2323 N. Broadway, Suite 245
Santa Ana, CA 92706
1.800.464.2149

Business Loan Application

Company Information

Company Name ______________________________

Address ____________________ City ____________________ State __________ Zip __________

Principal in charge ____________________ Phone ____________ Fax ____________

Secondary contact person ____________________ Phone ____________ Fax ____________
(IN-HOUSE CONTROLLER OR BOOKKEEPER)
email ____________________

Type of business ____________________ Date established ____________

Type of entity (check one) X Proprietorship ☐ Partnership ☐ Corporation ☐ LLC

Company Ownership

Name ____________________ Title ____________ % of Ownership ________

Name ____________________ Title ____________ % of Ownership ________

Name ____________________ Title ____________ % of Ownership ________

Name ____________________ Title ____________ % of Ownership ________

If a corporation, please indicate who is President and Secretary

References

Bank name ____________ Acct. no. ____________ Acct officer ____________ Phone ____________

____________ ____________ ____________ ____________

Accountant ____________ Firm name ____________________ Phone ____________

Attorney ____________ Firm name ____________________ Phone ____________

Trade references ____________ Contact person ____________________ Phone ____________

How did you hear about this program? ______________________________

Use of Funds

Business Acquisition..	$	Working Capital..	$
Machinery/Equipment Purchase......................	$	Soft Costs...	$
Building Improvements or repairs....................	$	Other (specify)______________.....................	$
Inventory Purchase..	$	*TOTAL PROJECT AMOUNT*............................	$
Debt Refinance..	$	*Owner's Injection*……………………………………	$
		TOTAL LOAN REQUEST…………………………	$

*

Nature of Your Business

Nature of your business ____________________

____

Type of products or services (include any catalogs or brochures) ____________________

____

Geographic market area ____________________

____

List key customers ____________________

____

List major competitors ____________________

____

Employee Questionnaire

Number of current employees ________ Estimated number of new employees within the next two years as a result of this project ________

Key employees

Name	Title	Responsibilities	Years with company	Years in the industry

Miscellaneous Questions

Have you or any officers of your company ever been involved in bankruptcy or insolvency proceedings? ☐ Yes ☐ No

Are you or your business involved in any pending or prior lawsuits? ☐ Yes ☐ No *If yes, please provide details on a separate sheet.*

Checklist

PLEASE PROVIDE THE FOLLOWING DOCUMENTS AND INFORMATION

Business information

	Business financial statements for the last three years
	One year business projections 12 month detail
	Interim financial statement
	Business debt schedule
	Fictitious Business Name Statement & proof of publication
	Copy of Business License
	Copy of lease
	Start –up or in business less than two years: business plan with two years projections and assumptions
	Affiliated companies – any company owned 20% or more by an owner, or spouse must submit a current Balance Sheet and Profit/Loss Statement, as well as Federal Income Tax Returns for the last 3 years, including all schedules.

Personal information

	Personal federal tax returns for the last three years
	Personal resumé
	Personal financial statement
	IRS Form 4506 (REQUEST FOR COPY OF TAX TRANSCRIPTS) – Please sign and date
	Promissory Note for Home Loan
	Promissory Note for HELOC

Personal Resumé Form

TO BE COMPLETED BY EACH PRINCIPAL INVOLVED IN THE LOAN. PLEASE MAKE COPIES AS NEEDED FOR EACH INDIVIDUAL

Name ____
FIRST MIDDLE MAIDEN LAST

Date of birth ____________ Place of birth ______________ ____________ Social Security No. ______________

U.S. Citizen ☐ Yes ☐ No If not, please provide alien registration number ______________

Home address ______________________ City ____________ State ________ Zip __________

From ____________ To ____________ Home phone ______________ Business phone ______________

Immediate past address ______________________ City ____________ State ________ Zip __________

From ____________ To ____________

Spouse's Name ____
FIRST MIDDLE MAIDEN LAST

Date of birth ____________ Place of birth ______________ ____________ Social Security No. ______________

Employer______________________Position______________From________To_______Salary______________

Work experience

List chronologically, beginning with present employment

Name of company ______________________________ % of business owned __________

Full address ______________________ City ____________ State ______ Zip ________

From ____________ To ____________ Title ______________ Duties ______________

Name of company ______________________________ % of business owned __________

Full address ______________________ City ____________ State ______ Zip ________

From ____________ To ____________ Title ______________ Duties ______________

Education (College or Technical Training)

Name and Location	Dates Attended	Major	Degree or Certificate
1.			
Comments			
2.			
Comments			

Monthly Personal Expenses

Residence Payment:

- Rent or Mortgage .... $ __________
- Taxes & Insurance .... $ __________
- Maintenance.. $

Insurance:

- Life .... $ __________
- Health .... $ __________
- Auto .... $

Food	$	Accident	$
Utilities	$	Educational Loans	$
Telephone	$	Transportation:	
Medical/Dental	$	Gas, oil & repair	$
Clothing	$	Car Payment	$
Incidentals	$	Childcare/Child Support	$
Credit Card Payments	$	Other Notes	$

Total Monthly Expenses $

Credit Report Authorization

I declare that the information provided in this application is true and correct. I hereby authorize the release of any and all credit report and other information required in the processing of my loan application and as required in the servicing and/or during the term of my loan. I further authorize Southern California Reinvestment CDFI to release such information to any entity as required in the processing of my loan application.

I/We hereby certify that the enclosed information, including any attachments or exhibits provided here within or at a later date, is valid and correct to the best of my/our knowledge.

Name: ____________________ Name: ____________________

Signature & Date: ____________________ Signature & Date: ____________________

SoCal Reinvestment CDFI

Personal Financial Statement

As of_____________________,20______

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 member of a Limited Liability Partnership, or (4) each stockholder owing 20% or more of voting stock and each corporate officer and director, or (5) each member of a limited company owning 20% or more interest, or (6) any other person or entity providing a guaranty of the loan.

Name	Business Phone:
Residence Address	Residence Phone:
City, State, & Zip Code	
Business Name of Applicant/Borrower:	

ASSETS		LIABILITIES	
Cash on hand and 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 & 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	
		Net Worth	
Total		**Total**	

Section 1. Source of Income		**Contingent Liabilities**	
Salary		As Endorser or 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 & 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 attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

	Property A	Property B
Type of Property		
Name & Address of Title Holder		
Date Purchased		
Original Cost		
Present Market Value		
Name & Address of Mortgage Holder(s)		
Mortgage Balance - First		
Mortgage Balance - Second		
Amount of Payment(s) per Month		
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 SoCal Reinvestment CDFI & CDC Small Business Finance 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:

Form **4506-T**
(January 2004)
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.**

SBA
U.S. Small Business Administration

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.

1a Name shown on tax return. If a joint return, enter the name shown first.	**1b First social security number on tax return or employer identification number (see instructions)**
2a If a joint return, enter spouse's name shown on tax return	**2b 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: *Lines 6 and 7 must be completed if the third party requires you to complete Form 4506-T.* ***Do not*** *sign Form 4506-T if the third party requests that you sign Form 4506-T and lines 6 and 7 are blank.*

6 **Product requested.** Most requests will be processed within 10 business days. If the product requested relates to information from a return filed more than 4 years ago, it may take up to 30 days. Enter the return number here and check the box below. ►__________

a **Return Transcript,** which includes most of the line items of a tax return as filed with the IRS. Transcripts are generally 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 . . . . ☐

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 . . . . ☐

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 . . . . ☐

d **Verification of Nonfiling,** which is proof from the IRS that you did not file a return for the year . . . . ☐

e **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 transcrpit 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 . . . . ☐

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.*

7 **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.

___/___/___ ___/___/___ ___/___/___ ___/___/___

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, **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

Telephone number of taxpayer on line 1a or 2a
(   )

Signature (see instructions) | Date

Title (if line 1a above is a corporation, partnership, estate, or trust)

Spouse's signature | Date

A Change To Note

- **New Form 4506-T**, Request for Transcript of Tax Return, is used to request tax return transcripts, tax account transcripts, W-2 information, 1099 information, verification of non-filing, and a record of account. **Form 4506,** Request for Copy of Tax Return, is now used only to request copies of tax returns.

Instructions

Purpose of form. Use Form 4506-T to request tax return information. You can also designate a third party to receive the information. See line 5.

Where to file. Mail or fax Form 4506-T to the address below for the state you lived in when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series) and one for all other transcripts.

Note: *If you are requesting more than one transcript or other product and the chart below shows two different service centers, mail your request to the service center based on the address of your most recent return.*

Chart for individual transcripts (Form 1040 series)

If you lived in and filed an individual return:	Mail or fax to the Internal Revenue Service at:
Maine, Massachusetts, New Hampshire, New York, Vermont	RAIVS Team 310 Lowell St. Stop 679 Andover, MA 01810 978-691-6859
Alabama, Florida, Georgia, Mississippi, North Carolina, South Carolina, West Virginia, Rhode Island	RAIVS Team 4800 Buford Hwy. Stop 91 Chamblee, GA 30341 678-530-5326
Arkansas, Colorado, Kentucky, Louisiana, New Mexico, Oklahoma, Tennessee, Texas	RAIVS Team 3651 South Interregional Hwy. Stop 6716 Austin, TX 78741 512-460-2272
Alaska, Arizona, California, Hawaii, Idaho, Montana, Nevada, Oregon, Utah, Washington, Wyoming	RAIVS Team Stop 38101 Fresno, CA 93888 559-253-4992
Delaware, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, South Dakota, Wisconsin	RAIVS Team Stop B41-6700 Kansas City, MO 64999 816-823-7667
Ohio, Virginia	RAIVS Team 5333 Getwell Rd. Stop 2826 Memphis, TN 38118 901-546-4175
Connecticut, District of Columbia, Maryland, New Jersey, Pennsylvania, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team DP SE 135 Philadelphia, PA 19255-0695 215-516-2931

Chart for all other transcripts

If you lived in:	Mail to the Internal Revenue Service at:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Georgia, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Tennessee, Texas, Utah, Washington, Wyoming	RAIVS Team Mail Stop 6734 Ogden, UT 84201 801-620-6922
Connecticut, Delaware, District of Columbia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia, Wisconsin	RAIVS Team P.O. Box 145500 Stop 2800F Cincinnati, OH 45250 859-669-3592

Line 1b. Enter your employer identification number if your request relates to a business return. Otherwise, enter the first social security number (SSN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

Signature and date. Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the information be sent to a third party, the IRS must receive Form 4506-T within 60 days of the date signed by the taxpayer or it will be rejected.

Individuals. Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Corporations. Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer.

Partnerships. Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 7.

All others. See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

Documentation. For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the Letters Testamentary authorizing an individual to act for an estate.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. Sections 6103 and 6109 require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to Federal and state agencies to enforce Federal nontax criminal laws and to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form,** 10 min.; **Preparing the form,** 11 min.; and **Copying, assembling, and sending the form to the IRS,** 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to the Tax Products Coordinating Committee, Western Area Distribution Center, Rancho Cordova, CA 95743-0001. **Do not** send the form to this address. Instead, see **Where to file** on this page.