

## RLF CLIENT CHECKLIST (Financial Information)

LOAN OFFICER: LaTisha Venters

LOAN PROCESSOR: Timothy Oyewale

### ***THE FOLLOWING ITEMS ARE NEEDED TO COMPLETE YOUR LOAN PACKAGE:***

***Please provide the following information on the [Business](#):***

1. 12-Month Projection of Income and Expenses and supporting assumptions (if less than 2-years in business).
2. Business Interim Financial Statement (Balance Sheet and Profit/Loss Statement) to be dated within 60 days.
3. Business Debt Schedule (form provided) to reconcile with the interim financial statement. If no long-term debt is listed, please indicate so on the debt schedule.
4. Accounts Payable and Accounts Receivable agings to reconcile with the interim financial statement.
5. Business Financial Statements (Balance Sheet and Profit/Loss Statement) for the years ending [2016](#), [2015](#) and [2014](#), if available.
6. Copy of signed Business Federal Tax Returns for the years ending [2016](#), [2015](#) and [2014](#). If an extension has been filed for the [2016](#) tax return, please provide a copy of the filed extension along with a copy of the [2013](#) Business Federal Tax Return.
7. 2 Months of Bank Statements

***Please provide the following information for [all Guarantors](#):***

8. Copy of signed Personal Federal Income Tax Returns for the years ending [2016](#), [2015](#) and [2014](#). If an extension has been filed for the [2016](#) tax return, please provide a copy of the filed extension along with a copy of your [2013](#) Federal Income Tax Return.
9. 2 Months of Bank Statements
10. Please complete, sign, and date the following attached forms:
  - Business Loan Application, and
  - Personal Financial Statement to be current within 60 days.

***Should you have any questions regarding any of the above items, please contact  
Timothy Oyewale at 832.681.2583. Thank you.***



## LOAN APPLICATION

### BUSINESS INFORMATION

Full Name of Borrowing Entity:

Year Established	Applicant Owned Since:	Tax ID#/SS#:
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Structure:                      Sole Proprietorship                      Partnership                      Corporation                      Limited Liability Company

Type of business:	Industry:	NAICS/SIC Code:
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Business Phone:	Fax:	Website:
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Primary Contact Person:

Mobile:	Email:
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Business Street Address:

City:	County:	State:	Zip Code:
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Location:	Owned?	Leased?	Payment	Term	Expires
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Proposed New Business Address (if applicable):

Is your Bank participating in the loan request?      Yes      No

Bank Name	Loan Officer
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Phone	Email
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Number of Current Employees (denote full and part time, indicate if applicants are included):

Number of Employees after loan (denote full and part time, indicate if applicants are included):

#### PRINCIPAL OWNERS (MUST ACCOUNT FOR 100% OWNERSHIP OF THE BUSINESS)

FULL LEGAL NAME	SSN#	ADDRESS	TITLE

#### AFFILIATE BUSINESSES

Please list other businesses in which borrower has ownership.

BUSINESS NAME	OWNER (BUSINESS OR INDIVIDUAL)	% OF OWNERSHIP	TITLE



## LOAN APPLICATION

### OTHER BUSINESS INFORMATION (IF NOT APPLICABLE, ANSWER N/A)

Do you have a current business plan?	Yes	No	If not, are you in the process of developing a business plan?	Yes	No
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What products and/or services does the business offer? (include any available photos, catalogs and/or brochures)

Geographic market area

List key customers

List competitors

Federal Income Taxes files through what year?

Tell how this loan will help your business.

### REFERENCES

Accountant:	Firm:	Phone:
Attorney:	Firm:	Phone:
Trade:	Firm:	Phone:
Other	Firm:	Phone:



**TOTAL PROJECT COST**

USE OF FUNDS		SOURCE OF FUNDS	
PURCHASE LAND	\$	GULF COAST ECONOMIC DEVELOPMENT	\$
PURCHASE EXISTING BUILDING	\$		
CONSTRUCTION	\$	PARTICIPATING LENDER	\$
LEASEHOLD IMPROVEMENTS	\$		
PURCHASE EQUIPMENT	\$	PARTICIPATING LENDER	\$
PURCHASE FURNITURE & SMALL WARES	\$		
PURCHASE INVENTORY	\$	OTHER	\$
WORKING CAPITAL	\$		
CLOSING COSTS/LOAN EXPENSES	\$	APPLICANT *DETAIL SOURCE OF EQUITY INJECTION FUNDS	\$
PRE-OPENING EXPENSES	\$		
OTHER	\$		
<b>TOTAL PROJECT COST</b>	<b>\$</b>	<b>TOTAL PROJECT COST</b>	<b>\$</b>

**COLLATERAL**

LIST ASSETS TO BE OFFERED AS COLLATERAL

ASSET	VALUE	TYPE OF VALUATION		PRIOR LIENS
		Cost/Book Value	Appraisal	
	\$			
	\$			
	\$			
	\$			
	\$			

**CERTIFICATION AND SIGNATURES**

The undersigned certifies that all statements in this Application and on each document required to be submitted in connection with this loan request are true, correct and complete.

