#### OWNER OCCUPIED LOAN CHECKLIST

- 1. General Information Form (attached or use your own)
- 2. Operating Company Tax Returns for Trailing Three Years
- 3. Current Interim Profit and Loss Statement And Balance Sheet of the Operating Company (within 60 days)
- 4. Business Debt Schedule (attached or use your own)
- 5. Complete Personal Tax Returns for Trailing Three Years for All Principals
- 6. Personal Financial Statement for All Principals (attached or use your own)
- 7. Resume for Key Principals (attached or use your own)

#### INVESTMENT PROPERTY LOAN CHECKLIST

- 1. General Information Form (attached or use your own)
- 2. Property Income and Expense Statement for Trailing Three Years
- 3. Current Interim Income and Expense Statement of the Property (Within 60 Days)
- 4. Property Rent Roll (attached or use your own)
- 5. Complete Personal Tax Returns for Trailing Three Years for All Principals
- 6. Personal Financial Statement for All Principals (attached or use your own)
- 7. Resume for Key Principals (attached or use your own)

If you have additional information that you can provide such as a property appraisal, environmental reports, property photos, current credit report(s), etc., please include as this will typically help with the approval process.

## **General Information Form**

Loan Request Information (Please	se Complete	All Informatio	n to Avoi	d De	lays in Proce	ssing Your	Applica	ition)			
Application For:  ☐ Conventional Mortgage ☐ SBA		Purpose of Loan: Source of Repayment:									
										☐ Construction loan ☐ Churc	h Finance
		Term Requ									
		Amortization	on Reque	estec	d:						
Collateral Description:						Value:		Purchase <sup>⊾</sup>	Price	Date of Pur	cnase
<u>1.</u> 2.					\$			<u>}                                    </u>			
					\$						
3.					\$			\$			
A.		A	pplicant	Info	rmation						
Legal Name of Applicant (Borrower)											
DBA (If Applicable)								Tax I.D. Nur	mber		
Principle Place of Business Address (not P.	O. Box)										
City	State				County			Zip			
Mailing Address (if different)	Otate				Journey						
		State						Zip			
City		State				N			F. N	h	
Key Contact Name				(	usiness Telepho )	one Number		( )	Fax Num	per	
Date Business Established	Current owner	rship (# of years	)	S	tate of Registrat	ion		Annual S \$	ales	Net Profit-pr	ev yr
Describe applicant's product/service				1				Number o	of Employe	ees	
Type of Ownership (Select One)	General F				Partnership		n Profit	E-Mail Ad	ddress		
☐ Proprietorship ☐ C-Corp.	S-Corp.	LLC	□Pro	fessi	onal Associat						
Who does applicant currently do their busine	ess banking witl	ነ?			Is applicant w Yes	illing to move NO	their ban	king relation	ship in co	njunction with the	r loan?
В.		O	wners In	forn	nation						
Name			Social S	Secu	rity Number	% Ownersh	nip		٦	Γitle	
Key Contact Name and Phone Numbe	r										
For more than four owners attach ac	Iditional shee	et(s).									
C.		Loan	Disclosi	ıres	(Refinance)						
							Ma	onthly			
Current lender		Rate			Start date	9		yment		Current balance	<del></del>
Property gross annual revenues	A	nnual expense	es		Type of prop	erty		nber of nants		Estimated value	<del></del>

D.		Loan Disclosures (Pu	ırchase)						
Purchase price	Will purchaser occupy 51% or more of the property	Type of property	Down payment		Estimated value				
Property gross annual revenues	Annual expenses	Number of tenants	s Is the property under cor	ontract Anticipated settlement date					
				•					
-		Other Informet	10.00						
Е.		Other Informati	on						
Settlement agent name			Insurance Company Phone Nu	mber (	)				
Settlement agent phone number			Insurance Company Fax Numb	er (	)				
Is the seller of the property will	ing to carry a second trust	? (Purchase only)		☐ Yes*	□No				
Has The Applicant Ever Declar Garnishments Or Other Legal I	☐ Yes*	□No							
Is the applicant currently under	☐ Yes*	□No							
Are Any Tax Obligations, Include	☐ Yes*	□No							
Is The Applicant Liable On Deb Endorsements, Guarantees, Et	☐ Yes*	□No							
Is The Applicant Currently A De	efendant In Any Suit Or Le	gal Action?		☐ Yes*	□No				
*If you answered yes to any or	f the above questions, plea	ase provide an explanat	ion on a separate sheet						
F.		Certification And Sig	gnatures						
Each of the undersigned hereby instructs, consents and authorizes the Lender/Broker, or any affiliate, subsidiary or assigns to obtain a consumer credit report and any other information relating to their individual credit status in the following circumstances: (a) relating to the opening of an account or upon application for a loan or other product or service offered by Lender by a commercial entity of which the undersigned is a principal, member, guarantor or other party, (b) thereafter, periodically according to the Lender's review and audit procedures, and (c) relating to Lender's review or collection of a loan, account, or other Lender product or service made or extended to a commercial entity of which the undersigned is a principal, member, guarantor or other party. The Applicant(s), individually and/or by the signature(s) of its authorized representative below, hereby certifies that: the foregoing has been carefully read by the Applicant and is given to the Lender/Broker for the purpose of obtaining the credit described above and other credit from time to time in whatever form; the information in this Application and any other documents or information submitted in connection with this Application or any other credit request are true and correct statements of the Applicant's financial condition and may be treated by the bank as a continuing statement thereof until replaced by a new Application or until the Applicant specifically notifies Lender/Broker in writing of any change; and the credit requested herein and any other credit obtained from the Lender/Broker by the Applicant on the basis of the information contained in this Application shall be used solely for business and commercial purposes. The Applicant and each Guarantor authorize the Lender/Broker to verify at an time any information submitted to the Lender/Broker by or on behalf of the Applicant and/or any Guarantor; obtain further information concerning the credit standing of the Applicant, its representatives and Guarantors; and exchange such cr									
Unless I/We initial here, the Lender/Broker is hereby authorized to share this application and credit information with its affiliates or other lenders, which may consider my/our application for loan approval/purchase. This statement does not limit the Lender/Broker's rights to sell or assign any loans to a third party.  Applicant and each Guarantor initials:									
Signature (Applicant)	7	Title	Print Name		Date				
Signature (Guarantor)			Print Name		Date				
Signature (Guarantor) Print Name Date									



#### PERSONAL FINANCIAL STATEMENT

OMB APPROVAL NO. 3245-0188 EXPIRATION DATE:11/30/2004

U.S. SMALL BUSINESS ADMINISTRATION 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. **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) Installment Account (Auto) \$\_ Accounts & Notes Receivable \$\_\_\_\_ Life Insurance-Cash Surrender Value Only Mo. Payments (Complete Section 8) Installment Account (Other) Mo. Payments (Describe in Section 3) Mortgages on Real Estate .....\$\_ (Describe in Section 4) (Describe in Section 4) Unpaid Taxes \$\_ Automobile-Present Value Other Personal Property\_\_\_\_\_ (Describe in Section 6) (Describe in Section 5) Other Liabilities Other Assets (Describe in Section 5) (Describe in Section 7) Total Liabilities-----\$\_ \$\_ Total Total Source of Income **Contingent Liabilities** Section 1. 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. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.) Section 2. Notes Payable to Banks and Others. Original Balance Current Balance Payment Amount Frequency (monthly,etc.) How Secured or Endorsed Type of Collateral Name and Address of Noteholder(s)

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	Cos	t	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value		
Section 4. Real Est	ate Owned.	(List each parcel separate of this statement and sign	ely. Use attacl ned.)	hment if n	ecessary. Each attac	hment must be identifie	d as a part		
		Property A			Property B		Property C		
Type of Property									
Address									
Date Purchased									
Original Cost									
Present Market Valu	ie								
Name & Address of Mortgage	e Holder								
Mortgage Account N	lumber								
Mortgage Balance									
Amount of Payment	per Month/Year								
Status of Mortgage									
Section 5. Other Pe	ersonal Property an				d as security, state name escribe delinquency)	and address of lien hold	er, amount of lien, terms		
Section 6. Unp	paid Taxes. (De	escribe in detail, as to type,	to whom paya	able, wher	n due, amount, and to	what property, if any, a	tax lien attaches.)		
Section 7. Oth	ner Liabilities. (De	escribe in detail.)							
Section 8. Life	Insurance Held.	(Give face amount and	cash surrende	r value of	policies - name of ins	urance company and b	eneficiaries)		
and the statements	contained in the atta	es as necessary to verify th achments are true and accu and FALSE statements ma	urate as of the	stated da	ite(s). These statemer	nts are made for the pu	rpose of either obtaining		
Signature:				Date:	Social	Security Number:			
Signature:				Date:	Social	Security Number:			
PLEASE NOTE:	concerning this estim Administration, Washi	age burden hours for the cor mate or any other aspect of ington, D.C. 20416, and Clea 503. PLEASE DO NOT SEND	this information rance Officer, P	n, please o aper Redu	contact Chief, Adminis	trative Branch, U.S. Sm	all Business		

## **SCHEDULE OF REAL ESTATE OWNED**

BORROWER / GUARANTOR:												
Property Address	Status: O - Owner Occupied R - Rental PS - Pending Sale	Property Type	Percent Ownership	Acquisition Date	Estimated Market Value	Mortgage Lien Amount	Date Mortgage Due	(See Ren Monthly Rents		FLOW eets for Investment Taxes, Insurance Maintenance		Ownership Entity
THIS SCHEDULE IS TO BE ATTA	Total Estimated Market Value   SIGNED: DATE:											

#### **BUSINESS DEBT SCHEDULE**

Furnish the following information on all installment debts, contracts, notes, and mortgages payable. Do not include accounts payable or accrued liabilities.

Business Name:		*As of		20 *Should match the financial statement to be submitted.				
Creditor Name/address	Original amount	Original date	Present balance	Interest rate	Maturity date	Monthly payment	Security	Current or delinquent
		Total present balance**			Total monthly payment			
		**Total must a	gree with balance shov	vn on current fina	ncial statement			
Signature:			Title:			Date Signed:_		

## RENT ROLL

Unit #	Unit Type	Tenant Name	Square Feet	Monthly Rent	Term		Comments
					Start	End	(Renewals, Rent Increases, etc.)
	•	Talak					
		Totals:					
			l .				

Rent Roll Certification:								
I/We certi	fy that the atta	ched rent roll(s) dated						
for the property located at								
Is/are true and correct.								
Ву:								

## PERSONAL RESUME FORM

# TO BE COMPLETED BY EACH PRINCIPAL INVOLVED IN THE LOAN If you already have a prepared resume, submit in lieu of this form

Name				
FIRST	MIDDLE	MAIDEN	LAST	
Date of birth	Place of birth		Social Security N	lo
U.S. Citizen – If not, please provi	de alien registration numbe	r		-
Home address		_ City	State	Zip
From To	)	_ Home phone	Business	phone
Immediate past address		_City	State	Zip
From To	)	_		
Are you employed by the U.S. Go	overnment?			
If so, give the name of the agency	y and position			
Military Service Backgro	und			
Branch		_ From	To	
Rank at discharge		_ Honorable?		
Job Description				
Work Experience				
List chronologically, beginning wit	th present employment			
Name of company		%	of business owned	
Full address		_ City	State	_Zip
From To	)	_ Title	Duties	
Name of company		%	of business owned	
Full address		_ City	State	Zip
From To	)	_ Title	Duties	

Name of company		% of business owned				
Full address		City	StateZip			
			Duties			
Education (College or Tech	nnical Training)					
Name and Location	Dates Attended	Major	Degree or Certificate			
1						
Comments:						
2						
3						
4						