



COMMERCIAL LOAN INSTRUCTIONS AND APPLICATION

EACH ADDITIONAL PRINCIPAL OF THE BORROWING ENTITY OWNING A 20% OR GREATER PORTION OF THE COMPANY SHOULD COMPLETE A SEPARATE PERSONAL INFORMATION PACKAGE AVAILABLE FROM YOUR BUSINESS DEVELOPMENT OFFICER.

WWW.MRWBANK.COM

This checklist has been provided to assist you in gathering the necessary information for the **credit evaluation** of your loan request. Please note that all items must contain an original signature and date. **Complete** information will be necessary to process your application. If you have any questions about the forms or require assistance in completing them, please contact your Business Development Officer.

A. Midwest Regional Bank Financial Loan Application (enclosed) including:

- 1. Loan Application Form
- 2. History of Business Form

B. Business Financial Exhibits:

- 1. **Business Financial Statements for three (3) prior years**, including Balance Sheets and Profit & Loss Statements, for existing business & any affiliates. (An affiliate is primarily defined as any entity that is controlled by the applicant, its' stockholders, managers or directors or has control of the applicant business either through common ownership, management, previous relationships with or ties to another concern, and contractual relationships.)
- 2. **Federal Tax Returns for three (3) prior years** including all statements and schedules for existing business & any affiliates.
- 3. **Interim Profit & Loss, and Balance Sheet**- Within 45 days old for business being: 1) acquired, 2) existing/expanded, and 3) affiliates.
- 4. **Business Debt Schedule** (form enclosed) - Notes payable summary for existing business.
- 5. **Aging of Accounts Receivable and Accounts Payable Summary** (corresponding to dates of interim financial statements) - Please attach current internally generated A/R and A/P aging. (Include for affiliate business as well.)
- 6. **Business Projections** (form available from your Business Development Officer, if needed) for new or expanding businesses - Include a description of management, feasibility analysis, assumptions, site evaluation, and demographics.
- 7. **Business Plan** (for new businesses or as requested)

C. Personal Financial Exhibits:

- 1. **Personal Financial Statement** (form enclosed) Complete this form for: (1) each proprietor, or (2) each limited partner who owns 20% or more interest & each general partner, or (3) each stockholder owning 20% or more voting stock & each corporate officer and director, or (4) other person or entity providing a guaranty on the loan. *(Please include the resources of spouse and any dependent children.)*
- 2. **Statement of Personal History – SBA Form 912** (form enclosed) one each completed by all principals owning 20% or more interest in the borrowing entity and key managers, directors and/or officers.
- 3. **Management Resume** (form enclosed) Provide complete resumes on all individuals owning 20% or more interest in the borrowing entity including key managers (copy form as needed).
- 4. **Personal Federal Tax Returns for three (3) prior years** including all statements and schedules - for: (1) each proprietor, or (2) each limited partner who owns 20% or more interest & each general partner, or (3) each stockholder owning 20% or more voting stock & each corporate officer and director, or (4) other person or entity providing a guaranty on the loan.
- 5. **Signed Authorization to Release Information** (form enclosed) - Signed by all principals having 20% or more ownership interest in borrowing entity.
- 6. **Written Explanation of any derogatory credit items.** – If you know of any derogatory items that may appear on your personal credit report, please include a written explanation along with any supporting documentation.

PLEASE NOTE: The **Personal Financial Exhibits** must be provided for (1) each proprietor, or (2) each limited partner who owns 20% or more interest & each general partner, or (3) each stockholder owning 20% or more voting stock & each corporate officer and director, or (4) other person or entity providing a guaranty on the loan. If applicable, contact your Business Development Officer for a **Personal Financial Exhibit** packet. **Please be sure that all items contain an original signature and date.**

D. Miscellaneous Documents Required (as applicable):**For Commercial Real Estate loans...**

- 1. **Purchase Contract/Buy-Sell Agreement**
- 2. **New Construction** – Provide copy of the construction contract (a draft is acceptable) and a copy of the plans & specifications for the proposed project. If your project is in the early stages of development, please provide a preliminary cost analysis.
- 3. **Refinancing** – Provide a copy of the notes and deeds on the real estate to be refinanced.
- 4. **Environmental Questionnaire** (form enclosed) – consult with your Business Development Officer.
- 5. **IRS Form 4506- T – “Request for Copy or Transcript of Tax Returns”** – executed form required for operating business. *(Form included at the end of this application packet.)*

For Business Acquisition Loans...

- 6. A copy of the proposed **Purchase & Sale Agreement or Letter of Intent** – complete with allocation of monies, signatures, exhibits and addendums
- 7. **Federal Tax Returns on Seller’s Business for three (3) prior years** including all statements and schedules for existing business & any affiliates.
- 8. **Business Financial Statements on Seller’s Business** – complete Balance sheets and Profit & Loss statement of business to be acquired for the most recent last three fiscal years.

For Business Acquisition Loans (continued) ...

- 9. Interim Profit & Loss, and Balance Sheet-** complete Balance sheets and Profit & Loss statement of business to be acquired, current within 45 days. .
- 10. IRS Form 4506- T – “Request for Copy or Transcript of Tax Returns”** prepared for selling business and signed by seller. *(Form included at the end of this application packet.)*

For Business Equipment Loans...

- 11. Purchase Orders, Invoices or Quotes** – with details about the equipment to be financed
- 12. Refinancing** – complete list of equipment to be refinanced, including model and serial numbers, estimated date of manufacture, and estimated useful life. If original invoices are available, please include a copy as well as copy of the existing note(s) and security agreements to be refinanced.
- 13. IRS Form 4506- T – “Request for Copy or Transcript of Tax Returns”** – executed form required for operating business. *(Form included at the end of this application packet.)*

For Hotel/Hospitality Loans...

- 14. Smith Travel Research Report (aka STAR Report)** – with details about the hotel’s occupancy rates, average daily rates, REVPAR, etc.; current within 60 days. Must include data on subject hotel as well as competitors.
- 15. Quality Assurance Report (QAR) from Franchisor** – please provide most recent QAR on subject location including condition report on interior and exterior.

Other ...

- 16. Copy of Proposed Franchise Agreement or Letter of Approval from Franchisor** (*franchise business only)
- 17. Franchise Disclosure Document** (formerly UFOC) - provide a copy of the most current version of these documents.
- 18. Lease(s)** – complete copies of all existing or proposed leases.
- 19. IRS Form 4506- T – “Request for Copy or Transcript of Tax Returns”** – executed form required for operating business. *(Form included at the end of this application packet.)*

APPLICANT COMPANY
Contact Numbers

Legal Business Name: _____ Phone: _____

dba name (if applicable): _____ Fax: _____

Address: _____ Cell: _____

City: _____ State: _____ Zip: _____

Primary Contact: _____ Email: _____

Type of Entity: Corporation (S-Corp C-Corp LLC)

Sole Proprietorship No. of Employees: Existing: _____

General Partnership After this Financing: _____

Limited Partnership Affiliates: _____

Date Established: _____ Date Incorporated: _____ State of Incorporation: _____

Employer Tax I.D.: _____ Name of Franchise (if applicable) _____

Website: _____ Name & Address of Current Bank _____

Proposed Property (if different from current business address):

Address: _____

City: _____ State: _____ Zip: _____

OWNERSHIP INTEREST - LIST BELOW THE PROPRIETOR, OWNERS, PARTNERS, OFFICERS AND ALL STOCKHOLDERS IN THE BUSINESS. 100% OWNERSHIP MUST BE SHOWN

Name	Title	SSN	Ownership %

AFFILIATES - LIST BELOW ALL BUSINESS CONCERNS IN WHICH THE APPLICANT COMPANY OR ANY OF THE INDIVIDUALS LISTED IN THE OWNERSHIP SECTION ABOVE HAVE ANY OWNERSHIP.

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

(If additional affiliates, please attach on separate sheet)

INSURANCE INFORMATION

	Company	Contact	Phone #
Hazard/Property Insurance	_____		
Life Insurance	_____		

ADDITIONAL INFORMATION

1. Have you or any officer of your company ever been involved in bankruptcy or insolvency proceedings? Yes* No
2. Are you or your business involved in any pending lawsuits? Yes* No
3. Does any applicant or their spouse or any member of their household, or any one 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 or ACE, any Federal Agency, or the participating lender? Yes* No
4. Does your business presently, or will it as a result of this loan, engage in export trade? Yes* No
5. Does the company or any owner own title to a patented, trademarked, or copyrighted product? Yes* No
6. Do you currently have or have you ever applied or received any previous or existing SBA or other Federal Government Debt? If Yes, please provide details: Yes* No

LIFE INSURANCE

7. Does the company maintain Life Insurance on any owner or officer? Yes* No
**If YES, please provide the details below*

Insured _____	Beneficiary _____	Amount \$ _____
Insured _____	Beneficiary _____	Amount \$ _____

ESTIMATED PROJECT COSTS

Land Purchase	\$ _____
Real Estate Purchase/New Building Construction	\$ _____
Construction Contingency/Overruns	\$ _____
Leasehold Improvements/Repairs	\$ _____
Interim Interest	\$ _____
Equipment Purchase	\$ _____
Working Capital (including Accounts Payable & Inventory)	\$ _____
Business Acquisition	\$ _____
Refinance Debt	\$ _____
Estimated Closing Costs and Third Party Reports:	
Survey Fee (estimated)	\$ _____
Title Insurance (estimated)	\$ _____
Appraisal Fee (estimated)	\$ _____
Legal Fees (estimated)	\$ _____
Other: _____	\$ _____
Conventional/Interim Loan Fee	\$ _____
SBA Guarantee Fee	\$ _____
Other: _____	\$ _____
TOTAL ESTIMATED PROJECT AMOUNT	\$ _____ 0
LESS OWN CASH/EQUITY TO BE INJECTED	\$ _____
TOTAL LOAN REQUESTED FOR PROJECT	\$ _____ 0

HISTORY OF BUSINESS FORM

A MIDWEST REGIONAL BANK FINANCIAL ANALYST WILL CONTACT YOU TO FURTHER DISCUSS THE FOLLOWING ITEMS:

BACKGROUND AND HISTORY OF PRINCIPALS AND COMPANY

DESCRIBE THE PRODUCTS/SERVICES YOU OFFER AND WHAT THEY DO FOR THE CUSTOMER.

Please provide any company brochures or literature you have

WHAT GEOGRAPHIC/DEMOGRAPHIC AREAS DO YOU SERIVE? *i.e. Who are your customers and where are they located, how big is the market and what is your current and desired future market share?*

DOES ANY CUSTOMER REPRESENT GREATER THAN 15% OF YOUR SALES?

YES NO

If "Yes", please provide detail about the customer including general information (sales volume, public/private, years in business, etc.) and how long you have been servicing this customer.

PRIMARY COMPETITORS *(Who do you compete with, where are they located and what is your competitive advantage?)*

Competitor	Location	Your Competitive Advantage

HOW DO YOU MARKET YOUR PRODUCT/SERVICES? *(include information about distribution channels, suppliers including concentrations, seasonal swings, etc.)*

DESCRIBE YOUR VISION FOR THE COMPANY OVER THE NEXT 2-3 YEARS... 8-10 YEARS? *I.e. growth plans, changes in customer base, future capital expenditures, current capacity vs. future, management structure.*

Applicant's Signature _____

Company Name: _____

Date: _____

This schedule should list loans, contracts and notes payable, not accounts payable or accrued liabilities. It should correspond to your interim balance sheet. If no debt, fill out the top portion and write "NONE" in the section below and sign it at the bottom.

Creditor Name & Address	Original Date	Original Amount	Present Balance	Interest Rate	Monthly Payment	Maturity Date	Collateral/Security	Current Status?
Totals:			\$0		\$0			

Applicant Signature: _____



PERSONAL FINANCIAL STATEMENT

OMB APPROVAL NO. 3245-0188
EXPIRATION DATE: 08/31/2011

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 providing a guaranty on the loan.

Name	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)	
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 of 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 of Purchase					
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 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 of 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.					



**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 TRIPPLICATE 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.	2. Give the percentage of ownership or stocked owned or to be owned in the small business or the development company	Social Security No.			
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">First</td> <td style="width: 33%;">Middle</td> <td style="width: 33%;">Last</td> </tr> </table>	First	Middle	Last		
First	Middle	Last			

Name and Address of participating lender or surety co. (when applicable and known)	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 <input type="checkbox"/> YES <input type="checkbox"/> NO Permanent resident alien: If non- U.S. citizen provide alien registration number: _____
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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:
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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?
 Yes 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.)
 Yes 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?
 Yes 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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Agency Use Only

11. <input type="checkbox"/> Fingerprints Waived <input type="checkbox"/> Fingerprints Required 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.**



AUTHORIZATION TO OBTAIN AND RELEASE INFORMATION

I/We hereby authorize Midwest Regional Bank to obtain any and all information they may require at any time for any purpose related to my/our credit transaction with Midwest Regional Bank or any of its affiliated lenders, including obtaining my/our personal credit history from a consumer reporting agency, and I/we authorize the release of all such information to Midwest Regional Bank or any of its affiliated lenders. I/We further authorize Midwest Regional Bank to release such information to any entity they deem necessary for any purpose related to my/our credit transaction with them.

I/We hereby certify that the enclosed information (plus any attachments or exhibits) is valid and correct to the best of my/our knowledge.

I/We hereby acknowledge that all loan approvals will be in writing and subject to the terms and conditions set forth in a commitment letter signed by an officer of Midwest Regional Bank or any of its affiliated lenders.

Signature _____

Date _____

Social Security # _____

Date of Birth: _____

Home Address _____

City, St, Zip _____

Signature _____

Date _____

Social Security # _____

Date of Birth: _____

Home Address _____

City, St, Zip _____

Form **4506-T**
(April 2006)

Department of the Treasury
Internal Revenue Service

Request for Transcript of Tax Return

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



OMB No. 1545-1872

TIP: Use new 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.

1 a Name shown on tax return. If a joint return, enter the name shown first.	1 b First social security number on tax return or employer identification number (see instructions)
2 a If a joint return, enter spouse's name shown on tax return	2 b Second social security number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code	
4 Address, (including apt., room, or suite no.), city, state, and ZIP code shown on the last return filed if different from line 3	
5 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. ▶ 1040

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 1 a or 2 a, 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.

Sign Here

Signature (see instructions)	Date	Telephone number of taxpayer on line 1 a or 2 a () - _____
Title (if line 1 a above is a corporation, partnership, estate, or trust)		
Spouse's signature	Date	

ENVIRONMENTAL QUESTIONNAIRE AND DISCLOSURE STATEMENT

This form is required if the financing request does not involve the purchase of or construction of commercial real estate. However, if commercial real estate (presently owned by the Applicant) is being refinanced or pledged as collateral on this loan request, the form is to be completed by the applicant and submitted to the Lender prior to submission of the application to the SBA. The applicant may wish to retain an engineer and/or attorney to assist in the completion of the questionnaire. Please note that this form must be completed for every property being pledged as collateral.

Applicant:		
Address and location of the property(ies):		
<p>The purpose of this questionnaire is to provide information about past and present ownership and uses of the real property(ies) upon which Lender will rely in deciding whether to extend credit. Please respond fully to all questions, including supporting documentary evidence where appropriate. If unable to answer, please respond "unknown" or "not applicable". Where space is inadequate to answer, please attach additional pages as needed. If applicant has an interest (leasehold or fee interest) and conducts business at multiple locations, a separate disclosure statement should be supplied for each location.</p>		
1. Uses of the Property(ies)		
The present owner(s) of the property:		
The present occupant(s) of the property:		
2. Emergency 24 hour contact (name, area code, phone):		
Name:		
Telephone Number:	Night:	Day:
3. The previous and present use (s) of the property:		
4. The previous and present use (s) of the adjacent properties:		
5. Has the real property or any adjacent property ever been used for industrial, manufacturing, refining, processing, or agricultural purposes? Yes or No? If yes, please describe.		
6. Date of the last transfer of ownership:		
Was pre-acquisition site assessment or environmental audit required?		
<input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, include a copy of report)		
7. Previous owner:		
8. Previous facility name:		
9. When were buildings on the premises constructed?		
10. If buildings or improvements on premises were constructed prior to 1978, was asbestos used for insulation or other purposes?		
11. Are there disposal facilities or dump sites, storing or using hazardous waste/toxic materials within a 2000 foot radius from the property? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please describe)		

12. If the answer to question 11 is in the affirmative, disclose whether the

Environmental Protection Agency or State Department of Health Services (or other environmental authority) requires a permit for your occupancy of this property.

13. Does your business use chemicals or substances which require permits or licenses to own, use, or remove from the property? No or Yes (If yes, please describe)

14. Where on the premises and in what containers are those chemicals or substances located?

15. How are those chemicals or substances removed from the property?

16. Are all appropriate licenses and permits current and are you presently in compliance with all regulations for continued utilization of licenses/permits? Yes or No? If not, and subject to pending suspension or revocation action, please describe basis for and copies of suspension/revocation action.

17. Please attach copies of permits/licenses involving chemicals or substances used or removed on the premises, including those described in Paragraph 13?

