



SCKEDD Loan Application

APPLICATION FOR FINANCING SMALL BUSINESS LOANS

Thank you for the opportunity to work with you on the financing of your small business loan. This application will help you provide the information necessary to process your loan request. If you are not able to provide all the requested information immediately, please provide the documents that are available so that we can begin processing your request. After we receive the entire application package, we will make arrangements to obtain your signature on any documents requiring your signature.

Our staff will review the material, assess the eligibility and credit quality, and prepare an analysis for submission to SCKEDD's loan committee. Please contact SCKEDD with any questions about this application or to learn more about how we help small businesses meet their financing needs.

APPLICANT COMPANY

Company Name _____	Business Phone _____
Contact Person _____	Cell Phone _____
Address _____	
City, State _____	Zip _____
Date Established _____	% Ownership _____
Federal Tax ID _____	DUNS # _____
Business E-mail _____	Website _____
Franchise Name (if applicable) _____	
How were you referred to SCKEDD? _____	

Type of Entity: (check one)

<input type="checkbox"/> Corporation "S" or "C"	<input type="checkbox"/> Limited Partnership
<input type="checkbox"/> Sole Proprietorship (d/b/a)	<input type="checkbox"/> General Partnership
<input type="checkbox"/> LLC (# of members): _____	<input type="checkbox"/> Other: _____

OWNERSHIP OF APPLICANT COMPANY

List below all owners, partners, and stockholders with 20% or more ownership interest in the business. Attach a separate sheet if necessary.

Provide copy of driver's license (front & back) for each owner.

Name _____	Name _____
Title _____	Title _____
Address _____	Address _____
City, State, Zip _____	City, State, Zip _____
Telephone _____	Telephone _____
Cell Phone _____	Cell Phone _____
E-Mail _____	E-Mail _____
% Ownership _____	% Ownership _____
SSN or Tax ID# _____	SSN or Tax ID# _____

Name _____	Name _____
Title _____	Title _____
Address _____	Address _____
City, State, Zip _____	City, State, Zip _____
Telephone _____	Telephone _____
Cell Phone _____	Cell Phone _____
E-Mail _____	E-Mail _____
% Ownership _____	% Ownership _____
SSN or Tax ID# _____	SSN or Tax ID# _____

AFFILIATES

Does the applicant company or any of the individuals listed in the Ownership Section have any ownership in other companies? Yes No If yes, please provide the following:

- Provide a list of all affiliate businesses.
- Provide business tax returns with all schedules for the past three (3) years for all affiliate businesses.

FINANCIAL REFERENCES

Business References: Individuals who are aware of your business and the services you/it can provide.

Name _____	Name _____
Address _____	Address _____
Telephone _____	Telephone _____
Relationship _____	Relationship _____

Personal References: Anyone who has known you for several years that is not a relative.

Name _____	Name _____
Address _____	Address _____
Telephone _____	Telephone _____
Relationship _____	Relationship _____

Additional Personal References: Two family members not living in your household.

Name _____	Name _____
Address _____	Address _____
Telephone _____	Telephone _____
Relationship _____	Relationship _____

ESTIMATED PROJECT COSTS

Land Purchase	\$ _____
New Building Construction	\$ _____
Purchase Existing Land & Building	\$ _____
Building Improvements / Repairs	\$ _____
Purchase Machinery / Equipment	\$ _____
Purchase Furniture / Fixtures	\$ _____
Purchase Inventory	\$ _____
Working Capital (including Accounts Payable)	\$ _____
Acquisition of an Existing Business (all or part)	\$ _____
Payoff Bank Loan, if eligible	\$ _____
Total Estimated Project Costs	\$ _____
Less Total Injection	\$ _____
Total Loan Requested for Project	\$ _____

BORROWER INJECTION

Provide the source and amount of injection into the project:

Personal Cash	\$ _____
Business Cash	\$ _____
Other (specify) :	\$ _____
_____	\$ _____
_____	\$ _____
Total Injection	\$ _____

PROJECT COST DOCUMENTATION

Please provide the following project cost documentation, as applicable.

- | | |
|---|--|
| <input type="checkbox"/> Purchase Agreement (proposed or final) | <input type="checkbox"/> Furniture and/or fixtures bids |
| <input type="checkbox"/> Real Estate Purchase Agreement | <input type="checkbox"/> Machinery and/or equipment bids |
| <input type="checkbox"/> Contractor Bids | <input type="checkbox"/> Other: _____ |

ABOUT YOUR BUSINESS

Start-Up Business

- Complete History and Description of Business located on our website. If you already have a business plan, it can be provided in place of this information. Feel free to provide any additional information which you feel is important in describing your business.
- Provide Cash Flow Projections for first 12 months.
- Provide personal tax returns with all schedules for the past three (3) years for all owners.

