



## U.S. SMALL BUSINESS ADMINISTRATION CDC 504 LOAN APPLICATION

NEDCO, Nebraska's statewide SBA 504 Lender, is a non-profit economic development company committed to providing Nebraska's strong and growing small businesses with the financing they need to acquire or build real estate and to purchase long-lasting fixed equipment for their operations. For over 20 years, NEDCO has provided SBA 504 Loans in all parts of Nebraska and to a wide range of small businesses. Please contact our loan officers at the numbers to the right with any questions about this application or the application process.

### Main Office

4445 South 86th Street, Suite 200  
Lincoln, NE 68526  
phone: (402) 483-4600  
fax: (402) 483-4623

[www.NedcoLoans.org](http://www.NedcoLoans.org)

## APPLICATION CHECKLIST

### Business/Affiliate Information

- Business financial statements for the last two years (income statements and balance sheets)
- Current interim financial statement dated within the last 90 days (income statement and balance sheet)
- Federal tax returns for the last two years
- Two years of income and expense projections
- Business debt schedule and previous government financing
- For affiliated businesses (if applicable), last two years of Federal tax returns

### Personal Information

- Personal financial statement (attached)
- Personal tax return for last one year
- Personal résumé and questionnaire (attached)
- Personal history statement (attached)

### Real Estate/Equipment Information

- Real estate purchase agreement
- Construction cost budget
- Equipment bids and description of equipment (if equipment is being financed)
- Settlement or Closing Statement
- Appraisal report (if available)

## OPERATING COMPANY INFORMATION

Company Name: \_\_\_\_\_ Date Established: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Primary Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Fax: \_\_\_\_\_ Email Address: \_\_\_\_\_

Secondary Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Fax: \_\_\_\_\_ Email Address: \_\_\_\_\_

Type of Entity (Check One):  Proprietorship  Partnership  LLC  Corporation

Tax Identification Number: \_\_\_\_\_

### Company Ownership:

Name: \_\_\_\_\_ Title: \_\_\_\_\_ % Ownership: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ % Ownership: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ % Ownership: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ % Ownership: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ % Ownership: \_\_\_\_\_

Number of Current Employees: \_\_\_\_\_ Estimated Number of New Employees in Next Two Years: \_\_\_\_\_

## NEW PROJECT INFORMATION

Street Address of Project: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ County: \_\_\_\_\_

Square Footage of New Building: \_\_\_\_\_ Square Footage Your Company Will Occupy: \_\_\_\_\_

*\*Please note, we require your company to occupy 51% of an existing building or 60% of a new building.*

**If there are any tenants that will remain in the building, or that you plan to lease to, please provide the following information. Also, please provide copies of any existing leases.**

Tenant Name	Square Footage	Lease Expiration	Rent Amount

## BORROWING ENTITY, IF DIFFERENT FROM OPERATING COMPANY

Name of Borrower: \_\_\_\_\_ Type of Entity: \_\_\_\_\_

Tax Identification Number: \_\_\_\_\_

### Company Ownership:

Name: \_\_\_\_\_ Title: \_\_\_\_\_ % Ownership: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ % Ownership: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ % Ownership: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ % Ownership: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ % Ownership: \_\_\_\_\_

## BANK / THIRD PARTY LENDER

Bank Name: \_\_\_\_\_ Loan Officer: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

## REFERENCES

Accountant: \_\_\_\_\_ Firm Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email Address: \_\_\_\_\_

Other: \_\_\_\_\_ Firm Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email Address: \_\_\_\_\_

## AFFILIATE BUSINESSES

List any other business owned by any principal with 20% or more ownership in the operating company.

Business Name: \_\_\_\_\_ Owner: \_\_\_\_\_ % Ownership: \_\_\_\_\_

Business Name: \_\_\_\_\_ Owner: \_\_\_\_\_ % Ownership: \_\_\_\_\_

Business Name: \_\_\_\_\_ Owner: \_\_\_\_\_ % Ownership: \_\_\_\_\_

Business Name: \_\_\_\_\_ Owner: \_\_\_\_\_ % Ownership: \_\_\_\_\_

## EXISTING BUSINESS LOCATIONS

Business Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Own:  Lease:  Lease Expiration: \_\_\_\_\_

Replaced by new facility? **NO** \_\_\_\_\_

SQ. FT. \_\_\_\_\_ Mortgage/Lease Payment: \_\_\_\_\_

Business Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Own:  Lease:  Lease Expiration: \_\_\_\_\_

Replaced by new facility? **NO** \_\_\_\_\_

SQ. FT. \_\_\_\_\_ Mortgage/Lease Payment: \_\_\_\_\_

## USE OF PROCEEDS

Real Estate (Land and/or Building):		\$ _____
New Construction/Expansion/Repair:		\$ _____
Acquisition of Machinery and Equipment (Attach Listing/Costs):		\$ _____
Soft Costs:		
Engineering:	\$ _____	
Architect:	\$ _____	
Certain Legal Costs*:	\$ _____	
Appraisal:	\$ _____	
Environmental:	\$ _____	
Fees:	\$ _____	
Subtotal of Soft Costs:		\$ _____
Interim Interest Financed:		\$ _____
10% Contingency Provision on Construction:		\$ _____
Total Project Costs:		\$ _____

\*Legal costs associated with zoning, land use, etc. can be included.  
Legal costs for closing cannot be included as eligible 504 project costs.

## EQUITY INJECTION

### Source of Equity Injection:

Cash	\$ _____	Please provide three months bank statements.
Land	\$ _____	If purchased within 2 years, use purchase price. If purchases prior to 2 years, use appraised value.
Other	\$ _____	I.E. Gift, HELOC, Subordinate Financing

If other, please explain the source and provide evidence of such (letter, approval notice, note, etc.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## OPERATING COMPANY PROFILE

Use separate attachments to answer questions if necessary. If the Business Plan is available, please submit the plan and disregard this section.

Company Name: \_\_\_\_\_

Give a brief description of your business. Include how/why you became involved. \_\_\_\_\_

Types of products/services you offer, including any brochures/catalogs. \_\_\_\_\_

Geographic Market Served: \_\_\_\_\_

Do you export products to other countries? If so, which ones? \_\_\_\_\_

How will this loan benefit your company? \_\_\_\_\_

Will this loan create new employment opportunities? If yes, state how. \_\_\_\_\_

## CUSTOMER PROFILE

What primary markets use your products? \_\_\_\_\_

List Key Customers: \_\_\_\_\_

List Major Competitors: \_\_\_\_\_

Major Suppliers: \_\_\_\_\_

Future Plans (What is your growth strategy? Rapid growth, moderate growth, maintain market position? What are impediments that may impact your success?): \_\_\_\_\_

Major past accomplishments, how your business differs from the competition, and your competitive advantages: \_\_\_\_\_

Marketing Analysis and Strategy (Explain your promotional, pricing, and distribution strategies.): \_\_\_\_\_

Does your business engage in export trade? If not, do you have plans to begin exporting as a result of this loan? \_\_\_\_\_

# BUSINESS PLAN EXAMPLE

Please add any information that may be relevant to your project.

## 1. Description of the Business

- Name and Location
- Principal Owners
- Legal Structure (proprietorship, partnership, corporation)
- Description of Business (past, present, future)

## 2. Product or Service

- Describe product line(s) or type(s) of service
- Describe materials needed and supply sources
- Methods of production
- Quality and cost of product or service
- Describe any research and development process
- Describe any future products or services

## 3. Market Information

- Define your market area and describe possible trends
- Customers and potential new customers
- Competition (names, locations, sizes)
- Advantages of your product/service over others
- Opportunities for growth

## 4. Advertising

- Methods of Advertising (newspaper, word of mouth)
- Sales Methods (cash, credit, etc.)
- Pricing Policy
- Customer Service Policies (returns, etc.)

## 5. Facilities

- Location
- Size, Zoning
- Age and Condition of Facility (include any improvements)
- Expansion Opportunities

## 6. Management and Personnel

- Management Expertise
- Key Personnel (position, qualifications)
- Professional Services (attorney, accountant)
- Present and Future Manpower Requirements
- Wage and Hours Breakdown
- Résumés of Owner and/or Manager

## 7. Loan Request

- Total project costs
- Loan amount requested
- Describe how loan proceeds are to be used
- Other possible sources of funds

## 8. Financial Planning

- Historic Information (go back three years)
- Current Information (no more than 90 days old)
- Projections (two full years balance sheet and income statement, one year cash flow)

## 9. Benefits to the Community

- Number of Jobs Created/Retained
- Building Rehabilitation
- Meeting Community Needs

## 10. Summary of Future Plans

- Short-Range (1 year) and Long-Range (5 year)
- Expansion (add employees, larger facility)
- Relocation

## PREVIOUS GOVERNMENT FINANCING

Please list any previous government financing received by any principals or affiliated companies.

Name of Agency: \_\_\_\_\_ Original Amount of Loan: \$ \_\_\_\_\_ Original Date: \_\_\_\_\_  
Current Balance: \$ \_\_\_\_\_ Rate of Interest: \_\_\_\_\_ Maturity: \_\_\_\_\_  
Monthly Payment: \$ \_\_\_\_\_ Collateral Securing Loan: \_\_\_\_\_

Name of Agency: \_\_\_\_\_ Original Amount of Loan: \$ \_\_\_\_\_ Original Date: \_\_\_\_\_  
Current Balance: \$ \_\_\_\_\_ Rate of Interest: \_\_\_\_\_ Maturity: \_\_\_\_\_  
Monthly Payment: \$ \_\_\_\_\_ Collateral Securing Loan: \_\_\_\_\_

Name of Agency: \_\_\_\_\_ Original Amount of Loan: \$ \_\_\_\_\_ Original Date: \_\_\_\_\_  
Current Balance: \$ \_\_\_\_\_ Rate of Interest: \_\_\_\_\_ Maturity: \_\_\_\_\_  
Monthly Payment: \$ \_\_\_\_\_ Collateral Securing Loan: \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

## EXISTING DEBTS AND DEBTS PLANNED

Please list all contracts, notes, and mortgages payable. The total present balances should reconcile with balances listed on the current/interim balance sheet. Include only debts owed by the business. Do not include personal debts such as home, mortgages, doctor bills, and personal auto loans. Do not include trade accounts payable.

Name of Lender: \_\_\_\_\_ Original Amount of Loan: \$ \_\_\_\_\_ Original Date: \_\_\_\_\_  
Current Balance: \$ \_\_\_\_\_ Rate of Interest: \_\_\_\_\_ Maturity: \_\_\_\_\_  
Monthly Payment: \$ \_\_\_\_\_ Collateral Securing Loan: \_\_\_\_\_

Name of Lender: \_\_\_\_\_ Original Amount of Loan: \$ \_\_\_\_\_ Original Date: \_\_\_\_\_  
Current Balance: \$ \_\_\_\_\_ Rate of Interest: \_\_\_\_\_ Maturity: \_\_\_\_\_  
Monthly Payment: \$ \_\_\_\_\_ Collateral Securing Loan: \_\_\_\_\_

Name of Lender: \_\_\_\_\_ Original Amount of Loan: \$ \_\_\_\_\_ Original Date: \_\_\_\_\_  
Current Balance: \$ \_\_\_\_\_ Rate of Interest: \_\_\_\_\_ Maturity: \_\_\_\_\_  
Monthly Payment: \$ \_\_\_\_\_ Collateral Securing Loan: \_\_\_\_\_

Name of Lender: \_\_\_\_\_ Original Amount of Loan: \$ \_\_\_\_\_ Original Date: \_\_\_\_\_  
Current Balance: \$ \_\_\_\_\_ Rate of Interest: \_\_\_\_\_ Maturity: \_\_\_\_\_  
Monthly Payment: \$ \_\_\_\_\_ Collateral Securing Loan: \_\_\_\_\_

Name of Lender: \_\_\_\_\_ Original Amount of Loan: \$ \_\_\_\_\_ Original Date: \_\_\_\_\_  
Current Balance: \$ \_\_\_\_\_ Rate of Interest: \_\_\_\_\_ Maturity: \_\_\_\_\_  
Monthly Payment: \$ \_\_\_\_\_ Collateral Securing Loan: \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

# PERSONAL QUESTIONNAIRE

To be completed by each owner owning at least 20% of both borrower and operating company.

Name: \_\_\_\_\_

Percentage Owned (of operating company): \_\_\_\_\_ Title: \_\_\_\_\_

Percentage Owned (of borrower, if different): \_\_\_\_\_ Title: \_\_\_\_\_

**1. Do you have an ownership interest in any other companies?** Yes:  No:

If yes, please submit two years of Federal tax returns and/or accountant-prepared year-end financials, plus current financials less than 60 days old for each company.

**2. Have you served in the U.S. Military?** Yes:  No:

If yes, what branch? \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Job Description: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Honorable? Yes:  No:

**3. Have you or any of your companies ever been involved in bankruptcy or insolvency proceedings?**

Yes:  No:  If yes, please provide details.

**4. Are you or any of your companies involved in any pending lawsuits?**

Yes:  No:  If yes, please provide details.

**5. Have you or any of your companies ever defaulted on a Federal loan that resulted in a loss to the Federal government?** (including student loans)

Yes:  No:  If yes, please provide details.

**6. If you are required to pay child supports, are your payments current?** Yes:  No:  N/A:

**7. Nationality, Race/Ethnicity (Please check one box in each column, this is voluntary and not required to process your loan.):**

- |   |  |
|---|--|
| <input type="checkbox"/> Black                  | <input type="checkbox"/> Not Hispanic                |
| <input type="checkbox"/> Native American        | <input type="checkbox"/> Hispanic – Puerto Rican     |
| <input type="checkbox"/> Eskimo/Aleut           | <input type="checkbox"/> Hispanic – Not Puerto Rican |
| <input type="checkbox"/> Asian/Pacific Islander |  |
| <input type="checkbox"/> White                  |  |
| <input type="checkbox"/> Other                  |  |

The SBA records data on age, sex, race, and national origin. This information cannot be considered in connection with the decision to grant financial assistance. SBA must compile this data to have evidence of compliance with various anti-discrimination laws. SBA also must submit periodic reports to the Justice Department on our compliance statistics.

**8. Education (College or Technical Training):**

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

**9. Job History:**

Company Name/Location \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Title: \_\_\_\_\_

Duties: \_\_\_\_\_

Company Name/Location \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Title: \_\_\_\_\_

Duties: \_\_\_\_\_

Company Name/Location \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Title: \_\_\_\_\_

Duties: \_\_\_\_\_