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PACIFIC COAST REGIONAL
Small Business Development Corporation
 (213) 739-2999 (866) 301-9989 Fax (213) 739-0639
 Website: www.pccorp.org

THE FOLLOWING INFORMATION (WHERE APPROPRIATE) **MUST** BE SUBMITTED TO PACIFIC COAST REGIONAL TO APPLY FOR A LOAN OR STATE LOAN GUARANTEE.

ITEMS NEEDED FOR STATE LOAN GUARANTEE:

- _____ State Guarantee Loan Application (*Completed, Signed, Dated*)
- _____ Business Financial Statements - Last 3 Fiscal Year End
- _____ Current Business Financial Statements (not older than 60 days)
- _____ Business Tax Returns - Last 3 years
- _____ Schedule of Current Debt- Business and Personal (*forms enclosed*)
- _____ Provide Evidence of Applicant's Liability Insurance.
- _____ Copy of Lease - If Property Leased
- _____ Construction Contract or Estimate - Evidencing Total Cost of Project, if applicable
- _____ Fictitious Name Statement if Applicable
- _____ Partnership Agreement - if Partnership
- _____ Articles of Incorporation - if Corporation
- _____ Name and Title of Corporate Officer Signing Loan Documents
- _____ Name of Corporate Secretary
- _____ Financial Privacy Act form (*enclosed*)
- _____ Financial Statement Certification Form (*enclosed*)
- _____ Projected Cash Flow
- _____ Projected Profit and Loss
- _____ Business Plan/ History
- _____ Resumes of Key Personnel

The following information is needed on all individuals owning 20% or more of business.

- _____ Personal Financial Statement, not older than 6 months - (*form enclosed*)
- _____ Personal Tax Returns - Last 3 years
- _____ Schedule of Current Debt (*form enclosed*)
- _____ Resume

Additional Information Needed:

- _____ Business tax returns for each business that Applicant(s) has 20% ownership.

ALL TAX RETURNS AND FINANCIAL STATEMENTS MUST BE SIGNED AND DATED



PACIFIC COAST REGIONAL Small Business Development Corporation

Guarantee Application/Business Loan Application

STATE LOAN GUARANTEE LOAN OTHER _____

Please describe the specific purpose of the loan: _____

 Collateral offered: _____

Number of Employees (<i>Including Subsidiaries and affiliates</i>)	
At Time of Application	_____
If Loan is Approved	_____
Subsidiaries or Affiliates (<i>Separate from above</i>)	_____

Amount Requested: _____ Primary Source of Repayment: _____ Secondary Source of Repayment: _____

BUSINESS INFORMATION

BUSINESS NAME: _____

SOLE PROPRIETOR GENERAL PARTNERSHIP NON-PROFIT CORPORATION
 LIMITED PARTNERSHIP CORPORATION SUB S CORPORATION

NATURE OF BUSINESS: _____

PRIMARY CONTACT: _____ BUSINESS PHONE NUMBER: _____

BUSINESS ADDRESS: _____

TAX ID NUMBER: _____ SIC CODE: _____

YEAR BUSINESS ESTABLISHED: _____ NO. OF YEARS UNDER CURRENT MANAGEMENT: _____

PRINCIPALS/OWNERS Please provide a Personal Financial Statement (Form Attached) on each individual listed below.

Name	% Ownership	Title
_____	_____	_____
_____	_____	_____
_____	_____	_____

Accountant: _____ Phone Number: _____

BANK RELATIONSHIPS (Please list only your business accounts.)

BANK	ACCOUNT NUMBER	BUSINESS			CURRENT BALANCE
		CHECKING	SAVINGS	LOAN	

INDEBTEDNESS: Furnish the following information on all installment debts, contracts, notes, and mortgages payable. Indicate by an asterisk (*) items to be paid by loan proceeds and reason for paying same (*present balance should agree with latest balance sheet submitted*).

To Whom Payable	Original Amount	Original Date	Present Balance	Rate of Interest	Maturity Date	Monthly Payment	Security	Current or Past Due
	\$			\$		\$		
	\$			\$		\$		
	\$			\$		\$		

ACCOUNTS PAYABLE AGING Attach current list.

Listing As Of	Total Accounts	Current 30-Days	31-60 Days	61-90 Days	91 + Days
\$	\$	\$	\$	\$	\$
\$	\$	\$	\$	\$	\$

ACCOUNTS RECEIVABLE AGING Attach current list.

Listing As Of	Total Accounts Receivable	Current 30-Days	31-60 Days	61-90 Days	91 + Days
\$	\$	\$	\$	\$	\$
\$	\$	\$	\$	\$	\$

LEASE INFORMATION

Do you have a lease for the property your business now occupies?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Monthly Rent \$	Years Remaining on Lease	Escalator Clause	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you Pay Taxes, Maintenance, Repair or Insurance in addition to your monthly payment?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Approximate Monthly Amount \$				

MISCELLANEOUS Please provide details on a separate sheet of paper if you answer **YES** to any question.

Have you and/or your business ever filed bankruptcy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the business an endorser, guarantor or co-maker for obligations not listed on its financial statements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the business owe any prior year taxes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any assets pledged or mortgaged other than those stated on the Financial Statements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the business a party to any claim or lawsuit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you and/or your business ever defaulted on a loan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

BY SIGNING BELOW, YOU REPRESENT AND WARRANT THE FOLLOWING:

Pacific Coast Regional (PCR) may rely on all of the information provided by you on this and other documents signed by you as being complete, true and correct. You are aware that submitting false information may be punishable under Section 1014 of Title 18 of the United States Code, Section 1572 of the California Civil Code and Section 779 of the California Financial Code.

The foregoing information shall be your continuing representation until and unless you advise Pacific Coast Regional (PCR) of material changes, and you will immediately so advise Pacific Coast Regional (PCR) of any material adverse changes in your business or financial condition.

Pacific Coast Regional (PCR) shall have the continuing right to verify any of the foregoing information, including the right to inquire about both the business' and individual's credit ratings and credit condition.

Signed this _____ day of _____, **20**_____.

APPLICANT/COMPANY NAME

AUTHORIZED SIGNATURE/TITLE

AUTHORIZED SIGNATURE/TITLE

AUTHORIZED SIGNATURE/TITLE



PACIFIC COAST REGIONAL Small Business Development Corporation

Personal Financial Statement Of _____ SS# _____
(Name)

(Street address , city, state, zip)

Home Phone # () Business Phone # ()

(Name of Wife/Husband)

AS OF _____

CURRENT ASSETS		CURRENT LIABILITIES	
Cash on hand (not in bank).....		Notes payable to (names and addresses):	
Cash in following banks (names and addresses):			
Stocks and Bonds (Schedule 1).....		Sales contracts & chattel mtgs. (Schedule 6).....	
Accounts receivable (Schedule 2).....		Accounts payable.....	
Notes receivables (Schedule 3).....		Current portion of long term debt.....	
Other current assets (Schedule 6/itemize):		Other current liabilities (Schedule 6/itemize):	
		Current year's income taxes paid.....	
		Prior year's income taxes unpaid.....	
		Real estate taxes unpaid.....	
TOTAL CURRENT ASSETS		TOTAL CURRENT LIABILITIES	
FIXED ASSETS:		LONG TERM LIABILITIES:	
Real estate (Schedule 4):		Real Estate Debt (Schedule 4):	
Residence.....		Residence.....	
Other.....		Other.....	
Cash value of life insurance (Schedule 5).....		Borrowed on life insurance (Schedule 5).....	
Other assets & investments (Schedule 6/itemize):		Other long term debt (Schedule 6/itemized):	
TOTAL FIXED ASSETS		TOTAL LONG TERM LIABILITIES	
		NET WORTH	
TOTAL ASSETS		TOTAL LIABILITIES & NET WORTH	
GROSS INCOME FOR YEAR 20 _____		ANNUAL EXPENDITURES	
Salary		Residential Property Taxes	
Spouse's Salary		Taxes	
Dividends/Interest		Mortgage Payments	
Fees or Commissions		Other Fixed Payments	
Rentals		Living Expenses	
Other		All Other Expenses	
TOTAL		TOTAL	

1. STOCKS AND BONDS

Name of Security	No. Shares	If any pledged, State to whom and for what purpose	Dividends paid last two years	Market Value	Book Value
TOTALS				\$	\$

2. ACCOUNTS RECEIVABLES

Name and Address (street and city) From Whom Due	For What Due	When Sold	When Due	Amount
TOTALS				\$

3. NOTES RECEIVABLE

Name and Address (Street and City) from whom due	For What Due	How Secured	Date	Maturity	Amount
TOTALS					\$

4 REAL ESTATE

Description of Property	Title in Name Of	Market Value	Cost	Reserve for Depreciation	Book Value	Amount Encumbrance	Monthly Payments	Monthly Income
TOTALS			\$	\$	\$	\$	\$	\$

5. LIFE INSURANCE - CASH VALUE

Name of Company	Policy Number	Name of Insured	Beneficiary	Face Value	Cash Value	Amount Borrowed

6. DETAILS RELATIVE TO OTHER IMPORTANT ASSETS AND LIABILITIES

THE MAKER OF THE FOREGOING OR ACCOMPANYING STATEMENT HEREBY AUTHORIZES THE COMPANY TO CONFIRM THE BANK BALANCES CLAIMED AND ALL OTHER ITEMS COMPRISING SAID STATEMENT.

By: _____

Date _____

By: _____

Date _____



PACIFIC COAST REGIONAL Small Business Development Corporation

FINANCIAL STATEMENT CERTIFICATION

Any financial statements hereby furnished to you for the purpose of procuring and establishing credit from time to time with you are to be regarded as a complete and truthful statement of the undersigned's financial condition on the date indicated.

The undersigned authorizes you to make whatever inquires about the content of the attached financial statements, including contacting taxing authorities, creditors, and credit reporting agencies; and to provide credit information about the obligations of the undersigned to credit reporting agencies or the response to other inquiries.

SOLE PROPRIETOR

GENERAL PARTNERSHIP

NON-PROFIT CORPORATION

LIMITED PARTNERSHIP

CORPORATION

SUB S CORPORATION

Borrower(s) Name:

Please type or print

I _____, the undersigned authorize **Pacific Coast Regional** to obtain consumer credit information from the appointed Credit Reporting Agency.

Signature

Date

I _____, the undersigned authorize **Pacific Coast Regional** to obtain consumer credit information from the appointed Credit Reporting Agency.

Signature

Date



PACIFIC COAST REGIONAL

Small Business Development Corporation

SCHEDULE OF CURRENT DEBT

As of _____

Loan application for: _____ Financial information for: _____

CREDITOR Name and address	ORIGINAL DATE	ORIGINAL AMOUNT	PRESENT BALANCE	INTEREST RATE	MATURITY DATE	MONTHLY PAYMENT	P & I ANNUAL DEBT SERVICE	COLLATERAL	CURRENT OR DELINQUENT
TOTAL PRESENT BALANCE				Present Balance should be same as interim financial statement. Total must agree with balance shown on interim balance sheet..					

I (we) certify that the above information is correct and complete to the best of my (our) knowledge.

Signature _____ Date _____ Signature _____ Date _____