Existing Business

- Complete History and Description of Business located on our website. If you already have a business plan, it can be provided in place of this information. Feel free to provide any additional information which you feel is important in describing your business.
- Provide Cash Flow Projections for first 12 months.
- Provide current financial statements for the business. (Balance Sheet and Income Statement)
- Provide business tax returns with all schedules for the past three (3) years.
- Provide personal tax returns with all schedules for the past three (3) years for all owners.

SCHEDULE OF COLLATERAL

List all collateral to be used as security for this loan.

SECTION I - REAL ESTATE

LIST PARCELS OF REAL ESTATE					
Address	Year Acquired	Original Cost	Market Value	Amount of Lien	Name of Lienholder

Give a brief description of the improvements, such as size, type of construction, number of stories, and present condition (use additional sheet if more space is required.)

SCHEDULE OF COLLATERAL (continued)

SECTION II - PERSONAL PROPERTY OF BUSINESS

List all equipment, fixtures, furnishing, or other personal property offers as collateral. Use “*” in Description to indicate a Business Asset.

All items listed herein must show manufacturer or make, model, year, and serial number. Items with no serial number must be clearly identified (use additional sheet if more space is required.)

Description-Show Manufacturer, Model, Serial No.	Year Acquired	Original Cost	Market Value	Current Lien Balance	Name of Lienholder

OWNER AND KEY MANAGEMENT INFORMATION

To be completed for each [] owner of the applicant company with 20% or more ownership interest; [] key management staff; and [] all officers even if they are not owners. Use a separate page for each individual. Additional *Owner and Key Management Information* forms are available on our website. Please fill in all spaces, use full first, middle, and maiden names. If an item is not applicable, please so indicate.

Legal Name SS#:
First Full Middle Name Maiden Last

Ownership Percentage Corporate Title:

Are you a U.S. Citizen? Permanent Resident Alien? If Resident Alien, please provide Resident Alien Card or Permanent Resident Card (front & back copies)

Date of Birth Place of Birth Race Sex
MM/DD/YY City, State, Country

If at current residence less than 10 years, provide previous residence.

Current Residence:	<input type="text"/>	Previous Residence:	<input type="text"/>
	<small>Street</small>		<small>Street</small>
	<input type="text"/>		<input type="text"/>
	<small>City State Zip</small>		<small>City State Zip</small>

From: to From: to
MM/DD/YY MM/DD/YY MM/DD/YY MM/DD/YY

Home Phone Cell Phone

Spouse's Name SS#:
First Middle Maiden Last

<input type="checkbox"/>	<input type="checkbox"/>	Do you have a trust? If "yes", provide an executed copy of the Trust(s).
<input type="checkbox"/>	<input type="checkbox"/>	Are you, any of your children, your parents or your spouse employed by, director of, officers of or stockholders of the participating bank of the SBA, SCORE, ACE or any Federal Agency? If yes, please provide the name and address of the person and the office where employed.
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever filed for corporate or personal bankruptcy or been involved in insolvency proceedings? If so, please provide a copy of the bankruptcy documentation.
<input type="checkbox"/>	<input type="checkbox"/>	Are you or your business involved in any pending lawsuits?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have ownership, stock ownership, management control, previous relationships with or ties to another business or contractual relationship in any other businesses?
<input type="checkbox"/>	<input type="checkbox"/>	Do you or any of your affiliated businesses have any existing debt with SBA guarantees?
<input type="checkbox"/>	<input type="checkbox"/>	Have you or any of your affiliate businesses ever caused a loss to the Government from prior federal assistance?
<input type="checkbox"/>	<input type="checkbox"/>	A current credit report will be requested on each borrower. Are there entries on this report which will require and explanation? If so, please attach a sheet explaining the circumstances of these entries.
<input type="checkbox"/>	<input type="checkbox"/>	Are you presently behind in any court ordered child support obligation?
<input type="checkbox"/>	<input type="checkbox"/>	Are you presently subject to an indictment, criminal information, arraignment, or other means by which formal criminal charges are brought in any jurisdiction? If YES, furnish details on separate sheet.
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been arrested in the past six months for any criminal offense. If YES, all arrests and charges must be disclosed and explained on an attached sheet.
<input type="checkbox"/>	<input type="checkbox"/>	For any criminal offense – other than a minor vehicle violation – have you ever: 1) been convicted; 2) pled guilty; 3) pled nolo contendere; 4) been placed on pretrial diversion; or 5) been placed on any form of parole or probation (including probation before judgment)? If YES, furnish details on separate sheet.

