

FDDC LOAN APPLICATION FORM

Please complete all information, sign and date form.

Date _____

BUSINESS INFORMATION:

Business Name _____

Business Address _____

Business Telephone# _____ Email: _____

Home # _____ Cell: _____

Loan amount requested \$ _____ Desired Amortization: _____ Years

Proposed use of funds: _____

Bank preference (if any) _____

All loans require a personal guarantee from the borrowers. Please complete the information below for every principal.

Principal(s)/Guarantor(s): (If more than one, please use separate sheet)

Name (Mr. Mrs. Ms.) _____

Home Address: _____ Own Rent

Years at above address _____ Approximate value of home \$ _____ Mortgage balance \$ _____

Monthly Mortgage Payment \$ _____ or Monthly Rent Payment \$ _____

If you are employed full or part-time in addition to operating your business, please complete information below:

Employer/Business _____

Years employed: _____ yr(s) _____ months Annual Gross Salary \$ _____

Date of Birth _____ SSN _____ US Citizens Yes No

ADDITIONAL INCOME (not already listed above):

a. Source(s) _____

b. Annual Amount(s) _____

TAX INFORMATION:

Are you currently delinquent in paying any of the following taxes (personally or business)
Please check any that are delinquent:

- | | | | |
|---|----------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Federal Income Tax | \$ _____ | <input type="checkbox"/> Business | <input type="checkbox"/> Personal |
| <input type="checkbox"/> State Income Tax | \$ _____ | <input type="checkbox"/> Business | <input type="checkbox"/> Personal |
| <input type="checkbox"/> Payroll Taxes | \$ _____ | <input type="checkbox"/> Business | <input type="checkbox"/> Personal |
| <input type="checkbox"/> Other _____ | \$ _____ | <input type="checkbox"/> Business | <input type="checkbox"/> Personal |

BANK REFERENCES: Business and/or Personal

Name: _____ Type: Checking Savings Loan

Name: _____ Type: Checking Savings Loan

Name: _____ Type: Checking Savings Loan

Please complete the following additional information:

a. Has the business ever filed for bankruptcy protection? YES NO If YES, give details.

b. Has the business applied to a bank for a loan in the past 60 days? YES NO If yes give details?

c. Have any of the Owners of the business ever filed for Bankruptcy ? YES NO If YES, give details

A complete Business Plan complete with projected or actual financial data is preferred. A template can be utilized at

<http://web.sba.gov/busplantemplate/BizPlanStart.cfm>

If a complete Business Plan is not submitted with this application, please fill out the financial data below

For existing businesses please provide actual financials for the past 12 months.

For new businesses, please provide a 12 month projection.

12 Month Period Beginning: _____ Year _____

ANNUAL SALES _____

Less: COST OF GOODS _____

GROSS PROFIT _____

PROJECTED ANNUAL OPERATING EXPENSES:

Salaries, Wages _____

Commissions _____

Outside Labor _____

Payroll Taxes _____

Advertising & Promotion _____

Auto Expense _____

Gen. Office Admin. _____

Legal & Accounting _____

Operating Supplies _____

Bad Debts _____

Rent _____

Repairs & Maintenance _____

Utilities _____

Insurance _____

Taxes & Licenses _____

Depreciation _____

Interest _____

Miscellaneous _____

TOTAL OPERATING EXPENSES _____

PROJECTED PROFIT (LOSS) PRE-TAX _____

Under penalties of perjury, I hereby certify the above information is true and correct.

Signed: _____ Date: _____

Applicant

Additional Principals

(Fill out one for each principal)

Principal(s)/Guarantor(s): (If more than one, please use separate sheet)

Name (Mr. Mrs. Ms.) _____

Home Address: _____ Own Rent

Years at above address _____ Approximate value of home \$ _____ Mortgage balance \$ _____

Monthly Mortgage Payment \$ _____ or Monthly Rent Payment \$ _____

If you are employed full or part-time in addition to operating your business, please complete information below:

Employer/Business _____

Years employed: _____ yr(s) _____ months Annual Gross Salary \$ _____

Date of Birth _____ SSN _____ US Citizens Yes No

ADDITIONAL INCOME (not already listed above):

a. Source(s) _____

b. Annual Amount(s) _____

TAX INFORMATION:

Are you currently delinquent in paying any of the following taxes (personally or business)

Please check any that are delinquent:

<input type="checkbox"/> Federal Income Tax	\$ _____	<input type="checkbox"/> Business	<input type="checkbox"/> Personal
<input type="checkbox"/> State Income Tax	\$ _____	<input type="checkbox"/> Business	<input type="checkbox"/> Personal
<input type="checkbox"/> Payroll Taxes	\$ _____	<input type="checkbox"/> Business	<input type="checkbox"/> Personal
<input type="checkbox"/> Other _____	\$ _____	<input type="checkbox"/> Business	<input type="checkbox"/> Personal