

**COASTAL AREA DISTRICT DEVELOPMENT AUTHORITY
Loan Application**

GENERAL INFORMATION

Business Name _____

Contact Person: _____

Street Address: _____

City/State/Zip: _____

Telephone # _____ Facsimile # _____

Web Address: _____ E-mail Address _____

Type of Business: _____ Date Established _____

Name of Borrower

(if different from business)

Proposed Guarantor(s) _____

Type of Entity *(check one)* Corporation: C S Partnership: General Limited Proprietorship L.L.C.

Tax Identification # _____ NAIC Code _____

Ownership of Company List all of the officers, directors, partners, owners and co-owners of the company.

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

(List all officers, directors, partners, owners and co-owners by title (100% of ownership must be provided))

Does the applicant entity or any individual listed in the ownership section above have any ownership interest in or control of any other company? If yes, please identify below:

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

USE OF PROCEEDS

Land Acquisition.....	\$ _____
Land and Building Acquisition.....	\$ _____
New Construction / Expansion / Repair.....	\$ _____
Acquisition of Machinery & Equipment.....	\$ _____
Acquisition of Furniture & Fixtures.....	\$ _____
Inventory Purchase.....	\$ _____
Working Capital.....	\$ _____
Acquisition of Existing Business.....	\$ _____
Pay Off SBA Loan.....	\$ _____
Pay Off Bank Loan (Non SBA Loan).....	\$ _____
Other Debt Payment (Non SBA).....	\$ _____
Franchise Fee.....	\$ _____
Professional Fees (Surveying, Engineering, Architectural, Appraisal)...	\$ _____
Contingency & Interim Interest.....	\$ _____
Other (Specify)	\$ _____
Other (Specify)	\$ _____
Other (Specify)	\$ _____
Total Estimated Project Amount	\$ _____
Less Borrower Equity Injection	\$ _____
Total Loan Request	\$ _____

SOURCE OF EQUITY INJECTION

Business Cash	\$ _____
Personal Cash	\$ _____
Land Equity	\$ _____
Other (Specify)	\$ _____
Other (Specify)	\$ _____

DESCRIPTION OF BUSINESS

Tell us about your business. If available, provide brochures, news clippings or other materials that explain more about your company, products and services.

Business Type

Construction

Retail Trade

Finance, Insurance and Real Estate

Manufacturing

Service

Other _____

Wholesale Trade

Communications

History of Business

List Types of Products & Services

Days and Hours of Operations

Describe Your Customer Profile and Target Market

List Key Customers

List Major Competitors

Major Past Accomplishments

Describe Your Future Plans for Growth/Expansion

How will this loan benefit your company?

Will the funding of this loan create new employment opportunities? Yes No

If Yes, state how and number.

Other Information about your business that will assist in this loan request.

BUSINESS PROJECTIONS

	First Year Projections		Second Year Projections	
	Dollar Estimate	%	Dollar Estimate	%
REVENUE/SALES	\$ _____	_____	\$ _____	_____
Cost of Goods Sold	\$ _____	_____	\$ _____	_____
GROSS PROFIT	\$ _____	_____	\$ _____	_____
EXPENSES	\$ _____	_____	\$ _____	_____
Officer's Salaries	\$ _____	_____	\$ _____	_____
Salaries & Wages	\$ _____	_____	\$ _____	_____
Payroll Tax Expense	\$ _____	_____	\$ _____	_____
Accounting & Legal	\$ _____	_____	\$ _____	_____
Advertising	\$ _____	_____	\$ _____	_____
Auto Expenses	\$ _____	_____	\$ _____	_____
Depreciation	\$ _____	_____	\$ _____	_____
Interest-SBA	\$ _____	_____	\$ _____	_____
Interest-Other	\$ _____	_____	\$ _____	_____
Insurance-Liability	\$ _____	_____	\$ _____	_____
Insurance-Employee	\$ _____	_____	\$ _____	_____
Outside Services	\$ _____	_____	\$ _____	_____
Postage	\$ _____	_____	\$ _____	_____
Repairs & Maintenance	\$ _____	_____	\$ _____	_____
Rent-Property	\$ _____	_____	\$ _____	_____
Rent-Equipment	\$ _____	_____	\$ _____	_____
Royalties (if Franchise)	\$ _____	_____	\$ _____	_____
Supplies	\$ _____	_____	\$ _____	_____
Telephone	\$ _____	_____	\$ _____	_____
Travel & Entertainment	\$ _____	_____	\$ _____	_____
Utilities	\$ _____	_____	\$ _____	_____
_____	\$ _____	_____	\$ _____	_____
_____	\$ _____	_____	\$ _____	_____
_____	\$ _____	_____	\$ _____	_____
_____	\$ _____	_____	\$ _____	_____
TOTAL EXPENSES	\$ _____	_____	\$ _____	_____
NET PROFIT BEFORE TAX	\$ _____	_____	\$ _____	_____
Less Income Taxes	\$ _____	_____	\$ _____	_____
NET PROFIT AFTER TAXES	\$ _____	_____	\$ _____	_____
Less Withdrawals	\$ _____	_____	\$ _____	_____
<i>(Only if Proprietorship or Partnership)</i>				
NET PROFIT	\$ _____	_____	\$ _____	_____

I certify that the foregoing data, to the best of my knowledge, fairly represents the future potential annual earnings.

Signature

Title

Date

BUSINESS DEBT SCHEDULE

Company Name _____ Date _____
(Same as Interim Balance Sheet)

This schedule should include loans, capitalized leases, contracts/notes payable and lines of credit, not accounts payable or accrued liabilities.

CREDITOR	ORIGINAL DATE	ORIGINAL AMOUNT	TERM OR MATURITY DATE	PRESENT BALANCE	INTEREST RATE	MONTHLY PAYMENT	COLLATERAL OR SECURITY	PURPOSE OF LOAN
TOTAL PRESENT BALANCE								
(Total must agree with balance shown on Interim Balance Sheet)								

Signature(s) _____ Date _____

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 stockholder owning 20% more of voting stock and each corporate officer and director, or (4) any person or entity providing a guaranty on the loan.

NAME _____ BUSINESS PHONE _____
 RESIDENCE ADDRESS _____ RESIDENCE PHONE _____
 CITY, STATE, & ZIP CODE _____
 BUSINESS NAME OF APPLICANT/BORROWER _____

ASSETS		LIABILITIES	
CASH IN BANKS		TOTAL REVOLVING CREDIT	
SAVINGS ACCOUNTS		TOTAL INSTALLMENT LOANS	
RETIREMENT ACCOUNTS (IRA, SEP, KEOUGH, 401-K)		1ST MORTGAGE ON RESIDENCE	
STOCKS/BONDS/MUTUAL FUNDS (Include copy of Broker's Statements)		OTHER MORTGAGES ON RESIDENCE	
LIFE INSURANCE (CASH SURRENDER VALUE)		MORTGAGES ON OTHER REAL ESTATE	
ACCOUNTS & NOTES RECEIVABLE		LOANS ON LIFE INSURANCE	
RESIDENCE MARKET VALUE		UNPAID TAXES	
OTHER REAL ESTATE MARKET VALUE		OTHER LIABILITIES (please describe)	
AUTOMOBILES-PRESENT VALUE		OTHER LIABILITIES (please describe)	
OTHER PERSONAL PROPERTY			
OTHER ASSETS		NET WORTH	
TOTAL ASSETS		TOTAL LIABILITIES & NET WORTH	
SOURCE OF INCOME		CONTINGENT LIABILITIES	
SALARY		AS ENDORSER OR CO-MAKER	
NET INVESTMENT		LEGAL CLAIMS & JUDGEMENTS	
REAL ESTATE INCOME		PROVISION FOR FEDERAL INCOME TAX	
OTHER INCOME (DESCRIBE BELOW)		OTHER SPECIAL DEBT	

DESCRIPTION OF OTHER INCOME

*Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted towards total income.

NOTES PAYABLE TO BANKS AND OTHERS

NAME OF BANK OR NOTEHOLDER(S)	ORIGINAL BALANCE	CURRENT BALANCE	PAYMENT AMOUNT	FREQUENCY	HOW SECURED OR ENDORSED TYPE OF COLLATERAL

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

STOCKS AND BONDS (List each parcel separately. Use attachment if necessary. Each attachment must be identified as a part of this statement and signed.)

NO OF SHARES	NAME OF SECURITY	COST	MARKET VALUE	DATE OF QUOTATION	TOTAL VALUE

REAL ESTATE OWNED

PROPERTY TYPE: SF= SINGLE FAMILY MF=MULTIPLE FAMILY C=COMMERCIAL L=LAND/ACREAGE

TYPE OF PROPERTY	RESIDENCE	__VAC __RENTAL		__VAC __RENTAL		__VAC __RENTAL	
	__SF __MF	__SF __MC __C __L	__SF __MC __C __L	__SF __MC __C __L	__SF __MC __C __L	__SF __MC __C __L	__SF __MC __C __L
PERCENTAGE OF OWNERSHIP							
TITLE INVESTED IN							
PROPERTY ADDRESS							
DATE PURCHASED							
PURCHASE PRICE							
ESTIMATED MARKET VALUE							
1 ST MORTGAGE BALANCE							
NAME OF MORTGAGE HOLDER							
ALL OTHER MORT/LIENS							
MONTHLY MORTGAGE PMTS							
MORTGAGE MATURITY PER YEAR							
GROSS MONTHLY RENT							

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)

UNPAID TAXES (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)

OTHER LIABILITIES (Describe in detail.)

LIFE INSURANCE HELD (Give face amount and cash surrender value of policies - name of insurance company and beneficiaries)

GENERAL INFORMATION

YES NO Have you ever had a repossession? YES NO Are you a party to any claims or lawsuits?
 YES NO Have you ever had a bankruptcy or a had a judgment against you? YES NO Has there been an IRS audit in the past 3
 YES NO Have you ever been a principal of a firm that declared bankruptcy? years?
 YES NO Are any assets pledged to or debts secured except as shown? YES NO If yes, has the audit been settled?
 YES NO Are you a non U.S. citizen?

If yes to any of the above. Please explain: _____

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 _____ **DATES** _____ **SS#** _____

SIGNATURE _____ **DATES** _____ **SS#** _____

MANAGEMENT RESUME

NAME _____ **SOCIAL SECURITY #** _____
First Middle/Madren Last

DATE OF BIRTH _____ PLACE OF BIRTH _____

RESIDENCE TELEPHONE _____ BUSINESS TELEPHONE _____

RESIDENCE ADDRESS _____

PREVIOUS ADDRESS _____

LIVED THERE FROM _____ TO _____

SPOUSE'S NAME _____ **SOCIAL SECURITY #** _____
First Middle/Madren Last

EDUCATION

COLLEGE OR TECHNICAL TRAINING NAME and LOCATION	DATES ATTENDED FROM/TO	MAJOR	DEGREE or CERTIFICATE

MILITARY SERVICE BACKGROUND

BRANCH _____ FROM _____ TO _____ HONORABLE DISCHARGE? _____

RANK AT DISCHARGE _____ MAJOR ASSIGNMENT/ACCOMPLISHMENT _____

WORK EXPERIENCE

COMPANY NAME/LOCATION _____

FROM _____ TO _____ TITLE _____

DUTIES _____

COMPANY NAME/LOCATION _____

FROM _____ TO _____ TITLE _____

DUTIES _____

OTHER INFORMATION

ARE YOU EMPLOYED BY THE U.S. GOVERNMENT? YES ___ NO ___ ARE YOU A U.S. CITIZEN? YES ___ NO ___
 IF NO, GIVE ALIEN REGISTRATION NUMBER _____

HAVE YOU EVER BEEN CHARGED WITH, ARRESTED FOR, OR CONVICTED OF ANY CRIMINAL OFFENSE OTHER THAN A MISDEMEANOR INVOLVING A VEHICLE VIOLATION? YES ___ NO ___
 IF YES, FURNISH DETAILS IN A SEPARATE EXHIBIT.

ARE YOU PRESENTLY UNDER INDICTMENT, OR PAROLE, OR PROBATION? YES ___ NO ___
 IF YES, FURNISH DETAILS IN A SEPARATE EXHIBIT.

ARE YOU INVOLVED IN ANY LAWSUIT AT THIS TIME OR HAVE YOU EVER FILED FOR PERSONAL OR BUSINESS BANKRUPTCY PROTECTION? YES ___ NO ___
 IF YES, FURNISH DETAILS IN A SEPARATE EXHIBIT.

HAVE YOU EVER OBTAINED CREDIT UNDER ANY OTHER NAME(S) YES ___ NO ___
 IF YES, FURNISH IN SEPARATE EXHIBIT.

SIGNATURE _____ DATE _____

AUTHORIZATION TO RELEASE CREDIT INFORMATION

I/We hereby authorize the release to The Business Development Corporation of Georgia Inc., and/or The Business Growth Corporation of Georgia (BDC/BGC), of any and all information required at any time for any purpose related to our credit application/transaction. I/We further authorize BDC/BGC to release such information to any entity deemed necessary for any purpose related to our credit application/transaction.

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

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

ECOA NOTICE

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract) ; because all or part of the applicant's income is derived from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this Creditor is the U.S. Small Business Administration, Washington, D.C. 20416.

DISCLOSURE OF RIGHT TO REQUEST SPECIFIC REASONS FOR CREDIT DENIAL GIVEN AT TIME OF APPLICATION (BUSINESS CREDIT)

If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact Coastal Area District Development Authority within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for denial within 30 days of receiving your request for the statement.

ENVIRONMENTAL QUESTIONNAIRE

When evaluating your application, The Coastal Area District Development Authority Corporation of Georgia will make inquiries into the past and present environmental condition of your business location and the properties adjacent to it. We may request further environmental information from you or from an environmental professional prior to final approval and funding. We rely upon your careful and thorough responses to our environmental inquiries. However, we are not environmental experts, and you should not rely on any of our environmental inquiries or conclusions in any way.

APPLICANT: _____

ADDRESS OF PROPOSED BUSINESS LOCATION: _____

PRESENT USE OF LOCATION: _____

PROPOSED USE OF LOCATION: _____

YES___ NO___ Are you aware of any substances that have been used on the property, are being used on the property, or will be used on the property, which require permits or other regulatory control? If yes, please describe the substance and provide evidence of regulatory compliance.

YES___ NO___ Are you presently aware of any past, present or potential lawsuits, regulatory actions, or environmental issues which may affect you, your proposed business, or the subject property? If yes, please describe.

YES___ NO___ Are you aware of any past or present underground or aboveground storage tanks at the proposed location? If yes, please describe and specify age, size, contents, closure documents, etc.

YES___ NO___ Do you have any knowledge of any environmental site assessment of the property or facility that indicated the presence of hazardous substances or petroleum products on, or contamination of the property or recommended further assessment of the property? If yes, please describe.

Applicants agree to disclose any additional environmental information about the property, including the existence of reports or environmental assessments discovered prior to settlement and provide copies to Lender, if requested, of environmental reports or assessments obtained prior to settlement.

Please provide additional attachments where necessary.

Signature of Applicant

Date

Signature of Applicant

Date