



North Carolina's #1 SBA 504 Lender

Dear 504 Loan Applicant:

Thank you visiting our website and downloading the 504 Loan pre-qualification application through Self-Help. We will work with you closely to help you with your financing needs. In order to proceed with qualifying you for an SBA 504 loan, we will need the following item.

Items needed on your business:	
✓ = Required items	
✓	Completed Self-Help Ventures Fund 504 Loan Application
✓	Federal Tax Returns for the 2 most recent fiscal year
✓	Updated balance and income statement for the current fiscal year (Dated within 120 days of application time)
✓	Updated list of Accounts Receivable and Accounts Payable (if relevant for business)
✓	2 years of projections on annualized basis
✓	For a new business, include monthly statement of projected cash flows for first year
✓	Business Notes Payable Schedule (form attached)
	Key cost documents on project: land/building acquisition, construction estimate, equipment, etc. (if you have it at this time)
Background information on the small business:	
	Business plan (Required for start-up business)
	Description of Operating history
	Owner resume
We will also need the following information on all major owners (20%-plus ownership) and/or guarantors of the loan:	
✓	Personal Financial Statement, jointly signed by spouse (data current within 90 days of application) - may use bank copy or use the form attached
✓	Last two years of personal federal tax returns
	Financial statements on affiliate businesses (businesses owned or controlled by one of the owners of the primary business) – last two years of tax returns

Once completed, you can mail the items to:

SELF-HELP VENTURES FUND
 ATTN: SBA 504 Lending
 301 W. Main St.
 P.O. Box 3619
 Durham, NC 27702

OR email the information to 504loans@self-help.org. You can also reach us at (919) 956 - 4473.

We look forward to hearing from you and helping you through the SBA 504 loan process.

SBA 504 LOAN APPLICATION

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Company Information (Operating Company)

Name _____ DBA _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____ Email _____
 Principal in charge _____ Phone _____
 Nature of your business _____
 Date Established _____ Type of Entity ___ Proprietorship ___ Partnership ___ Corporation ___ LLC
 # of Employees _____ Current _____ Estimated in next 2 years _____

Company Ownership:

Name _____	Title _____	% Ownership _____	US Citizen (Y/N) _____
Name _____	Title _____	% Ownership _____	US Citizen (Y/N) _____
Name _____	Title _____	% Ownership _____	US Citizen (Y/N) _____

Affiliate Business:

Name _____	Title _____	% Ownership _____	US Citizen (Y/N) _____
Name _____	Title _____	% Ownership _____	US Citizen (Y/N) _____
Name _____	Title _____	% Ownership _____	US Citizen (Y/N) _____

Project Information

Project Address _____
 City _____ State _____ Zip _____
 Sq. footage of the building _____ Sq. footage being occupied _____

**Please note – we require your company to occupy 51% of an existing building and 60% of a new building, initially.*

If known, how will the property be vested (Please write the name of the owning entity)
 Individually _____ Husband & Wife _____
 Partnership _____ LLC _____
 Corporation _____ Other _____

Please provide appropriate documentation (i.e. Partnership Agreement, LLC documents, Articles of Incorporation, Trust Agreement)

Property Ownership: (If different from company)

Name _____	Title _____	% Ownership _____	US Citizen (Y/N) _____
Name _____	Title _____	% Ownership _____	US Citizen (Y/N) _____
Name _____	Title _____	% Ownership _____	US Citizen (Y/N) _____

Total Project Costs

If purchasing an existing building		If constructing a new building	
Purchase Price	\$ _____	Land Acquisition	\$ _____
Tenant Improvements	\$ _____	Construction Bid	\$ _____
Equipment*	\$ _____	Architects, permits, soft costs	\$ _____
Other	\$ _____	Equipment*	\$ _____
Total	\$ _____	Other	\$ _____
		Total	\$ _____

* Equipment is financed, it must have a useful life of 10 years or greater.
 If known, how will the equipment be owned? Realty _____ SBC _____

Additional Information

Have you or any officer from the company ever been involved in bankruptcy/insolvency proceedings? Yes No

Are you or your business involved in any pending or prior lawsuits? Yes No

Have you ever received an SBA loan? Yes No

If yes, please provide a copy of the SBA Loan Authorization document and the following information:

Original Amount _____ Date of Loan _____

Current Balance _____ Status _____

Military Service Background (Please fill in for any owner who is a military veteran)

Name _____ % Ownership in SBC _____

Rank at Discharge _____ Honorable _____

Branch _____ From _____ To _____

Other General Information

Have you talked to a banker about this project? Yes No *If YES, please provide us with the bank contact information below.*

Bank Contact Information

Bank _____ Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

Attorney Contact Information

Firm Name _____ Attorney _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

Hazard Insurance Information (If known at this time)

Firm Name _____ Agent _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

Credit Report Authorization (attach additional signature sheets as needed – add signatures for both company and property owners)

I declare that the information provided in this application is true and correct. I hereby authorize the release of any and all credit reports – both personal and corporate – and other information required in the processing of my loan application and as required in the servicing and/or during the term of my loan. I further authorize Self-Help Ventures Fund to release such information to any entity as required in the processing of my loan application.

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

Owner Signature _____ Date _____

Spouse Signature _____ Date _____

Owner Signature _____ Date _____

Spouse Signature _____ Date _____



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 owing 20% or more of voting stock, or (4) any other person or entity providing a guaranty of the loan.

Name	Business Phone:
Residence Address	Residence Phone:
City, State, & Zip Code	

Business Name of Applicant/Borrower:

	ASSETS		LIABILITIES
Cash on hand and 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 & 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 & 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 attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

	Property A	Property B	Property C	Property D
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.

Additional Real Estate Owned				
	Property E	Property F	Property G	Property H
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				

Additional Real Estate Owned				
	Property I	Property J	Property K	Property L
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				

Additional Real Estate Owned				
	Property M	Property N	Property O	Property P
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				



BUSINESS NOTES PAYABLE SCHEDULE

Applicant Name _____ **Date** _____

Please include on this schedule all existing notes and long-term leases of your business, including mortgages, revolving credit arrangements, factoring agreements, equipment leases and any other type of debt, secured or unsecured.

Creditor	Original Amount	Original Date	Balance Due	Interest Rate	Maturity Date	Monthly Payment	Collateral

Sign/Title: _____ Date _____