



INLAND EMPIRE
Small Business Financial Development Corporation
516 N. Lemon Ave.
Ontario, CA 91764
(909) 391-6787 FAX (909) 391-6765

The following information (where appropriate) **must** be submitted to INLAND EMPIRE SBFDC to apply for a business loan:

ITEMS NEEDED	
_____	Loan Application (<i>Completed, Signed, Dated</i>)
_____	Business Financial Statements – Last 3 Fiscal Year End
_____	Current Business Financial Statements (not older than 60 days)
_____	Business Tax Returns – Last 3 years
_____	Schedule of Current Debt – Business and Personal (forms enclosed)
_____	Provide Evidence of Applicant’s Liability Insurance.
_____	Copy of Lease – If Property Leased
_____	Construction Contract or Estimate – Evidencing Total Cost of Project, if applicable
_____	Fictitious Name Statement if Applicable
_____	Partnership Agreement – if Partnership
_____	Articles of Incorporation – if Corporation
_____	Name and Title of Corporate Officer Signing Loan Documents
_____	Name of Corporate Secretary
_____	Financial Privacy Act Form (enclosed)
_____	Financial Statement Certification Form (enclosed)
_____	Projected Cash Flow
_____	Projected Profit and Loss
_____	Business Plan/History
_____	Resumés of Key Personnel
The following information is needed for all individuals owning 20% or more of business.	
_____	Personal Financial Statement, not older than 6 months – (form enclosed)
_____	Personal Tax Returns – Last 3 years
_____	Schedule of Current Debt (from enclosed)
_____	Resumés
Additional Information Needed:	
_____	Business Tax returns for each business that Applicant(s) has 20% ownership.

All Tax Returns and Financial Statements must be signed and dated.

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Business Loan Application

Direct Loan State Guarantee RLF Other _____

Please describe the specific purpose of the loan: _____

Collateral Offered: _____

Number of Employees (Including Subsidiaries and affiliates)	
At time of Application	_____
If Loan Approved	_____
Subsidiaries or Affiliates	_____
<i>(Separate from above)</i>	

Amount Requested: _____ Primary Source of Repayment: _____ Secondary Source of Repayment: _____

BUSINESS INFORMATION

Business Name: _____

- Sole Proprietor General Partnership Non-Profit Corporation
 Limited Partnership Corporation Sub S Corporation

Nature of Business _____

Primary Contact: _____ Business Phone Number: _____

Business Address: _____

Tax ID Number: _____ Sic Code: _____

Year Business Established: _____ No. Of Years under current management: _____

PRINCIPALS/OWNERS Please Provide a Personal Financial Statement (Form Attached) on each Individual listed below.

Name	% Ownership	Title
_____	_____	_____
_____	_____	_____
_____	_____	_____

Accountant: _____ Phone Number: _____

BANK RELATIONSHIPS (Please list only your business accounts.)

BANK	ACCOUNT NUMBER	BUSINESS			CURRENT BALANCE
		CHECKING	SAVINGS	LOAN	

INDEBTEDNESS: Furnish the following information on all installment debts, contracts, notes and mortgages payable. Indicate by an asterisk (*) items to be paid by loan proceeds and reason for paying same (present balance should agree with latest balance sheet submitted).

To Whom Payable	Original Amount	Original Date	Present Balance	Rate of Interest	Maturity Date	Monthly Payment	Security	Current or Past Due
	\$			\$		\$		
	\$			\$		\$		
	\$			\$		\$		

ACCOUNTS PAYABLE AGING Attach current list

Listing As Of	Total Accounts	Current 30-Days	31 - 60 Days	61 - 90 Days	91-Days
\$	\$	\$	\$	\$	\$
\$	\$	\$	\$	\$	\$
\$	\$	\$	\$	\$	\$

ACCOUNTS RECEIVABLE AGING Attach current list

Listing As Of	Total Accounts Receivable	Current 30-Days	31 - 60 Days	61 - 90 Days	91-Days
\$	\$	\$	\$	\$	\$
\$	\$	\$	\$	\$	\$

LEASE INFORMATION

Do you have a lease for the property your business now occupies?			0 Yes	0 No
Monthly Rent \$	Years Remaining on Lease	Escalator Clause	0 Yes	0 No
Do you Pay Taxes, Maintenance, Repair or Insurance in addition to your monthly payment			0 Yes	0 No
Approximate Monthly Amount \$				

MISCELLANEOUS Please provide details on a separate sheet of paper if you answer **YES** to any question.

Have you and/or your business ever filed bankruptcy?	0 Yes	0 No
Is the business an endorser, guarantor or co-maker for obligations not listed on its financial statements?	0 Yes	0 No
Does the business owe any prior year taxes?	0 Yes	0 No
Are any assets pledged or mortgaged other than those stated on the Financial Statements?	0 Yes	0 No
Is the business a party to any claim or lawsuit?	0 Yes	0 No
Have you and/or your business ever defaulted on a loan?	0 Yes	0 No

BY SIGNING BELOW, YOU REPRESENT AND WARRANT THE FOLLOWING:

Inland Empire Small Business Development Corporation (IESBFDC) may rely on all of the information provided by you on this and other documents signed by you as being complete, true and correct. You are aware that submitting false information may be punishable under Section 1014 of Title 18 of the United States Code, Section 1572 of the California Civil Code and Section 779 of the California Financial Code

The foregoing information shall be your continuing representation until and unless you advise Inland Empire Small Business Development Corporation of material changes, and you will immediately so advise Inland Empire Small Business Development Corporation of any material adverse changes in your business or financial condition.

