Credit Cards, etc.)			
Accrued Payables (list below)			
Current Liabilities			$
Notes Payable (list below)			
Financial Leases			
Farm Mortgages & Leases *(Sch. H)*			
Other Notes, Mortgages, etc. *(Sch. I)*			
Term Liabilities			$
Total Liabilities			$
Net Worth			$

Certification

By signature hereto, the undersigned certifies the information set forth above and on the attached schedules is true and correct and contains no material misrepresentations or omissions.

Applicant

Date

Co-Applicant

Date

Contingent Liabilities

Are there any lawsuits pending against you? ☐Yes ☐No
Have you endorsed / co-signed loans for other? ☐Yes ☐No
Other Contingent Liabilities? $_____
Annual alimony / child support $_____
Annual operating lease payments $_____

Representation and Warranties:
I understand that California Coastal is relying on the information in this financial statement (including the designation of my property as separate of Community Property) in deciding to give or continue the financial accommodation or extension of credit I have requested or received. I promise that this is true statement of my financial condition as of the date of valuations. You may rely on it as being true and correct until I otherwise notify you in writing. If this statement is not true in any material respect, or if I should die, file for bankruptcy, if any other credit tries to seize my property, or if any adverse change occurs in my financial condition, at your election any or all of my indebtedness and obligations to you, direct or contingent shall become immediately due and payable without demand or notice. You may retain and verify this statement. I understand that from time to time you may receive information about me from others and may answer questions and request from others seeking credit and experience information about me and my relationship with you; but will try to protect our confidential relationship.

I authorize Cal Coastal 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 that FALSE statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001).

CAL COASTAL
RURAL DEVELOPMENT CORPORATION

BALANCE SHEET 2

SUPPLEMENTARY BALANCE SHEET SCHEDULES

These schedules are used to provide additional, detailed financial information necessary to assure the lender has a realistic understanding of your business and financial position. All totals must be transferred to the balance sheet to the sections corresponding.

Schedule A – Feed, Seed & Supplies

Item	Quantity	$/Unit	Value
		Total	$

Schedule B – Cash in Growing Crops

Acres	Crop	Investment	Value
		@ $ /acre	
		@ $ /acre	
		@ $ /acre	
		@ $ /acre	
		@ $ /acre	
		@ $ /acre	
		@ $ /acre	
		@ $ /acre	
		@ $ /acre	
		@ $ /acre	
		Total	$

Schedule C – Inventories (crops held for sale)

Units	Commodity	Unit Price	Value
		Total	$

Schedule D – Other Current Assets

Item	Value
Prepaid rent	
Total	$

Schedule E – Marketable Securities

No. of Shares	Name of Issuer	Owner	Value per Share	Total Value
			Total	$

Schedule F – Real Estate Owned

Acres	Property Location / Address	Title Vested in the Name(s) of	Percent Ownership	Year Acquired	Total Value
				Total	$

CAL COASTAL
RURAL DEVELOPMENT CORPORATION

BALANCE SHEET 3

SUPPLEMENTARY BALANCE SHEET SCHEDULES

These schedules are used to provide additional, detailed financial information necessary to assure the lender has a realistic understanding of your business and financial position. All totals must be transferred to the balance sheet to the sections corresponding.

Schedule G – Production Livestock

No. Head	Kind	Average Weight	$ / Pound	Value
	Dairy Cows			
	Dairy Bulls			
	Bred Dairy Heifers			
	Open Dairy Heifers			
	Dairy Heifer Calves			
	Beef Cows			
	Beef Bulls			
	Bred Heifers (Beef)			
	Open Heifers (Beef)			
	Yearlings (Beef)			
	Calves (Beef)			
	Steers			
	Sheep (list below)			
	Swine (list below)			
	Horses (list below)			
			Total	$

Schedule H – Farm Mortgages & Leases

Creditor	Loan Purpose	Date Closed	Original Amount	Repayment Schedule	Total Annual Installments	Balance
					Total	$

Schedule I – Other Notes, Mortgages & Leases Payable

Creditor	Loan Purpose	Date Incurred	Original Amount	Repayment Schedule	Total Annual Installments	Balance
					Total	$

CAL COASTAL
RURAL DEVELOPMENT CORPORATION

BALANCE SHEET 4

Schedule J – Farm Machinery & Equipment Inventory List

Grower: _____ _____
Location: _____ Date

Item	Qty.	Description	Manufacturer	Year	Size/ Type	Condition	Serial#/ Motor	Present Value	Previous Lien(s)
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
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22									
23									
24									
25									
26									
27									
28									
29									
30									
31									
32									
33									
34									
35									

A.	Total Present Appraised Value	$
B.	Total Prior Liens	$
C.	Remaining Equity (A-B)	$

221 Main Street, Suite 301, Salinas, CA 93901 831 · 424-1099
910 E. Stowell Rd., Suite 105, Santa Maria, CA 93454 805 · 349-0798

CALIFORNIA COASTAL
RURAL DEVELOPMENT CORPORATION

PERSONAL FINANCIAL STATEMENT

Applicant _____ Date _____

Address _____

Social Security Number _____ Date of Birth _____

Business Phone _____ Home Phone _____

Present Employer _____

Address of Employer _____

Position _____ Length of Employment _____ Yr. Salary _____

Co-Applicant _____

Address _____

Social Security Number _____ Date of Birth _____

Business Phone _____ Home Phone _____

Present Employer _____

Address of Employer _____

Position _____ Length of Employment _____ Salary _____

Marital Status (answer only if this financial statement is provided in Connection with a request for secured credit or if you live in a Community property state, such as California):

☐ Married ☐ Separated
☐ Unmarried (includes single, divorced & widowed)

YOU MAY APPLY FOR CREDIT EXTENSION OR FINANCIAL ACCOMMODATION SEPARATELY OR JOINTLY.

