



TMC Development

SBA LOAN APPLICATION

TMC Development offers businesses up to 90% financing for the acquisition, renovation, or construction of commercial real estate through the SBA 504 loan program. For each SBA 504 loan a Certified Development Company (CDC) partners with a lender to provide the real estate financing. With over 26 years of SBA experience TMC has ranked in the top 5 CDCs nationally for over a decade.

TMC offers quick and efficient prequalification at no charge for prospective buyers and works with each business to determine eligibility and assess financing needs.

Please complete this SBA Loan Application and provide the following documents to start the prequalification process.

PREQUALIFICATION CHECKLIST

For Each Business

- SBA Loan Application – Section 1: Business Information
- Complete Business Federal Tax Returns for the last 3 years
- Current Interim Profit & Loss and Balance Sheet (*Dated within the last 90 days*)

For Each **Start-Up Business** or **New Business** A New Business is one which was established less than 2 years ago.

- Business Plan (*For Start-Up only*)
- Two-Year Projections with Narrative Assumptions

For Each **Principal** Includes any person who has 20% or greater ownership of the operating company.

- SBA Loan Application – Section 2: Personal Information
- Personal Financial Statement
- Complete Personal Federal Tax Return for the most recent year (*Include all schedules, K-1s and most recent W-2s*)

For Each **Affiliate Business** Includes any other business in which a Principal, or their spouse has a controlling interest.

- Complete Business Federal Tax Returns for the last 2 years and/or Year End Financial Statements for the last 2 years

All forms are available online at www.tmcd.com or by calling to request delivery via mail, fax, or email. Please contact us with any questions.

TMC Headquarters | 611 Front Street, San Francisco, CA 94111 | P 888.989.8855 | F 415.989.3382

TMC Los Angeles | 445 S. Figueroa Street #2700, Los Angeles, CA 90071 | P 213.612.7787 | F 213.612.7791

TMC Las Vegas | 10161 Park Run Drive #150, Las Vegas, NV 89145 | P 702.318.6515 | F 702.318.6516

SECTION 1: BUSINESS INFORMATION

To be completed for each Business that will occupy the new location. Please make copies as needed.

Business Information

Business Name _____ DBA (If Applicable) _____

Mailing Address _____ City _____ State _____ Zip _____

Primary Contact _____ Work Phone _____ Fax _____ Cell _____

Secondary Contact _____ Work Phone _____ Fax _____ Cell _____

Email _____ Business Website _____

Type of Business _____ Date Established _____

Type of Entity (check one): Sole Proprietorship Partnership LLC _____ Corporation (Years Business Incorporated _____)

Number of current employees _____ Estimated number of employees to be added within two years as a result of this project? _____

Business Ownership For the purpose of this application a Principal is any person with 20% or greater ownership in the operating company.

Principal Name _____ Title _____ % of Ownership _____

Principal Name _____ Title _____ % of Ownership _____

Principal Name _____ Title _____ % of Ownership _____

Principal Name _____ Title _____ % of Ownership _____

If Corporation, please provide name of Corporate Secretary _____

Affiliate Businesses If applicable, this includes any business in which a Principal, or their spouse has a controlling interest.

Business Name _____ Owner/Title _____ % of Ownership _____

Business Name _____ Owner/Title _____ % of Ownership _____

Business Name _____ Owner/Title _____ % of Ownership _____

Operating Company Profile

Type of business _____

Type of products or services (Provide catalogs or brochures, if available) _____

Who is responsible for day-to-day activities? _____

List key customers _____

Does one customer represent more than 50% of total sales? (If yes, please explain) _____

List major competitors _____

How will this SBA loan benefit your business? _____

References

Bank Contact _____ Bank of Account _____ Phone _____

Accountant _____ Firm Name _____ Phone _____

Attorney _____ Firm Name _____ Phone _____

Existing Business Locations Attach a separate sheet if necessary.

Address _____ Own Lease Replaced by new facility? Yes No Square Footage _____
 _____ Mortgage/Lease Payment _____ Lease Expiration _____

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 _____ Mortgage/Lease Payment _____ Lease Expiration _____

Address _____ Own Lease Replaced by new facility? Yes No Square Footage _____
 _____ Mortgage/Lease Payment _____ Lease Expiration _____

New Project Information Property to be purchased.

Address _____

What is the square footage of the new building? _____ What is the square footage your company will occupy? _____

How will the property be vested (*i.e. individually, LLC, corporation, etc.*)? Include vesting name, if applicable _____

In Contract? Yes No If yes, please provide the Finance Contingency date _____ and the Close of Escrow date _____

Real Estate Broker Name _____ Firm _____ Phone _____

Are there existing tenants? Yes No

Tenant Name _____ Square Footage _____ Lease Payment _____ Lease Expiration _____

Tenant Name _____ Square Footage _____ Lease Payment _____ Lease Expiration _____

Tenant Name _____ Square Footage _____ Lease Payment _____ Lease Expiration _____

Total Project Costs

FOR THE PURCHASE OF AN EXISTING BUILDING

Purchase price \$ _____

Improvements \$ _____

Equipment* \$ _____

Other \$ _____

Total \$ _____

FOR A CONSTRUCTION PROJECT

Land acquisition \$ _____

Construction \$ _____

Equipment* \$ _____

Other \$ _____

Total \$ _____

* The SBA requires all equipment financed to have a useful life of 10 years or greater.

Business Debt Schedule Must be dated same as interim financial statement.

This schedule should contain loans for contracts, term debts, notes payable, credit lines, and capitalized leases, *not* accounts payable or accrued liabilities. If the business is a sole proprietorship, list business debt only. Continue on additional business debt form if necessary. All forms can be downloaded at www.tmc.com or provided on request. If there is no debt, write "NONE."

Creditor Name/Address	Original Date	Original Amount	Present Balance	Interest Rate	Monthly Payment	Mature Date	Collateral/Security
TOTAL PRESENT BALANCE (<i>Total must agree with balance shown on interim balance sheet</i>)							

DATE (*Same as interim financial statement*) _____

SECTION 2: PERSONAL INFORMATION

To be completed by each Principal involved in the loan. Please make copies as needed.

Personal Information

Name _____ SSN# _____ DOB _____ Place of Birth _____

Spouse _____ SSN# _____ DOB _____ Place of Birth _____

Spouse's Occupation _____ Spouse's Monthly Income (Attach W-2 or recent pay stub) _____

Will your spouse be on title to the new property? Yes No Home Phone _____ Work Phone _____

Home Address _____
STREET CITY STATE ZIP FROM TO

	YOU	YOUR SPOUSE
Are you and your spouse U.S. Citizens? (If no, please provide a copy of your Alien Registration or Visa Card.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you, or your spouse, presently under indictment, on parole, or on probation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you, or your spouse, ever been charged with or arrested for any criminal offense other than a minor motor vehicle violation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you, or your spouse, ever been convicted of any criminal offense other than a minor motor vehicle violation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you, your spouse, or your business defaulted or compromised a government loan, or otherwise caused an agency of government to sustain a loss?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you, or your spouse, been involved in bankruptcy or insolvency proceedings? (If yes, please provide a copy of the bankruptcy filing, schedules, discharge, and written explanation.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you, or your spouse, been 60 or more days delinquent in court-ordered child support payments?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you, your spouse, or your business involved in any pending lawsuits or arbitrations?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you, or your spouse, ever received SBA financing? (If yes, provide your current balance.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Do you, your spouse, or any member of your household work for the Small Business Administration, Small Business Advisory Council, SCORE, ACE, any Federal Agency, or the participating lender? Yes No
(If yes, please provide the name and address of the person and the address where employed.)

Does any one who owns, manages or directs your business, their spouse, or member of their household work for the Small Business Administration, Small Business Advisory Council, SCORE, ACE, any Federal Agency, or the participating lender? Yes No
(If yes, please provide the name and address of the person and the address where employed.)

Optional This section helps determine certain SBA eligibility criteria.

Indicate gender: Male Female

With which ethnicity do you more closely identify?

- African American
 Asian or Pacific Islander
 Caucasian
 Eskimo or Aleut
 Hispanic
 Multi-Ethnic
 Native American (other than Eskimo or Aleut)
 Puerto Rican
 Other _____

Personal Budget Analysis

PERSONAL MONTHLY EXPENSES	MONTHLY AMOUNT
Mortgage Payment/Rent	\$ _____
Real Estate Taxes	\$ _____
Auto Loan(s)	\$ _____
Other Loan(s)	\$ _____
Credit Lines/Cards	\$ _____
Utilities & Telephone	\$ _____
Insurance (All: i.e. health, home owner's, etc.)	\$ _____
Food	\$ _____
Clothing	\$ _____
Child Care	\$ _____
Other (_____)	\$ _____
TOTAL MONTHLY EXPENSES:	\$ _____

Management Resume Please complete or attach a resume.

Education *(College or Technical Training)*

Name _____ Location _____

Dates Attended _____ Major _____ Degree or Certificate _____

Name _____ Location _____

Dates Attended _____ Major _____ Degree or Certificate _____

Name _____ Location _____

Dates Attended _____ Major _____ Degree or Certificate _____

Military Service Background

Branch _____ From _____ To _____ Honorable discharge? Yes No

Branch _____ From _____ To _____ Honorable discharge? Yes No

Vietnam veteran? Yes No

Work Experience *List chronologically beginning with present employment.*

Company _____ Location _____

From _____ To _____ Title _____

Duties _____

Company _____ Location _____

From _____ To _____ Title _____

Duties _____

Company _____ Location _____

From _____ To _____ Title _____

Duties _____

Authorization to Release Information

I/We herby certify that the enclosed information, including attachments and/or exhibits provided herewithin or at a later date, is true and correct to the best of my/our knowledge. I/We authorize TMC Development to make inquiries and/or release information to any entity as necessary to verify the accuracy of the statements made, to determine credit worthiness, and to obtain any information required in the processing of my loan application, in the servicing of my loan, and/or during the term of my loan.

Signature of applicant _____ Date _____

Signature of spouse _____ Date _____

Certification as to Prior Government Financing To be completed by each Principal and/or Guarantor. Please make copies as needed.

Section I

Principal and/or Guarantor Name _____

Business Name (on current loan application) _____

Section II

Please list any other business(es) in which you have, or have had, a controlling interest and/or 20% or greater ownership.

Section III

Please complete the chart below with the following information for you and your business(es) listed in Section I & II:

- Federal debt including SBA loans, student loans, and disaster loans (this includes any loans that have been paid in full or charged off)
- Other Pending SBA Loan Application(s)

Name of Agency				
Agency Loan Number				
Name under which the loan was borrowed <i>(Company, personal, maiden name, etc.)</i>				
Original Amount of Loan				
Date of Application				
Loan Status				
Outstanding Balance				
Amount of Loss to the Government* <i>(If none, write "NONE.")</i>				

***If there has been a loss to the government as a result of a charge off, compromise, or discharge due to bankruptcy for any of the listed debt, it must be identified above. LOSS is the outstanding principal balance of the loan that the government agency had to write off after all collection activities (including compromise) were finalized.**

I certify that no prior or current government financing exists for myself or any business(es) for which I have, or have had, a controlling interest except as listed above; and further certify that no loss to the Federal Government had occurred as a result of said financing, except as expressly noted above.

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 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)

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.**