

Document List for Business Loans

- 1. A brief description of your business and how long you have been in business**
- 2. The loan amount you will be requesting and how it will be used**
- 3. A copy of your business plan**
- 4. Cash flow projections for the next 2 years**
- 5. Marketing Plan**
- 6. A copy of your business documents (Corporation, LLC, sole proprietor, DBA, etc.)**
- 7. Copy of appropriate business licenses, certifications required to run the business**
- 8. Copies of current insurance policies for the business**
- 9. State or local tax numbers**
- 10. Two years tax returns for the business or personal for the individuals who are partners in the business if business tax returns are not available**
- 11. Six months most recent consecutive bank statements (checking) for business or personal for the partners if business is not available**
- 12. Most recent savings bank statement for the business or personal for partners if business is not available**
- 13. Current financial statement for business or partners if business is not available**
- 14. Copies of TX DL/ID and social security cards for partners**
- 15. List and value of equipment or collateral that can be used to secure the loan**
- 16. Copy of lease or sample lease of agreement if the building of business is being rented**
- 17. Verification of other income if available (six months bank statements)**
- 18. A credit check will be run on the partners once it is determined that your company may qualify for a loan**
- 19. Application fee of \$25.00 in the form of a money order or check**

EL PASO COLLABORATIVE

10935 Ben Crenshaw, Suite 200

El Paso, TX 79935

BUSINESS LOAN APPLICATION

Loan Request Amount \$

Date

1: PRELIMINARY INFORMATION

Business Name		Phone	Fax
Business Address			
City	State	Zip	
Borrower's Name		Social Security#	
Home Address		Phone	Cell#
City	State	Zip	
Date of Birth	Driver's License	Email	
Marital Status:			

2: BUSINESS INFORMATION

Type of Business	Sole Proprietor	Corporation	Partnership	Other
Date Business Established	Tax.ID No.			
Nature of Business/Description				
Percent of Ownership	%			
Name of Partner		Address		
Phone	% Owned	SS#		
What month is your highest level of sales?	Month	\$		
What month is your lowest level of sales?	Month	\$		
Is your business seasonal?	Yes / No	If yes, what are your peak months?		
Where does the business get its raw materials or supplies?				
How do you pay for them?	Credit	Cash	Net 30/60/90	Other

3. EMPLOYMENT

Number of employees at the time of application	Average Payroll (\$/Month)
Anticipated new jobs created from this loan?	

LANDLORD INFORMATION

Business Landlord Name	Phone #	Month/Year at location
Residence Landlord Name	Phone#	Month/Year at location

PROPOSED USE OF FUNDS

Please list all proposed uses: (working capital, equipment, remodeling, inventory, etc.) and the respective amounts of each.

FINANCIAL INFORMATION SUMMARY OF BUSINESS ASSETS

ITEM	Fair Market Value	Own Free and Clear	
		Yes	No
Building and Land	\$		
Existing Equipment	\$		
New Equipment	\$		
Accounts Receivable	\$		
Finished inventory for sale	\$		
Inventory in process	\$		
Raw Materials	\$		
Personal guarantees	\$		
Vehicles	\$		
Other	\$		

What collateral are you willing to pledge to El Paso Collaborative ?

BUSINESS DEBT

Original Date	Lender	Original Amount	Current Outstanding	Interest Rate	Term	Monthly Payment	Security

USE OF ALL PROCEEDS

Item	Amount	Anticipated Date of Draw
Purchase of real estate		
New construction of building and fixed assets		
Building expansion or repair		
Acquisition of existing business		
Purchase of machinery and equipment		
Purchase of furniture and fixtures		
Purchase of inventory		
Working capital or operating expenses		
Other		
Total Project Amount		

CREDIT REFERENCES Business and Personal if sole proprietorship

Names	Phone	Contact Person	#yrs of Assoc

AUTHORIZATION FOR CREDIT CHECK

I (we) certify that the information in this application is true and complete to the best of my (our) knowledge. By my (our) signature(s), I (we) agree to comply with the requirements that the El Paso Collaborative makes in connection with the approval of my (our) loan request. I (we) also grant permission to the El Paso Collaborative to obtain information from my (our) bank, creditors, credit bureau reporting agency or other necessary sources to evaluate this application.

Company Name

Signature of Borrower

Title

Date

Signature of Co-Borrower

Title

Date

EQUAL CREDIT OPPORTUNITY ACT

The Federal Equal Opportunity Act prohibits creditors from discriminating against applicants on the basis of race, color, religion, nation origin, sex, marital status, age, (provided that the applicant has the capacity to enter into a bidding contract) because all or part of the applicants income derives from any public assistance program or because the applicant has in good exercised any right under the Consumer Credit Protection Act. The Federal agency that administrateds compliance with this law concerning this creditor is the Federal Trade Commission, Equal Credit Opportunity, Room 500, 633 Indiana Ave, N.W., Washington, DC 20058



PERSONAL FINANCIAL STATEMENT

U.S. SMALL BUSINESS ADMINISTRATION

As of _____, _____

Complete this form for: (1) each proprietor; (2) general partner; (3) managing member of a limited liability company (LLC); (4) each owner of 20% or more of the equity of the Applicant (including the assets of the owner's spouse and any minor children); and (5) any person providing a guaranty on the loan.

