

# Union Capital Finance Corporation

2 Kings Court  
Little Rock, AR 72211  
(501) 224-9050 fax (501) 224-9048  
[www.unioncapitalfinance.net](http://www.unioncapitalfinance.net)

## SBA Loan Proposal Checklist

The SBA 7(a) guaranteed loan program can be your solution to long term financing for a variety of business purposes. In order to complete our analysis of your loan request and structure a financing package that meets your company's needs we will need to review certain information, as itemized below. Please note that all items must contain an original signature and date. For each box checked below, please provide the requested information.

### SBA FORMS

- Union Capital Finance Corporation SBA application form, to be completed by each partner holding 20% or more Common Stock.
- Form 912 (page 12 of this app.) from each 20% or more partner
- Management Resume form for each 20% or more partner

### BUSINESS FINANCIAL EXHIBITS

- Fiscal year end business financial statements for prior three (3) years
- Business federal tax returns for three prior years, to include all supporting schedules and statements (All tax returns must be signed and dated)
- Interim business financial statement (year-to-date)—within 30 days of application date
- Business Debt Schedule (form enclosed), as of the same date as the interim financial statement
- Aging of accounts receivable and accounts payable (corresponding to the date of the interim financial statements)
- Business plan (for new businesses)
- Month-to-month projections covering any interim period until year end plus two full fiscal years including the assumptions that the projections were based upon, and a pro forma business balance sheet on new businesses

### PERSONAL FINANCIAL EXHIBITS

#### To be completed by each partner, holder of 20% or more Common Stock

- Personal Financial Statement (SBA form 413) for all owner(s) with 20% or more ownership interest
- Personal federal tax returns for three prior years, to include all supporting schedules and statements as of date of application (All tax returns must be signed and dated)
- Last 3 months bank, stock or IRA account statements from which your cash injection is coming
- SBA form 4506T
- Personal Cash flow Statement
- SBA Form 912

### MISCELLANEOUS (as applicable)

- Copy of driver license for all 20% or more partners
- Executed or Certified Copy of Buy/Sell Agreement (if available)
- Copy of Franchise Agreement and Offering Circular (if available)
- Copy of current lease or proposed lease on facility to be occupied (if available)
- Copy of contract/bid for work to be done by Contractor, construction budget/plans and specifications (if available)
- Copy of Real Estate Purchase Agreement (if available)
- Legal entity documents
  - Sole Proprietorship** – Fictitious Name Statement or Assumes Name Certificate (if available)
  - Corporation** – Articles of Incorporation and Bylaws (if available)
  - Partnerships** (General or Limited) –Partnership Agreement (with all exhibits) (if available)
  - Limited Liability Company** –Articles of Organization Form (LLC-1) and Operating Agreement (if available)
  - Trust**- Trust Agreement with all exhibits and amendments (if available)
- Description of collateral
- Other
- \$1000 Application fee. Not refunded if applicant cancels after signing the pre-approval form or if the loan application is not approved after applicant signs the pre-approval form.
- Cover letter explaining and summarizing transaction.

If refund is requested prior to pre-approval and Union Capital Finance Corporation has spent any actual costs, all actual costs will be deducted including credit reports and credit card fees for deposits or application fee.  
All rates subject to change until final loan approval confirmation.

**Financing the purchase of an existing business? Also include the following:**

- Copy of executed purchase agreement or draft copy (break out amounts for assets, inventory, goodwill etc...)
- Three years' business financial statements and tax returns and a recent interim financial statement on the business to be acquired, as well as an SBA form 4506 (all signed and dated by seller)
- Does business being acquired have an SBA loan outstanding? Yes \_\_\_ No \_\_\_

**Expanding a business you own? Also include the following:**

- Completed Business Debt Schedule (as of date of interim state provided)
- Accounts Receivable & Accounts Payable aging (as of date of interim state provided)
- Business financial statements and complete tax returns, last three years and interim (signed and dated)

**Refinancing debt? Also include the following:**

- A copy of the loan documents on the debt to be refinanced and contact at lender
- Three years business financial statements, balance sheets, interim P&L's, signed and dated SBA form 4506, and tax returns

**Credit Questions**

- Do you have a good credit? Yes \_\_\_ No \_\_\_ (If No, write brief explanation and include in packet)  
Do you have a location yet? Yes \_\_\_ No \_\_\_ If Yes, address: \_\_\_\_\_  
If not, list tentative location: \_\_\_\_\_
- Do you own any franchises now? If so, please attach a summary list.
- Do you have a business loan application pending with another lender at this time?  
If yes, with whom? \_\_\_\_\_

**SBA QUESTION: SERVICES RENDERED IN CONNECTION WITH THIS APPLICATION**

Has anyone helped you with this application? Yes \_\_\_ No \_\_\_ .

How much was paid? \$1000 Application Fee

To who was application fee paid?

Name: Union Capital Finance Corporation  
Address: 2 Kings Court  
City, State, Zip: Little Rock, AR 72211  
Phone: 501-224-9050  
Fax: 501-224-9048  
Email address: [jim@unioncapitalfinance.net](mailto:jim@unioncapitalfinance.net)

\*\* Other closing costs include packaging fee, SBA guarantee fee, UCC filing fees, appraisals on collateral (if needed), title fees, documentation fee, credit reports, lender application fee, etc.

\*\* I hereby certify to Lender that the above representation regarding fees paid in relation to this application is correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_ .

\*Please be aware that Lender may also pay a referral fee to a broker or other referral source.\*

## AUTHORIZATION TO RELEASE INFORMATION

In connection with this application for financing (and any update, extension, modification, renewal or review of such financing, if it is granted), each of the undersigned hereby: authorizes Union Capital Finance Corporation and/or Lenders selected by Union Capital Finance Corporation (collectively, the "Lender") to make all inquiries it deems necessary to verify the accuracy of the information provided my herein and to determine my creditworthiness including, without limitation, obtaining consumer and/or business credit reports regarding me or any entity I am affiliated with. Each of the undersigned individuals hereby acknowledges that Lender will obtain a consumer credit report concerning them.

The Lender may, at any time in its sole discretion, disclose the status of the proposed financing transaction and the credit data and other information concerning or relating to the undersigned or the proposed financing transaction to the SBA, referral sources, franchisors, vendors, loan participants, other lenders, agents and affiliates of any undersigned or the Lender.

The undersigned hereby certify that the enclosed application information, including all attachments, exhibits, schedules, etc., are valid, accurate and complete.

All owners including stockholders with 20% or more ownership interest, partners, directors and guarantors must sign this form (spouses should sign when applicable).

The undersigned also does hereby authorize any Financial Institution to send any proposal commitment and decline letters to Union Capital Finance Corporation regarding this transaction.

I have read the above and understand it fully and recognize that I am releasing all lenders and its representatives from any liability, which may be with this application investigation.

COMPANY	NAME	SIGNATURE	TITLE	SOCIAL SECURITY NO.	DATE
STREET			CITY	STATE	ZIP CODE
COMPANY	NAME	SIGNATURE	TITLE	SOCIAL SECURITY NO.	DATE
STREET			CITY	STATE	ZIP CODE
COMPANY	NAME	SIGNATURE	TITLE	SOCIAL SECURITY NO.	DATE
STREET			CITY	STATE	ZIP CODE
COMPANY	NAME	SIGNATURE	TITLE	SOCIAL SECURITY NO.	DATE
STREET			CITY	STATE	ZIP CODE

# LOAN REQUEST FORM

## APPLICANT COMPANY

Company Name \_\_\_\_\_  
DBA (if applicable) \_\_\_\_\_  
Name of Franchise (if applicable) \_\_\_\_\_  
Telephone \_\_\_\_\_  
Fax \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email Address \_\_\_\_\_  
Date Established \_\_\_\_\_  
Tax ID# \_\_\_\_\_  
State of Incorporation or Organization \_\_\_\_\_  
State Organization number \_\_\_\_\_

Is the Applicant Company:

the Operating Entity; or  Real Estate Holding Company

Will you incorporate before funding? Yes \_\_\_ No \_\_\_

Type of Applicant Company Organization:

Corporation  Sole Proprietorship  General Partnership

Limited Partnership or Limited Liability Partnership

Limited Liability Corporation

# of Employees: Existing \_\_\_\_\_  
After this Financing \_\_\_\_\_  
Affiliates \_\_\_\_\_

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Telephone \_\_\_\_\_  
Email Address \_\_\_\_\_  
Percent of Ownership \_\_\_\_\_  
Social Security No. \_\_\_\_\_  
Most recent date of acquisition of any ownership interest \_\_\_\_\_

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Telephone \_\_\_\_\_  
Email Address \_\_\_\_\_  
Percent of Ownership \_\_\_\_\_  
Social Security No. \_\_\_\_\_  
Most recent date of acquisition of any ownership interest \_\_\_\_\_

(If additional owners, please attach on a separate sheet).

## OWNERSHIP OF APPLICANT COMPANY

List below all owners, partners, LLC members, and stockholders totaling 100% of ownership.

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Telephone \_\_\_\_\_  
Email Address \_\_\_\_\_  
Percent of Ownership \_\_\_\_\_  
Social Security No. \_\_\_\_\_  
Most recent date of acquisition of any ownership interest \_\_\_\_\_

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Telephone \_\_\_\_\_  
Email Address \_\_\_\_\_  
Percent of Ownership \_\_\_\_\_  
Social Security No. \_\_\_\_\_  
Most recent date of acquisition of any ownership interest \_\_\_\_\_

## AFFILIATES

List below all business concerns in which the applicant company or any of the individuals listed in the Ownership Section above have 20% ownership or controlling interest.\*

Name \_\_\_\_\_  
Individual Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Telephone \_\_\_\_\_  
Percent of Ownership \_\_\_\_\_

Name \_\_\_\_\_  
Individual Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Telephone \_\_\_\_\_  
Percent of Ownership \_\_\_\_\_

(If additional affiliates, please attach a separate sheet).

\*Affiliation does also exist where an individual(s) has control of the Small Business Company and another concern(s) even though the ownership of one or both is small.

Franchisor Contact \_\_\_\_\_  
Phone \_\_\_\_\_  
E-mail \_\_\_\_\_

**ESTIMATED PROJECT OR REFINANCING COSTS**

Land acquisition \_\_\_\_\_  
 New building construction \_\_\_\_\_  
 Business acquisition \_\_\_\_\_  
 Land and building acquisition \_\_\_\_\_  
 Building or leasehold improvements/repairs \_\_\_\_\_  
 Acquisition of machinery/equipment \_\_\_\_\_  
 Acquisition of furniture/fixtures and signs \_\_\_\_\_  
 Inventory purchase \_\_\_\_\_  
 Working capital (including accounts payable) \_\_\_\_\_  
 Payoff bank loan \_\_\_\_\_  
 Other debt payment \_\_\_\_\_  
 Engineering/architectural fee \_\_\_\_\_  
 SBA guarantee fee \_\_\_\_\_  
 Closing costs \_\_\_\_\_  
 Franchise fee (if applicable) \_\_\_\_\_  
 Vehicle \_\_\_\_\_  
 Miscellaneous include: deposits, permits, and legal \_\_\_\_\_  
**TOTAL ESTIMATED PROJECT AMOUNT** \_\_\_\_\_  
**LESS OWNERS' CASH/EQUITY TO BE INJECTED\*** \_\_\_\_\_  
**LESS SELLER CARRY BACK (IFF APPLICABLE)** \_\_\_\_\_  
**TOTAL LOAN REQUESTED FOR PROJECT** \_\_\_\_\_

LOAN TERM REQUESTED     5 YEAR                       7 YEAR                       10 YEAR                       OTHER

Do you own any franchises now? Name: \_\_\_\_\_ How many: \_\_\_\_\_ How long in operation: \_\_\_\_\_  
 Who will run location day-by-day? \_\_\_\_\_  
 Principals that will continue their present employment or current income:  
 Name: \_\_\_\_\_ Annual Income: \_\_\_\_\_ Type of proof provided: \_\_\_\_\_

**BUSINESS DEBT SCHEDULE**

(Existing debt if you own a business now and/or list other debt this business will have)

**Company Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

This schedule should contain loans for contracts and notes payable not accounts payable or accrued liabilities.

Creditor Name/Address	Original Amount	Original Amount	Present Balance	Interest Rate	Monthly Payments	Maturity Date	Collateral or Security	Current or Delinquent

\*TOTAL PRESENT BALANCE: \_\_\_\_\_  
 \*Total must agree with balance shown on Interim Financial Statement

Borrower: \_\_\_\_\_  
 Please Print Name                      By: \_\_\_\_\_ Title: \_\_\_\_\_

**FINANCIAL REFERENCES**

(Additional financial information may be provided on a separate sheet).

**PROFESSIONAL ASSISTANCE**

Attorney's Name \_\_\_\_\_

Firm \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Email Address \_\_\_\_\_

Contact \_\_\_\_\_

Accountant's Name \_\_\_\_\_

Firm \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Email Address \_\_\_\_\_

Contact \_\_\_\_\_

**BANK REFERENCES**

(Business and Personal)

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Email Address \_\_\_\_\_

Contact \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Email Address \_\_\_\_\_

Contact \_\_\_\_\_

**DESCRIPTION OF FINANCIAL ACCOUNTS**

(Required for applicant company and each Guarantor.) Please include description and account numbers for all liquid assets (mutual funds, money market accounts, etc.).

Name of Institution \_\_\_\_\_

Type of Account \_\_\_\_\_

Account Number \_\_\_\_\_

Current Balance \_\_\_\_\_ Date Opened \_\_\_\_\_

Name of Institution \_\_\_\_\_

Type of Account \_\_\_\_\_

Account Number \_\_\_\_\_

Current Balance \_\_\_\_\_ Date Opened \_\_\_\_\_

Name of Institution \_\_\_\_\_

Type of Account \_\_\_\_\_

Account Number \_\_\_\_\_

Current Balance \_\_\_\_\_ Date Opened \_\_\_\_\_



**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 .....	\$	_____
<b>Total</b>	\$	_____	Net Worth .....	\$	_____
			<b>Total</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 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.**

# PERSONAL INCOME AND EXPENSE ANALYSIS

Name \_\_\_\_\_

INCOME		MONTHLY	ANNUAL
AVAILABLE DRAW	(NP + DEPRECIATION)	_____	_____
GROSS SALARY	(PRINCIPAL)	_____	_____
GROSS SALARY	(SPOUSE)	_____	_____
RENTAL INCOME	(GROSS)	_____	_____
INTEREST INCOME	(RECURRING)	_____	_____
ALIMONY*		_____	_____
OTHER INCOME	(RECURRING)	_____	_____
<b>TOTAL INCOME</b>		_____	_____

\* Alimony or child support payments need not be disclosed unless it is desired to have such payments counted toward total income.

EXPENSES		MONTHLY	ANNUAL
MORTGAGE EXPENSE	(P&I)	_____	_____
RENTAL EXPENSE		_____	_____
RESIDENCE EXPENSES	(CASH EXP. Less P&I)	_____	_____
AUTO LOANS	(ALL)	_____	_____
INSTALLMENT LOANS	(ALL)	_____	_____
REVOLVING CREDIT	(5% of ALL BALANCES)	_____	_____
UTILITIES/PHONE	(ESTIMATE)	_____	_____
INSURANCES	(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)			
<b>TOTAL EXPENSES</b>		_____	_____
<b>NET DISCRETIONARY INCOME</b>		_____	_____
<b>COVERAGE RATIO (income ÷ expense)</b>		_____	_____
(should be at least 1.25)			

Principal  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# MANAGEMENT RESUME

All owners, partners, directors, stockholders, and key managers should complete this form. Please fill in all spaces, use full first, middle, maiden, and last names. Please indicate if an item is not applicable.

## PERSONAL

Name \_\_\_\_\_  
First Middle Maiden Last

## EDUCATION

Type of Degree \_\_\_\_\_  
Name & Location of Institution \_\_\_\_\_  
Dates From/To \_\_\_\_\_  
Major \_\_\_\_\_  
Did You Graduate? \_\_\_\_\_

Type of Degree \_\_\_\_\_  
Name & Location of Institution \_\_\_\_\_  
Dates From/To \_\_\_\_\_  
Major \_\_\_\_\_  
Did You Graduate? \_\_\_\_\_

Type of Degree \_\_\_\_\_  
Name & Location of Institution \_\_\_\_\_  
Dates From/To \_\_\_\_\_  
Major \_\_\_\_\_  
Did You Graduate? \_\_\_\_\_

## MILITARY SERVICE BACKGROUND

Branch \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_  
Honorable Discharge? \_\_\_\_\_  
Rank at Discharge \_\_\_\_\_  
Grade \_\_\_\_\_

## WORK EXPERIENCE

Are you employed by the U.S. Government?  Yes  No  
Agency/Position \_\_\_\_\_  
Grade \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_  
Title \_\_\_\_\_  
Duties \_\_\_\_\_

## OTHER WORK EXPERIENCE

From \_\_\_\_\_ To \_\_\_\_\_  
Title \_\_\_\_\_  
Duties \_\_\_\_\_  
Company Name/Location \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_  
Title \_\_\_\_\_  
Duties \_\_\_\_\_  
Company Name/Location \_\_\_\_\_

## PREVIOUS SBA OR OTHER FEDERAL GOVERNMENT DEBT

Complete the following if you or any principals or affiliates have

- 1) ever requested Government Financing or
- 2) are delinquent on the repayment of any Federal Debt

Name of Agency	Original Amount of Loan	Date of Request	Approved or Declined	Balance	Current or Past Due

- Have you or any officer of your company ever been involved in bankruptcy or insolvency proceedings? If yes, please furnish details in a separate exhibit.  Yes  No
- Are you or your business involved in any pending lawsuits? If yes, furnish details in a separate exhibit.  Yes  No
- Do you or your spouse or any member of your household, or anyone who owns, manages or directs your business, or their spouses or members of their households, work for the Small Business Administration, Small Business Advisory Council, SCORE, ACE, or a Federal Agency, or the participating lender? If yes, please provide the name and address of the person and the office where employed in a separate exhibit.  Yes  No
- Have you ever been disbarred from doing business with the U.S. Government?  Yes  No
- Are all your business and personal taxes current?  Yes  No
- Does your business currently engage in Export Trade?  Yes  No
- Do you plan to begin exporting as a result of this loan?  Yes  No

Signature \_\_\_\_\_ Date \_\_\_\_\_

# PROFIT AND LOSS PROJECTION

Company Name: \_\_\_\_\_

Budget Projections	1st Mo.	2nd Mo.	3rd Mo.	4th Mo.	5th Mo.	6th Mo.	7th Mo.	8th Mo.	9th Mo.	10th Mo.	11th Mo.	12th Mo.	Totals
<u>Monthly Sales</u>													
Gross Sales													
Cost of Sales													
Gross Point													
<u>Operating Expenses</u>													
Salaries to Others													
Salary to Owners													
Payroll Taxes/U.I.													
Repairs													
Rent with CAM													
Utilities													
Telephone													
Licenses and Permits													
Insurance													
Accounting/Legal													
Royalties													
Advertising													
Operating Supplies													
Postage													
Medical Insurance													
Auto and Truck													
Equipment Leases													
Miscellaneous													
Miscellaneous													
Miscellaneous													
<u>Total Operating Exps.</u>													
<u>Profit</u>													
Debt Service													
<u>Net Profit</u>													

**Please attach assumptions to this projection.** If applicable, please indicate seasonality during the year.

Signature \_\_\_\_\_ Date \_\_\_\_\_



**United States of America**  
**SMALL BUSINESS ADMINISTRATION**  
**STATEMENT OF PERSONAL HISTORY**

**Please Read Carefully - Print or Type**

Each member of the small business or the development company requesting assistance must submit this form in TRIPLICATE for filing with the SBA application. This form must be filled out and submitted by:

1. By the proprietor, if a sole proprietorship.
2. By each partner, if a partnership.
3. By each officer, director, and additionally by each holder of 20% or more of the ownership stock, if a corporation, limited liability company, or a development company.

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 stocked owned or to be owned in the small business or the development company	
	3. Date of Birth (Month, day, and year)	
	4. Place of Birth: (City & State or Foreign Country)	
	5. U.S. Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO If No, are you a Lawful Permanent resident alien: <input type="checkbox"/> YES <input type="checkbox"/> NO If non- U.S. citizen provide alien registration number: _____	

Name and Address of participating lender or surety co. (when applicable and known)	5. U.S. Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO If No, are you a Lawful Permanent resident alien: <input type="checkbox"/> YES <input type="checkbox"/> NO If non- U.S. citizen provide alien registration number: _____	
6. Present residence address: From: To: Address:  Home Telephone No. (Include A/C): Business Telephone No. (Include A/C):	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.**

**IT IS IMPORTANT THAT THE NEXT THREE QUESTIONS BE ANSWERED COMPLETELY. AN ARREST OR CONVICTION RECORD WILL NOT NECESSARILY DISQUALIFY YOU; HOWEVER, AN UNTRUTHFUL ANSWER WILL CAUSE YOUR APPLICATION TO BE DENIED.**

**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.**

7. Are you presently under indictment, on parole or probation?  <input type="checkbox"/> Yes <input type="checkbox"/> 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.)  <input type="checkbox"/> Yes <input type="checkbox"/> No
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?  <input type="checkbox"/> Yes <input type="checkbox"/> No
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:** 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 by imprisonment of not more than five years and/or a fine of not more than \$10,000; 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
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<b>Agency Use Only</b> 11. <input type="checkbox"/> Fingerprints Waived _____ Date _____ Approving Authority _____ <input type="checkbox"/> Fingerprints Required _____ Date _____ Approving Authority _____ Date Sent to OIG _____	12. <input type="checkbox"/> Cleared for Processing _____ Date _____ Approving Authority _____ 13. <input type="checkbox"/> Request a Character Evaluation _____ Date _____ Approving Authority _____ (Required whenever 7, 8 or 9 are answered "yes" even if cleared for processing.)
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**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.**



### Request for Transcript of Tax Return

(Rev. November 2005)

Department of the Treasury  
Internal Revenue Service

- ▶ Do not sign this form unless all applicable lines have been completed.  
Read the instructions on page 2.
- ▶ Request may be rejected if the form is incomplete, illegible, or any required line was blank at the time of signature.

OMB No. 1545-1872

**Tip:** Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can also call 1-800-829-1040 to order a transcript. If you need a copy of your return, use **Form 4506**, Request for Copy of Tax Return. There is a fee to get a copy of your return.

<b>1a</b> Name shown on tax return. If a joint return, enter the name shown first.	<b>1b</b> First social security number on tax return or employer identification number (see instructions)
<b>2a</b> If a joint return, enter spouse's name shown on tax return	<b>2b</b> Second social security number if joint tax return
<b>3</b> Current name, address (including apt., room, or suite no.), city, state, and ZIP code	
<b>4</b> Previous address shown on the last return filed if different from line 3	
<b>5</b> If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information.	

**Caution:** If a third party requires you to complete Form 4506-T, **do not** sign Form 4506-T if lines 6 and 9 are blank.

**6 Transcript requested.** Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶ \_\_\_\_\_

**a Return Transcript**, which includes most of the line items of a tax return as filed with the IRS. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120A, Form 1120H, Form 1120L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days . . . . .

**b Account Transcript**, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 30 calendar days . . . . .

**c Record of Account**, which is a combination of line item information and later adjustments to the account. Available for current year and 3 prior tax years. Most requests will be processed within 30 calendar days . . . . .

**7 Verification of Nonfiling**, which is proof from the IRS that you **did not** file a return for the year. Most requests will be processed within 10 business days . . . . .

**8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2003, filed in 2004, will not be available from the IRS until 2005. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 45 days . . . . .

**Caution:** If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

**9 Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Signature of taxpayer(s).** I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, **either** husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer.

<b>Sign Here</b>		Date	Telephone number of taxpayer on line 1a or 2a (    )
	Signature (see instructions)		
	Title (if line 1a above is a corporation, partnership, estate, or trust)		
	Spouse's signature	Date	

## General Instructions

**Purpose of form.** Use Form 4506-T to request tax return information. You can also designate a third party to receive the information. See line 5.

**Tip.** Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

**Where to file.** Mail or fax Form 4506-T to the address below for the state you lived in when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

**Note.** If you are requesting more than one transcript or other product and the chart below shows two different service centers, mail your request to the service center based on the address of your most recent return.

### Chart for individual transcripts (Form 1040 series and Form W-2)

If you filed an individual return and lived in:	Mail or fax to the "Internal Revenue Service" at:
District of Columbia, Maine, Maryland, Massachusetts, New Hampshire, New York, Vermont	RAIVS Team 310 Lowell St. Stop 679 Andover, MA 01810  978-247-9255
Alabama, Delaware, Florida, Georgia, North Carolina, Rhode Island, South Carolina, Virginia	RAIVS Team 4800 Buford Hwy. Stop 91 Chamblee, GA 30341  678-530-5326
Arkansas, Kansas, Kentucky, Louisiana, Mississippi, Oklahoma, Tennessee, Texas, West Virginia	RAIVS Team 3651 South Interregional Hwy. Stop 6716 AUSC Austin, TX 78741  512-460-2272
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nebraska, Nevada, New Mexico, Oregon, South Dakota, Utah, Washington, Wyoming	RAIVS Team 5045 E. Butler Ave. Stop 38101 Fresno, CA 93727  559-253-4990
Connecticut, Illinois, Indiana, Iowa, Michigan, Minnesota, Missouri, North Dakota, Ohio, Wisconsin	RAIVS Team 2306 E. Bannister Road Stop 6705-B41 Kansas City, MO 64130  816-823-7667
New Jersey, Pennsylvania, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team DP 135SE Philadelphia, PA 19255-0695  215-516-2931

### Chart for all other transcripts

If you lived in or your business was in:	Mail or fax to the "Internal Revenue Service" at:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Georgia, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Tennessee, Texas, Utah, Washington, Wyoming	RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409  801-620-6922
Connecticut, Delaware, District of Columbia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia, Wisconsin	RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250  859-669-3592
A foreign country, or A.P.O. or F.P.O. address	RAIVS Team DP 135SE Philadelphia, PA 19255-0695  215-516-2931

**Line 1b.** Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

**Line 6.** Enter only one tax form number per request.

**Signature and date.** Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the information be sent to a third party, the IRS must receive Form 4506-T within 60 days of the date signed by the taxpayer or it will be rejected.

**Individuals.** Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

**Corporations.** Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer.

**Partnerships.** Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

**All others.** See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

**Documentation.** For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the Letters Testamentary authorizing an individual to act for an estate.

### Privacy Act and Paperwork Reduction Act Notice

We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. Sections 6103 and 6109 require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form**, 10 min.; **Preparing the form**, 12 min.; and **Copying, assembling, and sending the form to the IRS**, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6406, Washington, DC 20224. Do not send the form to this address. Instead, see *Where to file* on this page.

## NOTICES REQUIRED BY LAW

The following is a brief summary of the laws applicable to this solicitation of information.

### **Paperwork Reduction Act (44 U.S.C. Chapter 35)**

SBA is collecting the information on this form to make a character and credit eligibility decision to fund or deny you a loan or other form of assistance. The information is required in order for SBA to have sufficient information to determine whether to provide you with the requested assistance. The information collected may be checked against criminal history indices of the Federal Bureau of Investigation.

### **Privacy Act (5 U.S.C. § 552a)**

Any person can request to see or get copies of any personal information that SBA has in his or her file, when that file is retrievable by individual identifiers, such as name or social security numbers. Requests for information about another party may be denied unless SBA has the written permission of the individual to release the information to the requestor or unless the information is subject to disclosure under the Freedom of Information Act.

Under the provisions of the Privacy Act, you are not required to provide your social security number. Failure to provide your social security number may not affect any right, benefit or privilege to which you are entitled. Disclosures of name and other personal identifiers are, however, required for a benefit, as SBA requires an individual seeking assistance from SBA to provide it with sufficient information for it to make a character determination. In determining whether an individual is of good character, SBA considers the person's integrity, candor, and disposition toward criminal actions. In making loans pursuant to section 7(a)(6) the Small Business Act (the Act), 15 USC § 636 (a)(6), SBA is required to have reasonable assurance that the loan is of sound value and will be repaid or that it is in the best interest of the Government to grant the assistance requested. Additionally, SBA is specifically authorized to verify your criminal history, or lack thereof, pursuant to section 7(a)(1)(B), 15 USC § 636(a)(1)(B). Further, for all forms of assistance, SBA is authorized to make all investigations necessary to ensure that a person has not engaged in acts that violate or will violate the Act or the Small Business Investment Act, 15 USC §§ 634(b)(11) and 687b(a). For these purposes, you are asked to voluntarily provide your social security number to assist SBA in making a character determination and to distinguish you from other individuals with the same or similar name or other personal identifier.

When this information indicates a violation or potential violation of law, whether civil, criminal, or administrative in nature, SBA may refer it to the appropriate agency, whether Federal, State, local, or foreign, charged with responsibility for or otherwise involved in investigation, prosecution, enforcement or prevention of such violations. See 56 Fed. Reg. 8020 (1991) for other published routine uses.

Union Capital Finance Corporation  
2 Kings Court  
Little Rock, AR 72211  
(501) 224-9050 fax (501) 224-9048  
[www.unioncapitalfinance.net](http://www.unioncapitalfinance.net)

## **DISCLOSURE OF RIGHT TO REQUEST SPECIFIC REASONS FOR CREDIT DENIAL**

The undersigned Applicant hereby acknowledges that he/she is aware that under the provisions of the Equal Credit Opportunity Act, he/she has the right to receive a written statement of the specific reason(s) for the denial if this application for credit is denied. To obtain the statement, please contact Union Capital Finance Corporation at 2 Kings Court, Little Rock, AR 72211 within sixty (60) days from the date of notification of the credit denial. Union Capital Finance Corporation will send the Applicant a written statement of the reason(s) for the denial within thirty (30) days of receiving the request for the statement.

**Applicant** \_\_\_\_\_

**Date** \_\_\_\_\_

**Please sign above and return this form to us with your application materials.  
Retain a copy for your files.**