The undersigned authorizes Gulf Coast Economic Development District, Inc. ("Lender") to make such inquiries as Lender deems necessary and reasonable concerning any information provided to the Lender on this Application or any such required document.

The undersigned authorizes the release of any information required for the purpose of this credit transaction.

Note: Spouses of persons owning 20% or more of applicant business must also sign application.

Signature	Title	Date
Signature	Title	Date
Signature	Title	Date

GCEDD use:	Referred by:	Date Received:	Decision Date:	Action:	NAICS:
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**PERSONAL FINANCIAL STATEMENT**  
(Page 1 of 2)

As of \_\_\_\_\_, \_\_\_\_\_

Complete this form for: (1) each proprietor, spouse, (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 providing a guaranty on the loan.

**\*INCLUDE ONLY PERSONAL ASSETS & LIABILITIES. LIST THE BUSINESS ASSETS & LIABILITIES ON THE BALANCE SHEET & DEBT SCHEDULE.**

Name	Business Phone	Mobile Phone
Name	Business Phone	Mobile 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 (attach account statement)	\$	Accounts Payable	\$
Savings Accounts (attach account statement)	\$	Notes Payable to Banks and Others (Describe in Section 2)	\$
IRA or Other Retirement Account	\$	Installment Account (Auto) Monthly Payments \$	\$
Accounts & Notes Receivable	\$	Installment Account (Other) Monthly Payments \$	\$
Life Insurance-Cash Surrender Value Only (Complete Section 8)	\$	Loan on Life Insurance	\$
Stocks & Bonds (Describe in Section 3 and attach account statement)	\$	Mortgages 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)	\$		
Other Assets (Describe in Section 5)	\$	Total Liabilities	\$
Total Assets	\$	Net Worth (Total Assets - Total Liabilities)	\$
<b>TOTAL (Total Assets)</b>	<b>\$</b>	<b>TOTAL (Total Liabilities+ Net Worth)</b>	<b>\$</b>

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 & Address-of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed Type of Collateral

**PERSONAL FINANCIAL STATEMENT  
(Page 2 of 2)**

**Section 3. STOCKS AND BONDS.** (Attach account statement(s). Use attachments for additional entries 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			
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, cash surrender value of policies, name of insurance company and beneficiaries).

I authorize Houston-Galveston Area Council (HGAC)/Gulf Coast Economic Development District, Inc. (GCEDD) ("Lender") and any of its duly authorized representatives to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above information 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 guaranteeing a loan. I understand that providing FALSE statements or FALSE information may result in forfeiture of benefits and is punishable under federal law.

Signature:	Date:	Social Security Number:
Signature:	Date:	Social Security Number:



## PERSONAL CASH FLOW STATEMENT

As of \_\_\_\_\_, \_\_\_\_\_

Complete this form for: (1) each proprietor, spouse, (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 providing a guaranty on the loan.

Name

Name

INCOME	MONTHLY
Salary (Net After Taxes)	\$
Spousal Salary (Net After Taxes)	\$
Rental Income	\$
Interest Income	\$
Other	\$
Other	\$
<b>TOTAL MONTHLY INCOME:</b>	<b>\$</b>

EXPENSES	MONTHLY
Home Mortgage Payment (Including Taxes & Insurance)	\$
Or Rent Expense	\$
Other Real Estate Mortgage Payments	\$
Auto Loan Payments	\$
Other Loan Payments	\$
Credit Card Payments (Minimum Amount Due Monthly)	\$
Utilities	\$
Insurance (Auto, Health, Life, etc)	\$
Food	\$
Clothing	\$
Child Care	\$
Other Living Expenses	\$
Rental Property Expenses	\$
Other	\$
Other	\$
<b>TOTAL MONTHLY EXPENSES:</b>	<b>\$</b>
<b>MONTHLY CASH FLOW SURPLUS (DEFICIT):</b>	<b>\$</b>

The undersigned certifies that the above information is valid and correct.

Signature:

Date:

Signature:

Date: