



## **SBA 504 LOAN Prequalification Application Package**

To get a fast answer about your qualification for an SBA 504 Loan before you complete an application package, please provide the following (a couple of forms are provided for your convenience, but any format is acceptable for this preview):

- Your description of the project (e.g., buy a building, construction , etc.)
- Personal financial statement (form included),
- Estimated project costs,
- Historical year-end financial statements for your operating business (two years),  
or,
- If this is a new company, projections for the first two years of operation,  
including a month-by-month projection for the first year
- Current balance sheet and income statement for your operating business,
- Summary of current (or projected) debts owed by your operating business (form included),

And each 20%-or-more owner must answer these questions:

- Will there be any problems on your personal credit report? If so, please explain.
- Also please answer these questions:
  1. Are you presently under indictment, on parole or probation?
  2. Have you ever been charged with and or arrested for any criminal offense other than a minor motor vehicle violation (including offenses which have been dismissed, discharged, or not prosecuted)?
  3. 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?

Main Office

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Southern Colorado Office

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Western Colorado Office

2591 B3/4 Road  
Grand Junction, CO 81503  
Tel: (970) 243-1861  
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## PERSONAL FINANCIAL STATEMENT

**U.S. SMALL BUSINESS ADMINISTRATION**

As of \_\_\_\_\_, \_\_\_\_\_

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% or more of voting stock, or (4) any other 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 (Omit Cents)	LIABILITIES (Omit Cents)
Cash on hand & in Banks . . . . . \$ _____	Accounts Payable . . . . . \$ _____
Savings Accounts . . . . . \$ _____	Notes Payable to Banks and Others. . . . . \$ _____ (Describe in Section 2)
IRA or Other Retirement Account . . . . . \$ _____	Installment Account (Auto) . . . . . \$ _____ Mo. Payments \$ _____
Accounts & Notes Receivable. . . . . \$ _____	Installment Account (other) . . . . . \$ _____ Mo. Payments \$ _____
Life Insurance-Cash Surrender Value Only (Complete Section 8) \$ _____	Loans on Life Insurance . . . . . \$ _____
Stocks and Bonds . . . . . \$ _____ (Describe in Section 3)	Mortgages on Real Estate . . . . . \$ _____ (Describe in Section 4)
Real Estate . . . . . \$ _____ (Describe in Section 4)	Unpaid Taxes . . . . . \$ _____ (Describe in Section 6)
Automobile-Present Value . . . . . \$ _____	Other Liabilities . . . . . \$ _____ (Describe in Section 7)
Other Personal Property . . . . . \$ _____ (Describe in Section 5)	Total Liabilities . . . . . \$ _____
Other Assets . . . . . \$ _____ (Describe in Section 5)	Net Worth . . . . . \$ _____
<b>Total</b> \$ _____	<b>Total</b> \$ _____

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.

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

Name and Address of Noteholders (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	Property C
Type of Property			
Address			
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 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. 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: \_\_\_\_\_

**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 Office, Paper Reduction Project (3245-0188), Office of Management and Budget, Washington, D.C. 20503.