





## History of Business

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(Use separate attachments to answer questions, if necessary)

Nature of business:

Types of products and services offered / description of business activity:

Customer profile:

List key customers:

Who are your suppliers and what are their credit sales terms?

How do you determine the price of your products/services?

How do you or will you advertise? Do you/will you offer promotions to generate sales?

List major competitors:

List advantages your business has or will have over its competitors:

Approximate distance of your competitors in relation to your current or proposed location:

Major accomplishments:

Future plans for growth and/or expansion:

How will the proposed loan benefit your company?

How many employees do you currently have?

Will the funding of this loan create new employment opportunities? If so, how?

How many employees will you hire?

[Empty rectangular box]

Describe the type and conditions of the subject building or premises the business occupies or will occupy:

[Empty rectangular box]

If the subject building is existing, are any improvements needed? Describe:

[Empty rectangular box]



## Management Resume

### PERSONAL INFORMATION

If an item is not applicable, please indicate. You may include additional relevant information on a separate sheet.

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

\_\_\_\_\_  
Date of Birth                      Place of Birth                      SS#

\_\_\_\_\_  
Residence Telephone                      Business Telephone

#### Current Residence Address

\_\_\_\_\_  
Street                      City                      State                      Zip

#### Previous Address

\_\_\_\_\_  
Street                      City                      State                      Zip

#### Lived there from

\_\_\_\_\_  
Month and Year                      To                      Month and Year

#### Spouse's Name

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

\_\_\_\_\_  
SS#

Are you employed by the U.S. Government?                      **Yes**                      **No**  
If yes, please provide Agency and Position:                      \_\_\_\_\_                     

Are you a U.S. Citizen?                      **Yes**                      **No**  
If no, please provide Alien Registration Number:                      \_\_\_\_\_                     

Are you presently under indictment, on parole or probation?                      **Yes**                      **No**  
If yes, indicate date parole or probation is to expire.                      \_\_\_\_\_

Have you ever been charged with or convicted of any criminal offense other than a misdemeanor involving a motor vehicle violation?  
If yes, please provide a full written description.

**Yes**  **No**

Have you ever been arrested and/or convicted of a felony or misdemeanor?  
If yes, please provide a full written description.

**Yes**  **No**

Are you a party to a past or pending claim, lawsuit, judgment, or tax lien?  
If yes, please provide a full written description.

**Yes**  **No**

Have you ever applied for or obtained an SBA loan or assistance from SBA?  
If yes, please provide the status (loan amount, balance, collateral), if applicable.

**Yes**  **No**

Are you current on all taxes?

**Yes**  **No**

Do you have any liens/judgments?

**Yes**  **No**

Do you have any ownership in other businesses?  
If yes, please provide a full written description.

**Yes**  **No**

**MILITARY SERVICE BACKGROUND**

Branch \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Rank at discharge \_\_\_\_\_  
Honorable  **Yes**  **No**

Job description \_\_\_\_\_

**WORK EXPERIENCE**

|                          |               |                              |              |
|--------------------------|---------------|------------------------------|--------------|
| _____<br>Name of company |               | _____<br>% of business owned |              |
| _____<br>Full address    | _____<br>City | _____<br>State               | _____<br>Zip |
| _____<br>From            | _____<br>To   | _____<br>Title               |              |
| _____<br>Duties          |               |                              |              |

|                          |               |                              |              |
|--------------------------|---------------|------------------------------|--------------|
| _____<br>Name of company |               | _____<br>% of business owned |              |
| _____<br>Full address    | _____<br>City | _____<br>State               | _____<br>Zip |
| _____<br>From            | _____<br>To   | _____<br>Title               |              |
| _____<br>Duties          |               |                              |              |

|                          |               |                              |              |
|--------------------------|---------------|------------------------------|--------------|
| _____<br>Name of company |               | _____<br>% of business owned |              |
| _____<br>Full address    | _____<br>City | _____<br>State               | _____<br>Zip |
| _____<br>From            | _____<br>To   | _____<br>Title               |              |
| _____<br>Duties          |               |                              |              |

|                  |
|------------------|
| <b>EDUCATION</b> |
|------------------|

| College or Technical Training<br>(name and location) | Dates attended<br>(From/To) | Major | Degree or Certificate |
|--|-----------------------------|-------|-----------------------|
| _____  | _____                       | _____ | _____                 |
| _____  | _____                       | _____ | _____                 |
| _____  | _____                       | _____ | _____                 |

I certify that the information contained in the Management Resume is true and correct as of the date below.