Are you requesting this financial accommodation:

☐ Separately? ☐ Jointly with your spouse?
☐ Jointly with another person. (Please submit separate financial statements attached together)

Reflect in this statement the financial condition of your spouse as well as your own financial condition if:

1. You are seeking this financial accommodation jointly with your spouse, or
2. You are relying on your spouse's assets or income in requesting this financial accommodation, or
3. You are relying on community property in requesting this financial accommodation.

(If you live in a Community property state like California, Community property usually includes your employment income as well as your spouse's employment income and any property or savings from this income. We will assume that all assets, income and obligations of such a married person are Community property, and all obligations are Community obligations unless otherwise indicated)

CAL COASTAL
RURAL DEVELOPMENT CORPORATION

PERSONAL FINANCIAL STATEMENT

Complete this form for: (1) each proprietor, or (2) each limited partner who owns 20% or more interested and each general partner, or (3) each stockholder owning 20% or more of voting stock, or (4) any person or entity providing a guaranty on the loan.

Name		Business Phone	
Residence 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 Receivable.....$		Installment Account (Other).....$ Mo. Payments $	
Life Insurance-Cash Surrender Value Only.....$		Loan on Life Insurance.....$	
Stocks and Bonds.....$ (Describe in Section 4)		Mortgages on Real Estate.....$ (Describe in Section 4)	
Real Estate.....$ (Describe in Section 4)		Unpaid Taxes.....$ (Describe in Section 4)	
Automobile-Present Value.....$		Other Liabilities.....$ (Describe in Section (7).	
Other Personal Property.....$ (Describe in Section 5)		Total Liabilities.....$	
Other Assets.....$ (Describe I Section 5)		**NET WORTH (ASSETS – LIABILITIES).....$**	
TOTAL ASSETS.....$		**TOTAL NET WORTH + LIABILITIES.....$**	
SECTION 1. Source of Income		**Contingent Liabilities**	
Salary.....$		As Endorser or Co-Maker.....$	
Net Investment Income.....$		Legal Claims & Judgments.....$	
Real Estate Income.....$		Provision for Federal Income Tax.....$	
Other Income (Describe below)*.....$		Monthly Rent.....$	

Description of Other Income in Section 1.

*Alimony or child support payments need not be disclosed 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(s)	Original Balance	Current Balance	Payment Amount	Frequency Monthly, etc.	How Secured of Endorsed Type of Collateral

132 W. Gabilan St., Salinas, CA 93901
Tel: (831) 424-1099 Fax: (831) 424-1094
www.calcoastal.org

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	Costs	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 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 attaché 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 – Names of insurance company and beneficiaries.)

I authorize Cal Coastal 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. 101).

Signature: Date: Social Security Number:

Signature: Date: Social Security Number:

PLEASE NOTE: The estimated average burden hours for the completion of this form is 1.5 hours per response. If you have questions or comments concerning this estimate or any other aspect of this information, please contact Chief, Administrative Branch, U.S. Small Business Administration, Washington, D.C. 20416, and Clearance Officer, Paper Reduction Project (3245-0188). Office of Management and Budget, Washington, D.C. 20503. **PLEASE DO NOT SEND FORMS TO OMB.**

California Coastal Rural Development Corporation

Projected Income and Expense Statement

Borrower _____ **Cash** _____

Source Of Information _____ **Accrual** _____

Month/Year:	**January**	**February**	**March**	**April**	**May**	**June**	**July**	**August**	**September**	**October**	**November**	**December**
Income:												
Sales or Revenue (+)												
Returns/Allowances (-)												
Cost of Goods Sold (COGS) (-)												
Other Income (+)												
Gross Profit	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Expenses:												
Advertising/Marketing												
Car & Truck Expense												
Chemicals												
Conservation Espenses												
Custom Hire												
Depreciation												
Employee Benefits												
Feed												
Fertilizers and Lime												
Freight/Trucking												
Gasoline, Fuel & Oil												
Insurance												
Interest												
Labor Hired/Wages												
Pension and Profit-Sharing Plans												
Vehicle/ Equipment Rent												
Rent or lease												
Repairs and maintenance												
Seeds and Plants												
Storage												
Supplies												
Taxes and licenses												
Utilities												
Office expense												
Veterinary, breeding, and medicine												
Other:												
Other:												
Other:												
Other:												
Other:												
Total Operating Expenses	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Projected Owner Withdrawals												
Net Income Before Taxes	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0