Signature _____ Date _____

PERSONAL RESUME

Please fill in all spaces, use full first, middle, and maiden names. If an item is not applicable, please so indicate. Use a separate page for each individual. Additional *Personal Resume* forms available on our website. Resume must be completed by: each owner of the applicant business with 20% or more ownership interest and any person hired by the applicant to manage day-to-day operations.

Name

First	Full Middle Name	Maiden	Last
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Title

List all former names used and the dates each name was used. Use separate sheet if necessary.

First	Full Middle Name	Last

Dates Name Used

Education

Type of Degree	Name & Location of Institution	Dates Attended From/To	Major	Degree or Certificate

Military Service Background

Branch From to
MM/DD/YY MM/DD/YY

Honorable Discharge? Rank at Discharge

Work Experience (List chronologically beginning with present employment to cover a 10 year period. Attach separate sheet if necessary.)

Company Name	Title	Dates Employed From - To	Duties & Accomplishments

Other Business Related interest or Activities (List any training, certification, or business related interest or activities)

PERSONAL INCOME & EXPENSES ANALYSIS

To be completed for each owner of the applicant business with 20% of more ownership interest; key management staff; and all officers even if they are not owners. Use a separate page for each individual. Additional *Personal Income & Expenses Analysis* forms are available on our website.

NAME(S) _____

INCOMES:		MONTHLY	ANNUALLY
Available Draw	(NP + Depreciation)	_____	_____
Gross Salary	(Principal)	_____	_____
Gross Salary	(Spouse)	_____	_____
Rental Income	(Gross)	_____	_____
Interest Income	(Recurring)	_____	_____
Alimony	(Recurring)	_____	_____
Other Income: _____	(Recurring)	_____	_____
TOTAL INCOME		\$ _____	_____
EXPENSES:			
Residence Expense	(Rent or P&I)	_____	_____
Rental Mortgages	(P&I)	_____	_____
Rental Expenses	(Cash Exp. Less P&I)	_____	_____
Auto Loan(s)	(All)	_____	_____
Installment Loan(s)	(All)	_____	_____
Revolving Credit		_____	_____
Utilities/Phone	(Estimate)	_____	_____
Insurance	(All Personal)	_____	_____
Food	(Estimate)	_____	_____
Clothing	(Estimate)	_____	_____
Medical Expenses	(3 Yr. Average)	_____	_____
Income Taxes	(Historical Rate)	_____	_____
Property Taxes	(Historical Rate)	_____	_____
Alimony	(If Applicable)	_____	_____
Child Care	(If Applicable)	_____	_____
Other Expenses	(_____)	_____	_____
Miscellaneous	(_____)	_____	_____
(Typical range is 5% - 10% of total income)			
TOTAL EXPENSES		\$ _____	_____
NET DISCRETIONARY INCOME		\$ _____	_____
COVERAGE RATIO (INCOME/EXPENSE)		_____	_____


PERSONAL FINANCIAL STATEMENT



To be completed for each [] owner of the applicant business with 20% or more ownership interest; [] key management staff; and [] all officers even if they are not owners. Use a separate page for each individual or husband & wife.

Double mouse click the form below to access the two-page fillable form.

The fillable form is also available on SCKEDD's website.

 <p>U.S. SMALL BUSINESS ADMINISTRATION</p>	<p>OMB APPROVAL NO. 3245-0188 EXPIRATION DATE: 8/31/2011</p>				
PERSONAL FINANCIAL STATEMENT					
As of _____, _____					
<p>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.</p>					
Name _____	Business Phone _____				
Residence Address _____	Residence Phone _____				
City, State, & Zip Code _____					
Business Name of Applicant/Borrower _____					
ASSETS	LIABILITIES				
(Omit Cents)	(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 5)				
(Describe in Section 5)	Other Liabilities \$ _____				
Other Assets \$ _____	(Describe in Section 7)				
(Describe in Section 5)	Total Liabilities \$ _____				
Total \$ _____	Net Worth \$ _____				
Total \$ _____	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

SBA Form 413 (10-08) Previous Editions Obsolete

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PERSONAL FINANCIAL STATEMENT (continued)

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)					
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 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.					

SBA Form 413 (10-08) Previous Editions Obsolete

SCHEDULE OF BUSINESS DEBT

Please list all business applicant's liabilities - contracts, notes, lines of credit and mortgages payable.
Please make sure that these correspond with the balances in the current balance sheet, as provided with this loan application.

As of: _____, 20__

Loan No.	Creditor	Original Amount	Original Date	Current Balance	Loan Status *	Maturity Date	Interest Rate	Monthly Payment	Collateral
Total present balance				\$ -				Total Monthly	\$ -

* Loan Status: Current, Delinquent, Paid In Full, or Charged Off

SCHEDULE OF CURRENT & PREVIOUS GOVERNMENT FINANCING

Please list all current and previous government financing, including but not limited to VA loans, FHA loans, student loans, Small Business Administration Loans, et.

