

OwnerOccupiedLoanChecklist

# General Information Form (attached or use your own)

1. Operating Company Tax Returns for Trailing ThreeYears
2. Current Interim Profit and Loss Statement And Balance Sheet of the OperatingCompany (within 60 days)
3. Business Debt Schedule *(attached or use yourown)*

# Complete Personal Tax Returns for Trailing Three Years for AllPrincipals

1. Personal Financial Statement for All Principals *(attached or use yourown)*
2. Resume for Key Principals *(attached or use yourown)*



InvestmentPropertyLoanChecklist

1. General Information Form *(attached or use yourown)*

# Property Income and Expense Statement for Trailing ThreeYears

1. Current Interim Income and Expense Statement of the Property (Within 60 Days)
2. Property Rent Roll *(attached or use yourown)*

# Complete Personal Tax Returns for Trailing Three Years for AllPrincipals

1. Personal Financial Statement for All Principals *(attached or use yourown)*
2. Resume for Key Principals *(attached or use yourown)*

# If you have additional information that you can provide such as a property appraisal, environmental reports, property photos, current credit report(s), etc., please include as this will typically help with the approval process.

**General InformationForm**

**Loan Request Information** (Please Complete All Information to Avoid Delays in Processing Your Application)

ApplicationFor:

ConventionalMortgage SBA

**Purpose ofLoan: Source ofRepayment:**

Constructionloan ChurchFinance **Amount Requested:$**

**Term Requested:Amortization Requested:**

|  |  |  |
| --- | --- | --- |
| **CollateralDescription:**  1. | **MarketValue:**  $ | **PurchasePrice Date ofPurchase**  $ |
| 2. | $ | $ |
| 3. | $ | $ |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **A. ApplicantInformation** | | | | | | | | | | | | | |
| Legal Name of Applicant(Borrower) | | | | | | | | | | | | | |
| DBA (IfApplicable) | | | | | | | | | | Tax I.D.Number | | | |
| Principle Place of Business Address (not P.O.Box) | | | | | | | | | | | | | |
| City | State | | | | | County | | | | Zip | | | |
| Mailing Address (ifdifferent) | | | | | | | | | | | | | |
| City | | | State | | | | | | | Zip | | | |
| Key ContactName | | | | | | Business TelephoneNumber( ) | | | | | Business FaxNumber( ) | | |
| Date BusinessEstablished | Current ownership (# ofyears) | | | | | State ofRegistration | | | | | AnnualSales  $ | | Net Profit-prevyr  $ |
| Describeapplicant'sproduct/service | | | | | | | | | | | Number ofEmployees | | |
| Type of Ownership (SelectOne) GeneralPartnership LimitedPartnership NonProfitProprietorship C-Corp. S-Corp. LLC ProfessionalAssociation LLP | | | | | | | | | | | E-MailAddress(Byprovidingthisinformation,IauthorizeGriffinCapitalFundingtosendmeinformationviae-mail) | | |
| Whodoesapplicantcurrentlydotheirbusinessbankingwith? | | | | | | | Isapplicantwillingtomovetheirbankingrelationshipinconjunctionwiththeirloan?  **Yes NO** | | | | | | |
| **B. OwnersInformation** | | | | | | | | | | | | | |
| Name | | | | Social SecurityNumber | | | | %  Ownership | | Title | | | |
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|  | | | |  | | | |  | |  | | | |
| KeyContactNameandPhoneNumber | | | |  | | | |  | |  | | | |
| Formorethanfourownersattachadditionalsheet(s). | | | | | | | | | | | | | |
| **C. Loan Disclosures(Refinance)** | | | | | | | | | | | | | |
| Currentlender | | Rate | | | Startdate | | | | Monthlypayment | | | Currentbalance | |
|  | |  | | |  | | | |  | | |  | |
|  | |  | | |  | | | |  | | |  | |
| Property gross annualrevenues | | Annualexpenses | | | Type ofproperty | | | | NumberofTenants | | | Estimatedvalue | |
|  | |  | | |  | | | |  | | |  | |
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| **D. Loan Disclosures(Purchase)** | | | | |
| Purchaseprice | Will purchaser occupy51%or more of theproperty | Type ofproperty | Downpayment | Estimatedvalue |
