



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

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

Western Office

5 Lakeview Road
Brady, NE 69123
phone: (308) 221-8611
fax: (402) 483-4623

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 60 days (income statement and balance sheet)
- Federal tax returns for the last two years
- Signed IRS 4506-T of the operating company or seller (instructions and form attached)
- 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)

Legal Entity Documents (As Applicable)

- Corporation – Articles of Incorporation and Bylaws
- LLC – Articles of Organization and Operating Agreement
- Partnership – Partnership Agreement
- Trust – Trust Agreement with all exhibits

Real Estate/Equipment Information

- Real estate purchase agreement
- Construction cost budget
- Equipment bids and description of equipment (if equipment is being financed)
- Existing
- 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: _____

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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: _____

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Current Balance: \$ _____ Rate of Interest: _____ Maturity: _____
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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: _____

10. Brief Description of Business and Professional Background: _____

11. Authorization to Release Information:

I/We authorize Nebraska Economic Development Corporation to run a credit report on me and/or my business.

I/We authorize the release to Nebraska Economic Development Corporation of any information they may require at any time for any purpose related to my/our credit transaction with them.

I/We authorize Nebraska Economic Development Corporation to release such information to any entity they deem necessary for any purpose related to my/our credit transaction with them.

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

I/We understand that Nebraska Economic Development Corporation does not guarantee specific performance but acts only to assist in applying for an SBA loan.

Signature: _____ Date: _____



United States of America
SMALL BUSINESS ADMINISTRATION
STATEMENT OF PERSONAL HISTORY

Please Read Carefully: SBA uses Form 912 as one part of its assessment of program eligibility. Please reference SBA Regulations and Standard Operating Procedures if you have any questions about who must submit this form and where to submit it. For further information, please call SBA's Answer Desk at 1-800-U-ASK-SBA (1-800-827-5722), or check SBA's website at www.sba.gov. **DO NOT SEND COMPLETED FORMS TO OMB as this will delay the processing of your application; send forms to the address provided by your lender or SBA representative.**

Name and Address of Applicant (Firm Name)(Street, City, State, and ZIP Code)	SBA District/Disaster Area Office	
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Amount Applied for (when applicable)	File No. (if known)
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1. Personal Statement of: (State name in full, if no middle name, state (NMN), or if initial only, indicate initial.) List all former names used, and dates each name was used. Use separate sheet if necessary. First _____ Middle _____ Last _____	2. Give the percentage of ownership or stock owned or to be owned in the small business or the development company _____	Social Security No. _____
3. Date of Birth (Month, day, and year)		
4. Place of Birth: (City & State or Foreign Country)		

Name and Address of participating lender or surety co. (when applicable and known)	5. U.S. Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO INITIALS: _____ If No, are you a Lawful Permanent resident alien: <input type="checkbox"/> YES <input type="checkbox"/> NO If non- U.S. citizen provide alien registration number: _____
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6. Present residence address: From: _____ To: _____ Address: _____ Home Telephone No. (Include Area Code): _____ Business Telephone No. (Include Area Code): _____	Most recent prior address (omit if over 10 years ago): From: _____ To: _____ Address: _____
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PLEASE SEE REVERSE SIDE FOR EXPLANATION REGARDING DISCLOSURE OF INFORMATION AND THE USES OF SUCH INFORMATION.

YOU MUST INITIAL YOUR RESPONSES TO QUESTIONS 5,7,8 AND 9.

IF YOU ANSWER "YES" TO 7, 8, OR 9, FURNISH DETAILS ON A SEPARATE SHEET. INCLUDE DATES, LOCATION, FINES, SENTENCES, WHETHER MISDEMEANOR OR FELONY, DATES OF PAROLE/PROBATION, UNPAID FINES OR PENALTIES, NAME(S) UNDER WHICH CHARGED, AND ANY OTHER PERTINENT INFORMATION. AN ARREST OR CONVICTION RECORD WILL NOT NECESSARILY DISQUALIFY YOU; HOWEVER, AN UNTRUTHFUL ANSWER WILL CAUSE YOUR APPLICATION TO BE DENIED AND SUBJECT YOU TO OTHER PENALTIES AS NOTED BELOW.

7. Are you presently subject to an indictment, criminal information, arraignment, or other means by which formal criminal charges are brought in any jurisdiction?

Yes No **INITIALS:** _____

8. Have you been arrested in the past six months for any criminal offense?

Yes No **INITIALS:** _____

9. For any criminal offense – other than a minor vehicle violation – have you ever: 1) been convicted; 2) plead guilty; 3) plead nolo contendere; 4) been placed on pretrial diversion; or 5) been placed on any form of parole or probation (including probation before judgment).

Yes No **INITIALS:** _____

10. I authorize the Small Business Administration Office of Inspector General to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for programs authorized by the Small Business Act, and the Small Business Investment Act.

CAUTION - PENALTIES FOR FALSE STATEMENTS: Knowingly making a false statement on this form is a violation of Federal law and could result in criminal prosecution, significant civil penalties, and a denial of your loan, surety bond, or other program participation. A false statement is punishable under 18 USC 1001 and 3571 by imprisonment of not more than five years and/or a fine of up to \$250,000; under 15 USC 645 by imprisonment of not more than two years and/or a fine of not more than \$5,000; and, if submitted to a Federally insured institution, under 18 USC 1014 by imprisonment of not more than thirty years and/or a fine of not more than \$1,000,000.

Signature	Title	Date
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Agency Use Only 11. <input type="checkbox"/> Fingerprints Waived _____ Date _____ Approving Authority _____ <input type="checkbox"/> Fingerprints Required _____ Date _____ Approving Authority _____ Date Sent to OIG _____	12. <input type="checkbox"/> Cleared for Processing _____ Date _____ Approving Authority _____ 13. <input type="checkbox"/> Request a Character Evaluation _____ Date _____ Approving Authority _____ (Required whenever 7, 8 or 9 are answered "yes" even if cleared for processing.)
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PLEASE NOTE: The estimated burden for completing this form is 15 minutes per response. You are not required to respond to any collection of information unless it displays a currently valid OMB approval number. Comments on the burden should be sent to U.S. Small Business Administration, Chief, AIB, 409 3rd St., S.W., Washington D.C. 20416 and Desk Officer for the Small Business Administration, Office of Management and Budget, New Executive Office Building, Room 10202, Washington, D.C. 20503. OMB Approval 3245-0178.

DO NOT SEND COMPLETED FORMS TO OMB as this will delay the processing of your application; send forms to the address provided by your lender or SBA representative.

NOTICES REQUIRED BY LAW

The following is a brief summary of the laws applicable to this solicitation of information.

Paperwork Reduction Act (44 U.S.C. Chapter 35)

SBA is collecting the information on this form to make a character and credit eligibility decision to fund or deny you a loan or other form of assistance. The information is required in order for SBA to have sufficient information to determine whether to provide you with the requested assistance. The information collected may be checked against criminal history indices of the Federal Bureau of Investigation.

Privacy Act (5 U.S.C. § 552a)

Any person can request to see or get copies of any personal information that SBA has in his or her file, when that file is retrieved by individual identifiers, such as name or social security numbers. Requests for information about another party may be denied unless SBA has the written permission of the individual to release the information to the requestor or unless the information is subject to disclosure under the Freedom of Information Act.

Under the provisions of the Privacy Act, you are not required to provide your social security number. Failure to provide your social security number may not affect any right, benefit or privilege to which you are entitled. Disclosures of name and other personal identifiers are, however, required for a benefit, as SBA requires an individual seeking assistance from SBA to provide it with sufficient information for it to make a character determination. In determining whether an individual is of good character, SBA considers the person's integrity, candor, and disposition toward criminal actions. In making loans pursuant to section 7(a)(6) the Small Business Act (the Act), 15 USC § 636 (a)(6), SBA is required to have reasonable assurance that the loan is of sound value and will be repaid or that it is in the best interest of the Government to grant the assistance requested. Additionally, SBA is specifically authorized to verify your criminal history, or lack thereof, pursuant to section 7(a)(1)(B), 15 USC § 636(a)(1)(B). Further, for all forms of assistance, SBA is authorized to make all investigations necessary to ensure that a person has not engaged in acts that violate or will violate the Act or the Small Business Investment Act, 15 USC §§ 634(b)(11) and 687b(a). For these purposes, you are asked to voluntarily provide your social security number to assist SBA in making a character determination and to distinguish you from other individuals with the same or similar name or other personal identifier.

When the information collected on this form indicates a violation or potential violation of law, whether civil, criminal, or administrative in nature, SBA may refer it to the appropriate agency, whether Federal, State, local, or foreign, charged with responsibility for or otherwise involved in investigation, prosecution, enforcement or prevention of such violations. See 74 Fed. Reg. 14890 (2009) for other published routine uses.