



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 A LOAN OR STATE LOAN GUARANTEE:

- _____ State Guarantee Loan Application (*Completed, Signed and Dated*)
- _____ Business Financial Statements - Last 3 Fiscal Year End
- _____ Current Business Financial Statements (not older than 60 days)
- _____ Business Tax Returns (Federal only)- Last 3 years
- _____ Schedule of Current Debt form - Business and Personal (enclosed)
- _____ A \$500.00 non-refundable loan packaging fee
- _____ Provide Evidence of Applicant's Liability Insurance
- _____ Copy of Executed Lease Agreement - If Property is Leased
- _____ Construction Contract or Estimate - Showing Total Cost of Project, if applicable
- _____ If a Sole Proprietorship or if applicable: Filed Fictitious Business Name Statement
- _____ If a Partnership: Filed GP-1, LP-1, or LLP1; Executed copy of Partnership Agreement
- _____ If a Corporation: Articles of Incorporation, By-Laws, Statement of Information
- _____ Name and Title of Corporate Officer/s Signing Loan Documents
- _____ Financial Privacy Act form (enclosed)
- _____ Financial Statement/Tax Certification form - Business/Individual(enclosed)
- _____ Authorization to Pull Credit (enclosed)
- _____ Business Plan/History
- _____ Projected Cash Flow and Profit and Loss Statement
- _____ Resumes of Key Personnel

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

- _____ Personal Financial Statement, not older than 3 months (form enclosed)
- _____ Personal Tax Returns (Federal only) - Last 3 years
- _____ Schedule of Current Debt (form enclosed)
- _____ Completed and signed 4506-T Form (enclosed)

Additional Information Needed:

- _____ Business tax returns for each business that Applicant(s) has 20% or more 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 (Including Subsidiaries and affiliates)	
At Time of Application	_____
If Loan is Approved	_____
Subsidiaries or Affiliates (Separate from above)	_____

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 / TAX RETURN CERTIFICATION

(For Individual Borrowers or Guarantors)

The undersigned, _____, certifies:

That the contents of the Financial Statement(s) as of _____ is/are true and correct.

The Federal Tax Return(s), including the schedule of K-1 statements, are true and correct copy of such Federal Tax Return and all Schedule K-1 forms referenced on the Schedule E included with the Returns and filed with the Internal Revenue Service for the tax period ending: 12/31/____, 12/31/ ____, 12/31 ____.

Additionally, the undersigned authorizes Pacific Coast Regional SBDC ("PCR") to make inquiries about the content of the attached financial statements, including contacting 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.

CERTIFICATION:

This certificate for each of the above documents, as indicated, is true and correct. I declare under penalty of perjury that the foregoing is true and correct.

Date: _____

Signature

Print Name

AUTHORIZATION TO PULL CREDIT

I _____, the undersigned authorize PCR to obtain consumer credit information from the appointed Credit Reporting Agency.

Signature

Date

I _____, the undersigned authorize PCR to obtain consumer credit information from the appointed Credit Reporting Agency.

Signature

Date



PACIFIC COAST REGIONAL

Small Business Development Corporation

FINANCIAL STATEMENT / TAX RETURN CERTIFICATION

(For Business Borrowers or Guarantors)

The undersigned, _____, certifies:

That the contents of the Financial Statement(s) dated _____ is/are true and correct.

The Federal Tax Return(s), including the schedule of K-1 statements, are true and correct copy of such Federal Tax Return and all Schedule K-1 forms referenced on the Schedule E included with the Returns and filed with the Internal Revenue Service for the tax period ending: 12/31/____, 12/31/ ____, 12/31 ____.

Additionally, the undersigned authorizes Pacific Coast Regional SBDC ("PCR") to make inquiries about the content of the attached financial statements, including contacting 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.

CERTIFICATION:

This certificate for each of the above documents, as indicated, is true and correct. I declare under penalty of perjury that the foregoing is true and correct.

Date: _____

Signature

Print Name, Corporate Title

PACIFIC COAST REGIONAL
Small Business Development Corporation

FINANCIAL PRIVACY ACT

NOTICE TO APPLICANTS

This is notice to you as required by the Right to Financial Privacy Act of 1978, 12 U.S.C Sec. 3413(h), that the Pacific Coast Regional Small Business Development Corporation has a right of access to financial records held by the financial institution identified below in connection with the consideration or administration of assistance to you. Financial records concerning your loan transaction will be available to the Pacific Coast Regional Small Business Development Corporation without further notice or authorization but will not be disclosed or released to another Government authority without your consent except as otherwise required or permitted by law.

FINANCIAL INSTITUTION:

ACKNOWLEDGMENT TO APPLICANT

I hereby certify that I have read the foregoing Notice to Applicant and that I have been provided with a copy of it.

Acknowledged this _____ **day of** _____, **20** _____

BORROWER(S):

BY: _____

CERTIFICATION TO FINANCIAL INSTITUTION

This is to certify that in this case, when the above Notice to Applicants has been read and acknowledged in writing by the customer, **Pacific Coast Regional Small Business Development Corporation** has complied with the applicable provisions of the Right To Financial Privacy Act of 1978, Title XI of Public Law No. 95-630. Pursuant to Section 1113(h) (2) of the Act, no further certification shall be required for subsequent access by Pacific Coast Regional Small Business Development Corporation to the financial records of the customer during the term of loan guarantee.



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: _____

Request for Transcript of Tax Return

- ▶ **Do not sign this form unless all applicable lines have been completed.**
- ▶ **Request may be rejected if the form is incomplete or illegible.**
- ▶ **For more information about Form 4506-T, visit www.irs.gov/form4506t.**



OMB No. 1545-1872

Tip. Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946. 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.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number or individual taxpayer identification number if joint tax return

3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)

4 Previous address shown on the last return filed if different from line 3 (see instructions)

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.
 Inco-Check, Inc. 26741 Portola Parkway, Suite 1E-250, Foothill Ranch, CA 92610

Caution: If the tax transcript is being mailed to a third party, ensure that you have filled in lines 6 through 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your tax transcript to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.

- 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. ▶
- a Return Transcript**, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-A, Form 1120-H, Form 1120-L, 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 10 business days
 - c Record of Account**, which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 10 business days
- 7 Verification of Nonfiling**, which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. 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 2011, filed in 2012, will likely not be available from the IRS until 2013. 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 10 business 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.

	/		/		/		/		/		/		/	
--	---	--	---	--	---	--	---	--	---	--	---	--	---	--

Caution: Do not sign this form unless all applicable lines have been completed.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, 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. **Note:** For transcripts being sent to a third party, this form must be received within 120 days of the signature date.

Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-T. See instructions.

Phone number of taxpayer on line 1a or 2a

Sign Here	Signature (see instructions)	Date		
	Title (if line 1a above is a corporation, partnership, estate, or trust)			
	Spouse's signature	Date		