|  |  |  |  |  |
|  |  |  |  |  |
| Property grossannualrevenues | Annualexpenses | Number oftenants | Isthepropertyundercontract | Anticipated settlementdate |
|  |  |  |  |  |
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| --- | --- | --- | --- | --- | --- |
|  | | | | | |
| **E. OtherInformation** | | | | | |
| Settlement agentname Insurance Company Phone Number( ) Settlementagentphonenumber InsuranceCompanyFaxNumber ( ) | | | | | |
| Is the seller of the property willing to carry a second trust? (Purchaseonly) | | | Yes\* | | No |
| Has The Applicant Ever Declared Bankruptcy Or Had Any Judgments,Repossessions,Garnishments Or Other Legal Proceeding Filed AgainstThem? | | | Yes\* | | No |
| Istheapplicantcurrentlyundercontractwithanyothermortgage brokers? | | | Yes\* | | No |
| Are Any Tax Obligations, Including Payroll or Real Estate Taxes, PastDue? | | | Yes\* | | No |
| Is The Applicant Liable On Debts Not Shown, Including Any Contingent Liabilities Such AsLeases,Endorsements, Guarantees,Etc.? | | | Yes\* | | No |
| IsTheApplicantCurrentlyADefendant InAnySuitOrLegalAction?  *\*If you answered yes to any of the above questions, please provide an explanation on a separatesheet* | | | Yes\* | | No |
| **F. Certification AndSignatures** | | | | | |
| Eachoftheundersignedherebyinstructs,consentsandauthorizestheLender/Broker,oranyaffiliate,subsidiaryorassignstoobtainaconsumercreditreportandanyotherinformationrelatingtotheirindividualcreditstatusinthefollowingcircumstances:(a)relatingtotheopeningofanaccountoruponapplicationforaloanorotherproductorserviceofferedbyLenderbyacommercialentityofwhichtheundersignedisaprincipal,member,guarantororotherparty,(b)thereafter,periodicallyaccordingtotheLender’screditreviewandauditprocedures,and(c)relatingtoLender’srevieworcollectionofaloan,account,orotherLenderproductorservicemadeorextendedtoacommercialentityofwhichtheundersignedisaprincipal,member,guarantororotherparty.TheApplicant(s),individuallyand/orbythesignature(s)ofitsauthorizedrepresentativebelow,herebycertifiesthat:theforegoinghasbeencarefullyreadbytheApplicantandisgiventotheLender/Brokerforthepurposeofobtainingthecreditdescribedaboveand  othercreditfromtimetotimeinwhateverform;theinformationinthisApplicationandanyotherdocumentsorinformationsubmittedinconnectionwiththisApplicationoranyothercreditrequestaretrueandcorrectstatementsoftheApplicant’sfinancialconditionandmaybetreatedbythebankasacontinuingstatementthereofuntilreplacedbyanewApplicationoruntiltheApplicantspecificallynotifiesLender/Brokerinwritingofanychange;andthecreditrequestedhereinandanyothercreditobtainedfrom  theLender/BrokerbytheApplicantonthebasisoftheinformationcontainedinthisApplicationshallbeusedsolelyforbusinessandcommercialpurposes.TheApplicantand  eachGuarantorauthorizetheLender/BrokertoverifyatantimeanyinformationsubmittedtotheLender/BrokerbyoronbehalfoftheApplicantand/oranyGuarantor;obtainfurtherinformationconcerningthecreditstandingoftheApplicant,itsrepresentativesandGuarantors;andexchangesuchcreditinformationwithothers.TheApplicantagreestoprovideadditionalinformation,financialorotherwise,uponrequestandagreesthat,unlessotherwisedirectedbytheApplicantinwriting,allstatementsandnoticesregardinganycreditgrantedbytheLender/BrokertotheApplicantshallbemailedorfaxedtotheApplicantattheaddressornumbershownabove.Anyperson(s)signingbelowisdulyauthorized  andempoweredtorequestcreditonbehalfoftheApplicant.  UnlessI/Weinitialhere,theLender/Brokerisherebyauthorizedtosharethisapplicationandcreditinformationwithitsaffiliatesorotherlenders,whichmayconsidermy/ourapplicationforloanapproval/purchase.ThisstatementdoesnotlimittheLender/Broker'srightstosellorassignanyloanstoathirdparty.  ApplicantandeachGuarantorinitials: | | | | | |
| Signature (Applicant) | Title | PrintName | | Date | |
| Signature(Guarantor) | | PrintName | | Date | |
| Signature(Guarantor) | | PrintName | | Date | |