If business debt, please make sure this form corresponds with the balances in the current balance sheet, as provided with this loan application, if applicable.

Schedule of Debt for _____ (Name)

As of: _____, 20____

Loan No.	Agency Name	Original Amount	Original Date	Outstanding Balance	Loan Status *	Maturity Date	Interest Rate	Monthly Payment	Collateral
Total present balance				\$	Total Monthly				\$

* Loan Status: Current, Delinquent, Paid In Full, or Charged Off

Print & complete a separate sheet for the [] business applicant, [] each owner of the applicant business with 20% or more ownership interest

CDC CLIENT SURVEY

As a recipient of state funding through the Kansas Department of Commerce, Certified Development Companies must provide documentation relating to job creation/retention. Read each item and check the appropriate answer. If your answer is YES, provide a written response to document your answer. Thank you for your complete and accurate response to this survey.

YES NO Is your business a manufacturer?
If YES, explain : _____

YES NO Is your product or service principally (51% or more) sold outside of Kansas?
If YES, explain : _____

YES NO Does your product or service replace other products that would normally be imported into Kansas?
If YES, explain : _____

YES NO Do you produce a product (raw materials, ingredients, or components) for other Kansas firms that are exporting the majority (51% or more) of their product beyond the boundaries of Kansas?
If YES, explain : _____

YES NO Is your business a regional distribution center which is used principally (51% or more) for inter-state commerce?
If YES, explain : _____

YES NO Is your business a corporate multi-state headquarters used for the supervision of business activities which occur primarily (51% or more) outside the boundaries of Kansas?
If YES, explain : _____

YES NO Will you create 1 or more new jobs during the next two years as a direct result of this loan?
If YES, describe the positions: (Number and type of jobs) _____

YES NO Will you retain 1 or more jobs over the next two years as a direct result of this loan?
(Retained jobs are existing jobs that will be saved with the loan that would otherwise be lost)
If YES, explain why the jobs would be lost without funding: (Number and type of jobs) _____

CURRENT EMPLOYMENT:	Number of Full Time Jobs _____	Number of Part Time Jobs _____
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Business Name: _____

Business Address: _____

Contact Name & Title: _____

Business Phone: _____ Fax: _____ Cell Phone: _____

E-mail: _____

Signature

Date



AUTHORIZATION AND INDEMNIFICATION AGREEMENT

I/we hereby authorize South Central Kansas Economic Development District, Inc., (hereafter referred to as “CDC” Certified Development Company) or any of its affiliates to make all inquiries it deems necessary to verify the accuracy of the information provided herein, and to determine my/our credit worthiness for any purpose related to our credit transaction with them. I/we hereby certify that the enclosed application information including attachments/exhibits are valid and correct to the best of my/our knowledge.

I/we hereby authorize the CDC to furnish relevant information to all necessary sources including various federal, state, county, and conventional funding opportunities to obtain the best sources for the project. I/we hereby authorize the CDC to furnish relevant information to CDC’s Loan Review Committee(s) for decision; and, to furnish relevant information to the CDC’s Board of Directors and various federal, state, and county agencies, officials and economic development representatives for CDC’s reporting requirements regarding area economic development.

I/we authorize any company, partnership, corporation, organization or entity of whatever kind to provide the CDC with any credit, financial or personal information held by such entity and requested by the CDC.

I/we further agree that I shall indemnify and hold the CDC harmless from any claim or cause of action arising because of incorrect, inaccurate or incomplete information furnished by me, whether the furnishing of such incorrect, inaccurate or incomplete information was accidental or intentional and in consideration of the CDC’s assistance, I waive all claims against the CDC, its personnel or counselors arising from this assistance.

The small business applicant and its principals as individuals, agree to indemnify and hold South Central Kansas Economic Development District, Inc. (CDC) and/or its agents and assigns harmless from and against, any damages, cost, liability or expense attributable to release, threatened release, discharge, manufacture, production, storage or disposal or the presence of hazardous toxic substances, on or under borrower’s property or property in which borrower has an interest including adjoining real property and based upon claims assertible by local, state, and federal governmental authority or other third parties against CDC or its assigns.

This indemnification will specifically survive, and is entirely independent of the debtor’s contractual obligation to repay the primary obligation held by CDC as amended, extended, or renewed by CDC, prepayment in full of the borrower’s indebtedness to CDC; and release of CDC liens on borrower’s real or personal property by payment, foreclosure, or other action including CDC’s discretionary abandonment of lien.

Business Applicant:

Signature / Title Date

Signature / Title Date

Signature / Title Date

Signature Date

As Individuals:

Signature Date

Signature Date

Signature Date

Signature Date

SCKEDD is an equal opportunity provider and employer.