Signature:

Date:





\*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/Exg | Date of Quotation/Exg | Total Value |
|------------------|--------------------|------|----------------------------|-----------------------|-------------|
|                  |                    |      |                            |                       |             |

**Section 4. Real Estate Owned. (List each parcel separately.)**

(Use attachments if necessary. Each attachment must be identified as a part of this statement and signed).

| Type of Property   | Property A | Property B | Property C |
|--|------------|------------|------------|
| Type of Property<br>Address<br><br>Date Purchased<br>Original Cost<br>Present Market Value<br>Name & Address of Mortgage Holder<br><br>Mortgage Account Number<br>Mortgage Balance<br>Amount of Payment per Month/Year<br>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

SS#

Signature:

Date

SS#

**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**



## Source of Capital Injection/Down Payment

| SOURCE OF FUNDS                             |  | AMOUNT OF FUNDS |
|---|--|-----------------|
| 1   | Cash on Hand (*)   | \$ _____        |
| 2   | Cash in Checking Account (*)<br>Name on Account:<br>Name of Bank:<br>Account #:      | \$ _____        |
| 3   | Cash in Savings Account (*)<br>Name on Account:<br>Name of Bank:<br>Account #:       | \$ _____        |
| 4   | Sale of Investments/Assets<br>Details:   | \$ _____        |
| 5   | Financing obtained by additional mortgage<br>on personal real estate.<br>Details:    | \$ _____        |
| 6   | Business Assets (already obtained)<br>being transferred to this business<br>Details: | \$ _____        |
| 7   | Loan from Family Member<br>Details:  | \$ _____        |
| 8   | Loan from other source<br>Details:   | \$ _____        |
| 9   | Gift<br>Details:   | \$ _____        |
| 10  | Other<br>Details:  | \$ _____        |
| <b>TOTAL CAPITAL INJECTION/DOWN PAYMENT</b> |  | \$ _____        |

**(\*) Please explain how cash was acquired.**

Other information about source of funds:

I hereby certify that the information contained in this document is true and correct.

Signature:

Title/Date: \_\_\_\_\_



## Personal Family Budget

### INCOME

### MONTHLY

|  |        |
|--|--------|
| Gross Salary or Draw (per latest Tax Return) | _____  |
| Spousal Salary (per latest Tax Return)       | _____  |
| Gross Rental Income                          | _____  |
| Interest / Dividend Income                   | _____  |
| Other Income                                 | _____  |
| Other Income                                 | _____  |
| TOTAL INCOME                                 | _____0 |

### EXPENSES

|   |        |
|---|--------|
| Residence Payment (mortgage or rent)                                  | _____  |
| Rental Property Payments  | _____  |
| Rental Expenses (impounds, cash expenses)                             | _____  |
| Auto Loan Payments (list all debts on Personal Financial Statement)   | _____  |
| Installment Payments (list all debts on Personal Financial Statement) | _____  |
| Credit Card Payments (list all debts on Personal Financial Statement) | _____  |
| Utilities & Phone   | _____  |
| Insurance Payments  | _____  |
| Food, Clothing  | _____  |
| Income Tax  | _____  |
| Property Tax  | _____  |
| Alimony   | _____  |
| Child Care/Support  | _____  |
| Other Expenses  | _____  |
| Other Expenses  | _____  |
| TOTAL EXPENSES  | _____0 |

I /We hereby certify that the above information is true and correct to the best of my/our knowledge and belief.

Signature: \_\_\_\_\_

Title/Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Title/Date: \_\_\_\_\_