BUSINESSDEBTSCHEDULE

**Furnishthefollowinginformationonallinstallment debts,contracts,notes,andmortgagespayable. Donotincludeaccountspayableoraccruedliabilities.**

Business Name:

\*As of , 20

\*Should match the financial statement to be submitted.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Creditor  Name/address | Original  amount | Original  date | Present  balance | Interest  rate | Maturity  date | Monthly  payment | Security | Currentor  delinquent |
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|  |  |  |  |  |  |  |  |  |
|  |  | Totalpresent  balance\*\* |  |  | Totalmonthlypayment |  |  |  |

\*\*Total must agree with balance shown on current financialstatement

Signature:

Title:

DateSigned:

**PERSONALFINANCIALSTATEMENT**

### OMB APPROVAL NO.3245-0188EXPIRATIONDATE:11/30/2004

#### U.S.SMALLBUSINESSADMINISTRATION Asof ,

Completethisformfor:(1)eachproprietor,or(2)eachlimitedpartnerwhoowns20%ormoreinterestandeachgeneralpartner,or(3)eachstockholderowning20%ormoreofvotingstock,or(4)anypersonorentityprovidingaguarantyontheloan.

Name BusinessPhone

ResidenceAddress ResidencePhone

City, State, & ZipCode

Business Name ofApplicant/Borrower

Cash on hand & inBanksSavingsAccounts

IRAorOtherRetirementAccountAccounts&NotesReceivable

#### ASSETS

(OmitCents) **LIABILITIES** (OmitCents)

$ AccountsPayable $

$ Notes Payable to Banks andOthers $

$ (DescribeinSection2)

$ Installment Account(Auto) $

LifeInsurance-CashSurrenderValueOnly(Complete Section8)

Stocks andBonds(DescribeinSection3)

RealEstate

(DescribeinSection4)

Automobile-PresentValueOther PersonalProperty

(DescribeinSection5)

OtherAssets

(DescribeinSection5)

#### Total

**Section1. Source ofIncome**

Salary

Net InvestmentIncomeReal EstateIncome

Other Income (Describebelow)\*DescriptionofOtherIncomeinSection1.

$ Mo.Payments $

Installment Account(Other) $

$ Mo.Payments $

LoanonLifeInsurance $

$ Mortgages on RealEstate $(DescribeinSection4)

$ UnpaidTaxes $

$ (DescribeinSection6)

OtherLiabilities $

$ (DescribeinSection7)

TotalLiabilities $

NetWorth $

$ **Total** $

#### Contingent Liabilities

$ As Endorser orCo-Maker $

$ Legal Claims &Judgments $

$ ProvisionforFederalIncomeTax $

$ OtherSpecialDebt $

\*Alimonyorchildsupportpaymentsneednotbedisclosedin"OtherIncome"unlessitisdesiredtohavesuchpaymentscountedtowardtotalincome.

Section2.NotesPayabletoBanksandOthers.NameandAddressofNoteholder(s)

(Useattachmentsifnecessary.Eachattachmentmustbeidentifiedasapartofthisstatementandsigned.)