18. Are there underground tanks, dumps, lines, or pipes on the premises which store or convey chemicals or substance including those described in Paragraph 13? Yes or No?

19. Please attach copies of any permits/licenses regarding tanks, dumps, lines or pipes used on the property?

20. Have those tanks/lines been tested for structural integrity? (include results of testing) Yes or No?

21. Are electrical transformers, switches, capacitors or other comparable devices on premises? Have they been inspected for the Presence of P.C.B.'s or other hazardous toxic substances? *If the inspection reports have been made, include copies.	<input type="checkbox"/> Yes or <input type="checkbox"/> No? <input type="checkbox"/> Yes or <input type="checkbox"/> No?
22. Have there been or is there physical evidence of any spills, leaks, or other releases of any toxic/hazardous chemicals/substances on the property or adjoining property?	<input type="checkbox"/> Yes or <input type="checkbox"/> No?
23. Has any governmental agency ever cited, investigated, or reported upon any release or spill of any substance or chemical on the property or adjoining property?	<input type="checkbox"/> Yes or <input type="checkbox"/> No?
24. Please attach copies of any citations, investigation, report, response action, or notice concerning this property issued by a governmental agency.	

Applicant certifies that the above information is true, entire, and accurate.

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Proposed Buyer/ Applicant's Signature

Current Property Owner Signature

Print Name of Buyer

Print Name of Current Property Owner

Insert Bank Officer Name - Title
 Bank Officer/Lending Official

*In addition to the credit evaluation checklist ABOVE, the following information will also be needed for the **Packaging and Closing process** of your loan request. Please note that this checklist is preliminary and is only being provided for your convenience.*

Packaging Requirements...**CORPORATE DOCUMENTS:**

- If the borrowing entity or corporate guarantor is a Corporation:**
 - 1. Certificate of Existence from Secretary of State
 - 2. Filed Articles of Corporation
 - 3. Bylaws
 - 4. Secretary's Certificate (to be provided by your closer)
 - 5. Copy of SS-4 Application for Employer Identification Number (if newly formed corporation)
 - 6. Filed copy of Fictitious Name/DBA/Assumed Name/Trade Statement (if applicable)

- If the borrowing entity or corporate guarantor is a Limited Liability Company (LLC):**
 - 7. Certificate of Organization from Secretary of State
 - 8. Filed Articles of Organization
 - 9. Operating Agreement
 - 10. LLC Certificate of Members (to be provided by your closer)
 - 11. Copy of SS-4 Application for Employer Identification Number (if newly formed company)
 - 12. Filed copy of Fictitious Name/DBA/Assume Name/Trade Statement (if applicable)

- If the borrowing entity or corporate guarantor is a Partnership:**
 - 13. Certificate of Partnership from Secretary of State or County Recorder
 - 14. Partnership Agreement
 - 15. Certificate of Members (to be provided by your closer)
 - 16. Copy of SS-4 Application for Employer Identification Number (if newly formed partnership)
 - 17. Filed copy of Fictitious Name/DBA/Assume Name/Trade Statement (if applicable)

Closing Requirements...**Collateral Conditions:**

- 18. If life insurance is required, please provide a copy of the life policy in minimum amount required by lender and *recorded* collateral assignment of policy to lender.
- 19. If a lien position is being required on residential property, please provide a copy of the legal description of the property along with current mortgage statement(s) on the senior lien(s).
- 20. If business assets are being taken, please provide a detailed list of all machinery and equipment (*any item valued \$500 or more must include a serial number*)
- 21. If a lien position is being required on commercial property (other than the subject property), please provide a copy of the legal description of the property along with a current mortgage statement(s) on the senior lien(s).

Other:

- 22. Copy of all required licenses and/or permits necessary to lawfully operate the subject business
- 23. Name and telephone number for the agent that will be insuring all collateral as well as business liability coverage, and workers compensation coverage.
- 24. Copy of bank statement(s) evidencing cash injection, if applicable. If cash has already been injected into the deal, please provide copies of canceled checks (front and back) with corresponding invoices. (***This request is very time consuming and if not submitted accurately, can delay closing.***)
- 25. Please list any previous government guaranteed applications or loans for the borrower, guarantors, or affiliates.

Please note that while all attempts have been made to make this list comprehensive, further processing may require additional items not listed within this checklist. Once your loan is approved, a final detailed closing checklist will be provided. Thank You.