Inland Empire Small Business Development Corporation shall have continuing right to verify any of the foregoing information, including the right to inquire about the business and individual's credit ratings and credit condition.

APPLICANT/COMPANY NAME

AUTHORIZED SIGNATURE/TITLE

AUTHORIZED SIGNATURE/TITLE

AUTHORIZED SIGNATURE/TITLE

SIGNED THIS DAY OF _____, 20__

INLAND EMPIRE
 Small Business Development Corporation

Personal Financial Statement Of _____ SS# _____
 (Name)

 (Street Address, City, State, Zip)

 Home Phone # () _____ Business Phone # () _____
 (Name of Wife or Husband)

AS OF _____

CURRENT ASSETS		CURRENT LIABILITIES	
Cash on hand (not in bank).....		Notes payable to (name and addresses):	
Cash in following banks (names and addresses):			
Stocks and Bonds (Schedule 1).....		Sales contract & chattel mtgs. (Schedule 6)	
Accounts receivable (Schedule 2).....		Accounts Payable	
Notes Receivable (Schedule 3).....		Current portion of long term debt.....	
Other current assets (Schedule 6/itemize):		Other current liabilities (Schedule 6/itemize):	
		Current year's income taxes unpaid	
		Prior year's income taxes unpaid	
		Real estate taxes unpaid	
TOTAL CURRENT ASSETS		TOTAL CURRENT LIABILITIES	
FIXED ASSETS		LONG TERM LIABILITIES:	
Real Estate (Schedule 4):		Real Estate Debt (Schedule 4):	
Residence.....		Residence.....	
Other		Other	
Cash Value of life insurance (Schedule 5).....		Borrowed on life Insurance (Schedule 5).....	
Other assets & investments (Schedule 6/itemize):		Other long term debt (Schedule 6/itemized):	
TOTAL FIXED ASSETS		TOTAL LONG TERM LIABILITIES	
		NET WORTH	
TOTAL ASSETS		TOTAL LIABILITIES & NET WORTH	
GROSS INCOME FOR YEAR 20 _____		ANNUAL EXPENDITURES	
Salary		Residential Property Taxes	
Spouse's Salary		Taxes	
Dividends/Interest		Mortgage Payments	
Fees or Commissions		Other Fixed Payments	
Rentals		Living Expenses	
Other		All Other Expenses	
TOTAL		TOTAL	

1. STOCKS AND BONDS					
Name of Security	No. Shares	If any pledged, State to whom and for what purpose	Dividends paid last two years	Market Value	Book Value
			TOTALS	\$	\$

2. ACCOUNTS RECEIVABLE				
Name and Address (Street and City) From Whom Due	For What Due	When Sold	When Due	Amount
			TOTALS	\$

3. NOTES RECEIVABLE					
Name and Address (Street and City) From Whom Due	For What Due	How Secured	Date	Maturity	Amount
				TOTALS	\$

4. REAL ESTATE								
Description of Property	Title in Name Of	Market Value	Cost	Reserve for Depreciation	Book Value	Amount Encumbrance	Monthly Payments	Monthly Income
		TOTAL	\$	\$	\$	\$	\$	\$

5. LIFE INSURANCE : CASH VALUE						
Name of Company	Policy Number	Name of Insured	Beneficiary	Face Value	Cash Value	Amount Borrowed

6. DETAILS RELATIVE TO OTHER IMPORTANT ASSETS AND LIABILITIES

THE MAKER OF THE FOREGOING OR ACCOMPANYING STATEMENT HEREBY AUTHORIZES THE COMPANY TO CONFIRM THE BANK BALANCES CLAIMED AND ALL OTHER ITEMS COMPRISING SAID STATEMENT.

By: _____

Date: _____

By: _____

Date: _____

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FINANCIAL STATEMENT CERTIFICATION

Any financial statement hereby furnished to you for the purpose of procuring and establishing credit from time to time with you are to be regarded as a complete and truthful statement of the undersigned's financial condition on the date indicated.

The undersigned authorizes you to make whatever inquiries about the content of the attached financial statements, including contacting taxing authorities, creditors, and credit reporting agencies; and to provide credit information about the obligations of the undersigned to credit reporting agencies or the response to other inquiries

- | | | |
|---|---|--|
| <input type="radio"/> Sole Proprietor | <input type="radio"/> General Partnership | <input type="radio"/> Non-Profit Corporation |
| <input type="radio"/> Limited Partnership | <input type="radio"/> Corporation | <input type="radio"/> Sub S Corporation |

Borrower(s) Name:

Please Print or Type

I _____, the undersigned authorize Inland Empire Small Business Development Corporation to obtain credit information from the appointed Credit Reporting Agency.

Signature

Date

I _____, the undersigned authorize Inland Empire Small Business Development Corporation to obtain credit information from the appointed Credit Reporting Agency.

Signature

Date

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SCHEDULE OF CURRENT DEBT

As of _____

Loan Application For: _____ Financial Information For: _____

CREDITOR Name and Address	ORIGINAL DATE	ORIGINAL AMOUNT	PRESENT BALANCE	INTEREST RATE	MATURITY DATE	MONTHLY PAYMENT	P&I ANNUAL DEBT SERVICE	COLLATERAL	CURRENT OR DELINQUENT
TOTAL PRESENT BALANCE				Present Balance should be same as Interim financial statement. Total must agree with balance shown on Interim balance sheet.					

I (We) certify that the above information is correct and complete to the best of my (our) knowledge.

Signature _____ Date _____ Signature _____ Date _____