



BUILDING SUCCESS WITH 504 LOANS

## SBA 504 Loan Application

www.rmiinc.org

### OPERATING COMPANY INFORMATION

Company Name

Address

City

State

Zip

Name Of Principal In Charge

Telephone (     )

Email

Type of Business

Date Established

Taxpayer ID#

Fax

Type of Entity (check one)

☐

Corporation

☐

Partnership

☐

Proprietorship

☐

Trust

☐

LLC

Owners/Members

% Owned

Title

### PROJECT INFORMATION

Street Address Of Project

City

County

State

Zip

### BORROWING ENTITY (IF DIFFERENT FROM OPERATING COMPANY)

Name Of Borrower

Taxpayer ID#

Date Established

Type of Entity (check one)

☐

Corporation

☐

Partnership

☐

Proprietorship

☐

Trust

☐

LLC

Owners/Members

% Owned

Title



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](http://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)

Rural Missouri, Incorporated  
3324 Emerald Lane, Jefferson City, MO 65109

5. U.S. Citizen? ☐ YES ☐ NO

INITIALS: \_\_\_\_\_

If No, are you a Lawful

Permanent resident alien: ☐ YES ☐ NO

If non- U.S. citizen provide alien registration number: \_\_\_\_\_

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:

**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

**Agency Use Only**

11. ☐ Fingerprints Waived

Date

Approving Authority

☐ Fingerprints Required

Date

Approving Authority

Date Sent to OIG

12. ☐ Cleared for Processing

Date

Approving Authority

13. ☐ 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.**

**EMPLOYEE QUESTIONNAIRE**

Number of existing employees:

The number of new employees anticipated as a result of this project within the next two years:

Number of New Employees	Job Type

**BUILDING SIZE AND OCCUPANTS**

1. What is the square footage of the building you will occupy?

2. Are there any existing tenants that will remain in the building? (This does not include lease between your real estate holding company and the operating company.) ☐ Yes ☐ No

If you answered "yes" above, complete the information below.

Tenant	Square Footage	Lease Expires	Lease Income

☐ Yes, I/We authorize the release to RMI of any information they may require at any time for any purpose related to my/our credit transaction with them. By checking the Yes box above and submitting this form, I/We further authorize RMI to release such information to any entity they deem necessary for any purpose related to my/our credit transaction with them.

I/We authorize RMI to obtain a credit report on me/us through the credit reporting agency of its choice, as well as to answer questions others may ask about my/our record with RMI. I/We understand that I/we must update credit and financial information as requested if my/our financial condition changes.

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

Signature

Date

Signature

Date

Signature

Date

Signature

Date

## HISTORY & NATURE OF YOUR BUSINESS

1. When was your business established and by whom?

2. When did you gain control of the business?

3. What products or services do you sell? (Please enclose any catalogs or brochures)

4. What is your geographic market area?

5. How do you market your product or service (i.e. type of advertising, direct mail, outside salesmen, etc.)?

6A. What is the size (sq. ft.) of your current facility?

6B. When does your present lease expire?

6C. What is the present lease amount?

7. Do any owners who own 20% or more of the operating or borrowing entity also own 20% or more of any other business? ☐ Yes ☐ No

If yes, list companies on the back of this page. List ownership interest in those other companies. You must provide financial statements for all companies listed.

## EXPECTED BENEFITS FROM THE LOAN

1. What will be the size (sq. ft.) of your new (or enlarged) facility?

2. How will this new (or remodeled) facility help your business? (Increase revenues, add new products/services, improve efficiency, etc. Please be specific.)

3. If you are moving to a new location, how will this affect your business?

## MANAGEMENT RESPONSIBILITIES

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

Name	Responsibilities

Who will hold the title to the land?

Who will hold the title to the machinery and equipment?

Give a brief description of your business.



OMB APPROVAL NO. 3245-0188  
EXPIRATION DATE: 8/31/2011

# PERSONAL FINANCIAL STATEMENT

U.S. SMALL BUSINESS ADMINISTRATION

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, or (4) any person or entity providing a guaranty on the loan.

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

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

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 need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.

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

Name and Address of Noteholder(s)	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 attachment if necessary. Each attachment must be identified as a part of this statement and signed.)

	Property A	Property B	Property C
Type of Property			
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			

**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)

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**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.)

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**Section 7. Other Liabilities.** (Describe in detail.)

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

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I authorize SBA/Lender to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. 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: \_\_\_\_\_

**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.**

# PROJECTIONS

Please attach narrative explaining basis for figures.

<b>YEAR</b>			
Gross Receipts			
Merchandise Cost (COGS)			
Gross Profit			
<b>EXPENSES</b>			
Officer's Salaries			
Employee's Wages			
Accounting & Legal Fees			
Advertising			
Rent			
Depreciation			
Supplies			
Electricity			
Telephone			
Interest			
Repairs			
Taxes			
Insurance			
Bad Debts			
**Miscellaneous			
<b>Total Expenses</b>			
<b>Net Profit</b>			

\*\*If sum is large, please itemize.

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

Signature

Date

**SCHEDULE OF DEBT**

Creditor Name & Address	Original Amount	Original Date	Present Balance	Interest Rate	Maturity Date	Monthly Payment	Collateral
<b>LINE OF CREDIT INFORMATION</b>							

## PREVIOUS GOVERNMENT FINANCING

NAME OF AGENCY	AMOUNT	DATE OF REQUEST	APPROVED OR DECLINED	STATUS

Include all government financing, i.e. student loans, USDA loans, FHA loans, CDBG, etc.

This form needs to be filled out by each owner of the borrowing entity, operating entity and any affiliate companies.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

## AFFILIATE INFORMATION

Please provide the names of affiliated (affiliation occurs with ownership or management control) or subsidiary businesses.

NAME OF AFFILIATED COMPANY	PERCENTAGE OF OWNERSHIP

Please provide a complete copy of the last three years' tax returns as well as a current financial statement on each company listed above.

## PROJECT COST AND COST DOCUMENTATION

Please provide supporting documentation for each of these items.

USE OF PROCEEDS	AMOUNT	SUPPORTING DOCUMENTS
Land Acquisition		
Land Improvements		
Purchase and/or Remodel Bldg.		
New Construction		
Purchase Machinery/Equipment		
Purchase Furniture/Fixtures		
Professional Fees		
Closing Costs		
Contingencies		
<b>TOTAL</b>		

### SOURCE OF YOUR EQUITY INJECTION

Cash \$                      Project Land Cost \$                      Other \$

NOTE: If you are borrowing any of your injection for this project, please answer the following questions.

1. What is the amount to be borrowed?

2. Who are you borrowing it from?

3. What is the Interest Rate and length of the note for this transaction?

4. What is the collateral to secure this transaction?