Return completed form to:

- 7(a) Loans - to the lender processing the SBA application;
 - 504 loans - to the Certified Development Company processing the SBA application;
 - ALL Disaster loans - to the Disaster Processing and Disbursement Center at 14925 Kingsport Road, Fort Worth, TX 76155-2243; and
 - 8(a)/BD - applicants who are individuals claiming social and economic disadvantaged status and their spouses
- electronically at <http://www.sba.gov> or send hard copy with paper application to either of the two following offices listed below:

Mail to the following address, if your firm is located in one of the states below:	Mail to the following address, if your firm is located in one of the states below:
US Small Business Administration DPCE Central Office Duty Station Parkview Towers 1150 First Avenue 10th Floor, Suite 1001 King of Prussia, PA 19406	US Small Business Administration Division of Program Certification and Eligibility 455 Market Street, 6th Floor San Francisco, CA 94105
MA, ME, NH, CT, VT, RI, NY, PR (Puerto Rico), VI (US Virgin Islands), NJ, PA, MD, VA, WV, DC, DE, GA, AL, NC, SC, MS, FL, KY, TN	IL, OH, MI, IN, MN, WI, TX, NM, AR, LA, OK, MO, IA, NE, KS, CO, WY, ND, MT, UT, SD, CA, HI, GU (GUAM), NV, AZ, WA, AK, ID, OR

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)	
(Describe in Section 5)		Installment Account (Auto)	\$ _____
Accounts & Notes Receivable	\$ _____	Mo. Payments \$ _____	
(Describe in Section 5)		Installment Account (Other)	\$ _____
Life Insurance-Cash Surrender Value Only	\$ _____	Mo. Payments \$ _____	
(Complete Section 8)		Loan on Life Insurance	\$ _____
Stocks and Bonds	\$ _____	Mortgages on Real Estate	\$ _____
(Describe in Section 3)		(Describe in Section 4)	
Real Estate	\$ _____	Unpaid Taxes	\$ _____
(Describe in Section 4)		(Describe in Section 6)	
Automobiles - Total Present Value	\$ _____	Other Liabilities	\$ _____
(Describe in Section 5, and include Year/Make/Model)		(Describe in Section 7)	
Other Personal Property	\$ _____	Total Liabilities	\$ _____
(Describe in Section 5)		Net Worth	\$ _____
Other Assets	\$ _____		
(Describe in Section 5)			
Total	\$ _____	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.)

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 Real Estate (e.g. Primary Residence, Other Residence, Rental Property, Land, etc.)			
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.)

I authorize SBA/Lender to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness.
CERTIFICATION: (to be completed by each person submitting the information requested on this form)

By signing this form, I certify under penalty of criminal prosecution that all information on this form and any additional supporting information submitted with this form is true and complete to the best of my knowledge. I understand that SBA or its participating Lenders, or Certified Development Companies will rely on this information when making decisions regarding an application for a loan from SBA or an SBA Participating Lender, or for participation in the SBA 8(a) Business Development (BD) program.

Signature _____ Date _____

Print Name _____ Social Security No. _____

Signature _____ Date _____

Print Name _____ Social Security No. _____

NOTICE TO LOAN APPLICANTS: CRIMINAL PENALTIES AND ADMINISTRATIVE REMEDIES FOR FALSE STATEMENTS:

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. A false statement is punishable under 18 U.S.C. §§ 1001 and 3571 by imprisonment of not more than five years and/or a fine of up to \$250,000; under 15 U.S.C. § 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, a false statement is punishable under 18 U.S.C. § 1014 by imprisonment of not more than 30 years and/or a fine of not more than \$1,000,000.

NOTICE TO APPLICANTS OR PARTICIPANTS IN THE 8(a) BD PROGRAM: CRIMINAL PENALTIES AND ADMINISTRATIVE REMEDIES FOR FALSE STATEMENTS:

Any person who misrepresents a business concern's status as an 8(a) Program participant or SDB concern, or makes any other false statement in order to influence the 8(a) certification or other review process in any way (e.g., annual review, eligibility review), shall be: (1) Subject to fines and imprisonment of up to 5 years, or both, as stated in Title 18 U.S.C. § 1001; (2) subject to fines of up to \$500,000 or imprisonment of up to 10 years, or both, as stated in Title 15 U.S.C. § 645; (3) Subject to civil and administrative remedies, including suspension and debarment; and (4) Ineligible for participation in programs conducted under the authority of the Small Business Act.

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. 20415, and Clearance Officer, Paper Reduction Project (3245-0188), Office of Management and Budget, Washington, D.C. 20503. PLEASE DO NOT SEND FORMS TO OMB.



EL PASO COLLABORATIVE
 for
 Community and Economic Development
 10935 Ben Crenshaw, Ste. 200
 Phone (915)-590-1210 ext. 154 Fax (915)-590-1219
 El Paso, Texas 79935

VERIFICATION OF EMPLOYMENT

Name of Employee:	
Employee's SS#	
<p>To the Employer of the above-name Applicant: Please complete the following information and fax or e-mail the completed to: El Paso Collaborative for Community and Economic Development Fax Number: (915) 590-1219 E-mail: teresa@ep-collab.org</p>	
<p>If you have any questions, please contact Teresa Craig (915) 590-1210, Ext. 154. Thank you.</p>	
Name of Employer:	
Date of Hire:	
Position or Title:	
Base Pay: Please indicate hourly/ biweekly/2x monthly/monthly/annually	
Please Select Box that Best Describes Employment for this Employee:	<input type="checkbox"/> Permanent Full Time <input type="checkbox"/> Permanent Part Time <input type="checkbox"/> Temporary Full Time <input type="checkbox"/> Temporary Part Time <input type="checkbox"/> Seasonal Employee
Prior Year Gross Wages (if applicable)	
Year-to-Date Gross Wages	
Name of Person Completing This Form	
Title of Person Completing This Form	
Signature of Person Completing This Form	

My signature is my written authorization to release this information to:

The El Paso Collaborative for Community and Economic Development

Employee's Signature

Date

THIS FORM MAY NOT BE COMPLETED BY APPLICANT.