Original Current Payment Frequency HowSecuredorEndorsedBalance Balance Amount (monthly,etc.) TypeofCollateral



SBAForm413(3-00)**PreviousEditionsObsolete** (tumble)

This form was electronically produced by Elite Federal Forms, Inc.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section3.StocksandBonds.(Useattachmentsifnecessary.Eachattachmentmustbeidentifiedasapartofthisstatementandsigned).** | | | | | | | | | |
| Number ofShares | Name ofSecurities | | | Cost | | MarketValueQuotation/Exchange | Date ofQuotation/Exchange | | TotalValue |
|  |  | | |  | |  |  | |  |
|  |  | | |  | |  |  | |  |
|  |  | | |  | |  |  | |  |
| **Section4.RealEstateOwned.** | | (List each parcel separately. Use attachment if necessary. Each attachment must be identified as apartofthisstatementandsigned.) | | | | | | | |
| PropertyA | | | PropertyB | | | PropertyC | |
| Type ofPropertyAddress  DatePurchasedOriginalCost  Present MarketValue  Name&  Address of MortgageHolder  Mortgage AccountNumberMortgageBalance  Amount of Payment perMonth/Year  StatusofMortgage | |  | | |  | | |  | |
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| **Section5.OtherPersonalPropertyandOtherAssets.** (D  of | | | escribe,andifanyispledgedassecurity,statenameandaddressoflienholder,amountoflien,terms  paymentandifdelinquent,describedelinquency) | | | | | | |
| **Section6. UnpaidTaxes.** (Describeindetail,astotype,towhompayable,whendue,amount,andtowhatproperty,ifany,ataxlienattaches.)  **Section7. OtherLiabilities.** (Describeindetail.)  **Section8. LifeInsuranceHeld.** (Givefaceamountandcashsurrendervalueofpolicies-nameofinsurancecompanyandbeneficiaries)  IauthorizeSBA/Lendertomakeinquiriesasnecessarytoverifytheaccuracyofthestatementsmadeandtodeterminemycreditworthiness.Icertifytheaboveandthestatementscontainedintheattachmentsaretrueandaccurateasofthestateddate(s).Thesestatementsaremadeforthepurposeofeitherobtainingaloanorguaranteeingaloan.IunderstandFALSEstatementsmayresultinforfeitureofbenefitsandpossibleprosecutionbytheU.S.AttorneyGeneral(Reference18U.S.C.1001).  Signature: Date: Social SecurityNumber:  Signature: Date: Social SecurityNumber: | | | | | | | | | |
| PLEASENOTE: Theestimatedaverageburdenhoursforthecompletionofthisformis1.5hoursperresponse.Ifyouhavequestionsorcommentsconcerning this estimate or any other aspect of this information, please contact Chief, Administrative Branch, U.S. SmallBusinessAdministration,Washington,D.C.20416,andClearanceOfficer,PaperReductionProject(3245-0188),OfficeofManagementandBudget,Washington,D.C.20503**.PLEASEDONOTSENDFORMSTOOMB.** | | | | | | | | | |



PERSONALRESUMEFORM

TO BE COMPLETED BY EACH PRINCIPAL INVOLVED IN THELOAN

*If you already have a prepared resume, submit in lieu of thisform*

Name FIRST MIDDLE MAIDEN LAST

Date ofbirth Place ofbirth Social SecurityNo

U.S.Citizen–Ifnot,pleaseprovidealienregistrationnumber Homeaddress City State Zip From To Homephone Business phone Immediate pastaddress City State Zip From To

Are you employed by the U.S.Government? If so, give the name of the agency andposition

**Military ServiceBackground**

Branch From To Rank atdischarge Honorable? JobDescription

## WorkExperience

Listchronologically,beginningwithpresentemployment

Name ofcompany % of businessowned Full address City State Zip From To Title Duties

Name ofcompany % of businessowned Full address City State Zip From To Title Duties

Name ofcompany % of businessowned Full address City State Zip From To Title Duties

#### Education (College or TechnicalTraining)

Name and Location DatesAttended Major Degree or Certificate

1. Comments: 2. Comments: 3. Comments: 4.

Comments:



RENTROLL

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Unit# | UnitType | TenantName | SquareFeet | MonthlyRent | Term Comments | | |
|  |  |  |  |  | Start | End | (Renewals, Rent Increases,etc.) |
|  |  |  |  |  |  |  |  |
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| Totals: | | |  |  |  |  |  |

Rent RollCertification:

I/Wecertifythattheattachedrentroll(s)dated

for the property locatedat

Is/are true andcorrect.

By: