

Loan Application Checklist



Grow America Fund (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. 2011, 2012 and 2013 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. 2014 interim financial statements not older than 60 days, including:
 - a. Income Statement and Balance Sheet
 - b. A/R Aging report
 - c. A/P Aging report(Please ensure all reports cover consistent time frames.)
4. Current debt schedule (**template attached**)
5. 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
6. Information relating to the project (ie: construction proposals, equipment estimates, etc.)

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

Email: Jborges@nationaldevelopmentcouncil.org
Mobile: (718) 578-5804 (M)
Phone: (212) 682-1106 (O)
Address: Jose R. Borges, Grow America Fund
Loan Officer
708 Third Ave, Suite 710
New York, NY 10017

Small Business Loan Intake Form



The Grow America Fund (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	\$	
Working Capital	\$	Current Bank Relationship:
Other _____	\$	
TOTAL	\$	Comments (Optional):

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	

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.**