

Loan Application Checklist



The SAGE Grow Eastside Fund is a subsidiary of the Grow America Fund (GAF). GAF is a national Community Development Financial Institution focused on providing flexible and patient expansion loans to healthy and growing small businesses, manufacturers and distributors. GAF is an approved SBA 7(a) PLP lender and follows appropriate SBA lending practices.

WHAT DO I NEED TO SUBMIT IN ORDER TO BE CONSIDERED FOR A LOAN?

In order to properly review your loan request, please submit the following items:

1. Attached Loan Intake form.
2. 2013, 2014 and 2015 Federal Tax Returns (please provide entire copy) for primary business applicant, and any other affiliated companies.
Note: If the business has not yet filed 2013 tax returns, submit 2010, 2011 and 2012 returns, along with year-end statements for 2013.
3. Interim 2016 financial statements no more than 60 days, including:
 - a. Income Statement and Balance Sheet for primary business applicant, and any other affiliated companies
 - b. A/R Aging report
 - c. A/P Aging report
4. 2013, 2014, and 2015 personal tax return for any owner or owners of the primary business applicant, and any other affiliated companies. If 2015 is not yet available please submit your 2012 tax return.
5. Current debt schedule **(template attached)**
6. Completed SBA and GAF forms **(attached)**
 - SBA Form 413 – Personal Financial Statement for any principal with 20% or greater ownership
 - SBA Form 912 – Statement of Personal History for every principal with 20% or greater ownership
 - Completed GAF credit release form
7. Information relating to the project (ie: construction proposals, equipment estimates, etc.)

You may reach out with questions, or submit these items via:

Email: dlukas@ndconline.org
Tel: (216) 217-2412
Address: David Lukas
SAGE Grow Eastside Fund
Loan Officer
220 Chestnut
San Antonio, TX 78202-2722

Small Business Loan Intake Form



The SAGE Grow Eastside Fund is a subsidiary of the Grow America Fund (GAF). GAF is a national Community Development Financial Institution focused on providing flexible and patient expansion loans to healthy and growing small businesses, manufacturers, and distributors. GAF is an approved SBA 7(a) PLP lender and follows appropriate SBA lending practices.

Referral Source (Name, Organization):	Date:
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Applicant Information

Name:	Phone:	U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
Business Legal Name:	DBA:	
Business Street Address:		
City:	State:	Zip:
Email:	Website:	

Business Characteristics

Industry: <input type="checkbox"/> Manufacturer <input type="checkbox"/> Distributor <input type="checkbox"/> Retail <input type="checkbox"/> Services <input type="checkbox"/> Food/Restaurant <input type="checkbox"/> Other _____		
Entity Type: <input type="checkbox"/> C-Corp <input type="checkbox"/> S-Corp <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Nonprofit <input type="checkbox"/> Other _____		
Brief Description of Business:		
Year Business Est. (e.g. 2005):	Owner (Optional): <input type="checkbox"/> Minority <input type="checkbox"/> Woman <input type="checkbox"/> Veteran <input type="checkbox"/> Living with Disabled	
Previous Years Gross Revenue: \$	YTD Revenue: \$	_____Months
Net Income: \$	Current Full Time Employees:	Projected Employees:

Credit and Loan Information

Use of Funds	Amounts	Loan Amount Requested: \$
Real Property Acquisition	\$	Equity Contribution: \$
Leasehold Improvements	\$	Credit Score:
Machinery & Equipment	\$	Current Bank Relationship:
Working Capital	\$	
Other_____	\$	Comments (Optional):
TOTAL	\$	

Credit Release Form



I/We hereby request and authorize you to release to Grow America Fund, Inc. and/or the National Development Council for verification purposes, personal and corporate credit reports and information concerning the company/corporation/partnership and/or the officers and individuals listed below. That information may include but is not limited to:

- a. Employment history dates, title, income, hours worked, ect.
- b. Banking (checking and saving) accounts of record
- c. Mortgage loan rating (opening date, high credit, payment amount, loan balance, and payments)
- d. Any information deemed necessary in connection with a consumer credit report for my loan application

This information is for the confidential use of this lender, Grow America Fund, Inc. (GAF) in compiling a loan report. A photographic or carbon copy of this authorization (being a photographic or carbon copy of the signature(s) of the undersigned), may be deemed to be the equivalent of the original and may be used as a duplicate original.

Date: _____

Application Information

Business Name:
Phone Number:
Affiliated Business:
Phone Number:

Individual 1

Name of Officer/Owner:	
Address for last two Years:	
Social Security #:	Date of Birth:
Signature: X	

Individual 2

Name of Officer/Owner:	
Address for last two Years:	
Social Security #:	Date of Birth:
Signature: X	

Individual 3

Name of Officer/Owner:	
Address for last two Years:	
Social Security #:	Date of Birth:
Signature: X	



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.

Name and Address of Applicant (Firm Name)(Street, City, State, and ZIP Code)	SBA District/Disaster Area Office	
	Amount Applied for (when applicable)	File No. (if known)
1. Personal Statement of: (State name in full, if no middle name, state (NMN), or if initially, 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)	
Name and Address of participating lender or surety co. (when applicable and known)	4. Place of Birth: (City & State or Foreign Country)	
	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:	
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:	

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, UNTRUTHFUL ANSWER WILL CAUSE YOUR APPLICATION TO BE DENIED AND SUBJECT YOU TO OTHER PENALTIES AS NOTED BELOW.

7. Are you presently under indictment, on parole or probation? INITIALS: _____
 Yes No (If yes, indicate date parole or probation is to expire.) _____

8. Have you **ever** been charged with and or arrested for any criminal offense other than a minor motor vehicle violation? Include offenses which have been dismissed, discharged, or not prosecuted (All arrests and charges must be disclosed and explained on an attached sheet.)
 Yes No INITIALS: _____

9. Have you **ever** been convicted, placed on pretrial diversion, or placed on any form of probation, including adjudication withheld pending probation, for any criminal offense other than a minor vehicle violation?
 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
Agency Use Only		
11. <input type="checkbox"/> Fingerprints Waived <input type="checkbox"/> Fingerprints Required Date Sent to OIG _____	12. <input type="checkbox"/> Cleared for Processing 13. <input type="checkbox"/> Request a Character Evaluation (Required whenever 7,8 or 9 are answered "yes" even if cleared for processing)	Date _____ Approving Authority _____ Date _____ Approving Authority _____
<p>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. PLEASE DO NOT SEND FORMS TO OMB</p>		



PERSONAL FINANCIAL STATEMENT

U.S. SMALL BUSINESS ADMINISTRATION

As of _____

Complete this form for: (1) each proprietor; (2) general partner; (3) managing member of a limited liability company (LLC); (4) each owner of 20% or more of the equity of the Applicant (including the assets of the owner's spouse and any minor children); and (5) any person providing a guaranty on the loan. Return completed form to: 7(a) loans - to the lender processing the SBA application; 504 loans - to the Certified Development Company processing the SBA application; Disaster loans - to the Disaster Processing and Disbursement Center at 14925 Kingsport Road, Fort Worth, TX 76155 -2243; and 8(a)/ BD applicants who are individuals claiming social and economic disadvantaged status and their spouses - electronically at http://www.sba.gov or send hard copy with paper application to either of the two following offices:

Table with 2 columns: Mail to the following address, if your firm is located in one of the states below: and Mail to the following address, if your firm is located in one of the states below:.

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

Table with 2 main columns: ASSETS and LIABILITIES. Includes sub-columns for (Omit Cents) and Total. Lists various financial items like Cash, Accounts Payable, etc.

Section 1. Source of Income. Table with 2 columns: Item and Amount (\$).

Contingent Liabilities. Table with 2 columns: Item and Amount (\$).

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 and Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endors ed 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 attachment if necessary. Each attachment must be identified as a part of this statement and signed.)

	Property A	Property B	Property C
Type of Real Estate (e.g. Primary Residence, Other Residence, Rental Property, Land, etc.)			
Address	MM		
Date Purchased			
Original Cost			
Present Market Value			
Name & Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment per Month/Year	/	/	/
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 SBA/Lender to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness.

CERTIFICATION: (to be completed by each person submitting the information requested on this form)

By signing this form, I certify under penalty of criminal prosecution that all information on this form and any additional supporting information submitted with this form is true and complete to the best of my knowledge. I understand that SBA or its participating Lenders, or Certified Development Companies will rely on this information when making decisions regarding an application for a loan from SBA or an SBA Participating Lender, or for participation in the SBA 8(a) Business Development (BD) program.

Signature _____ Date _____

Print Name _____ Social Security No. _____

Signature _____ Date _____

Print Name _____ Social Security No. _____

NOTICE TO LOAN APPLICANTS: CRIMINAL PENALTIES AND ADMINISTRATIVE REMEDIES 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. A false statement is punishable under 18 U.S.C. §§ 1001 and 3571 by imprisonment of not more than five years and/or a fine of up to \$250,000; under 15 U.S.C. § 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, a false statement is punishable under 18 U.S.C. § 1014 by imprisonment of not more than 30 years and/or a fine of not more than \$1,000,000.

NOTICE TO APPLICANTS OR PARTICIPANTS IN THE 8(a) BD PROGRAM : CRIMINAL PENALTIES AND ADMINISTRATIVE REMEDIES FOR FALSE STATEMENTS:

Any person who misrepresents a business concern's status as an 8(a) Program participant or SDB concern, or makes any other false statement in order to influence the 8(a) certification or other review process in any way (e.g., annual review, eligibility review), shall be: (1) Subject to fines and imprisonment of up to 5 years, or both, as stated in Title 18 U.S.C. § 1001; (2) subject to fines of up to \$500,000 or imprisonment of up to 10 years, or both, as stated in Title 15 U.S.C. § 645; (3) Subject to civil and administrative remedies, including suspension and debarment; and (4) Ineligible for participation in programs conducted under the authority of the Small Business Act.

PLEASE NOTE: The estimated average burden hours for the completion of this form is 1.5 hours per response. If you have questions or comments concerning this estimate or any other aspect of this information, please contact Chief, Administrative Branch, U.S. Small Business Administration, Washington, D.C. 20416, and Clearance Officer, Paper Reduction Project (3245 -0188), Office of Management and Budget, Washington, D.C. 20503. **PLEASE DO NOT SEND FORMS TO OMB.**

