



BUSINESS LOAN APPLICATION

1. **Applicant Name:**

Name of Business:

Sole Proprietorship: _____ S Corporation: _____
Partnership: _____ C Corporation: _____
LLC/LLP: _____

Mailing Address: _____

Street Address: _____

Business Telephone: _____ **Email:** _____

Home Telephone: _____

Cell Phone: _____

Fax: _____

Project Address:

Federal Employer Identification Number:

Assessor's Parcel Number for Business and/or Project Site: _____
(Needed for ALL businesses no matter if renting or owning)

DUN # _____ (see instructions in application)

2. **Loan Amount Requested:** \$ _____

Uses of Funds:

Purchase of Real Estate \$ _____

Purchase of Existing Business _____

Furniture, Fixtures & Equipment _____

Inventory _____

Advertising & Promotion _____

Operating Capital _____

Other (specify) _____

Construction Uses

Renovation/New Construction _____

Leasehold Improvements _____

Infrastructure (curbs, gutter, sidewalks, etc.) _____

TOTAL \$ _____

3. Ownership

All owners of 20% or more of the applicant business are listed below:

Name _____
 Home Address _____
 City, State, Zip _____
 Phone _____
 Social Security # _____
 % of Ownership _____
 U.S. Citizen Yes _____ No _____

Name _____
 Home Address _____
 City, State, Zip _____
 Phone _____
 Social Security # _____
 % of Ownership _____
 U.S. Citizen Yes _____ No _____

For corporations, please list corporate officers, titles and who will be signing loan documents.

Name	Corporate Title	Signing Loan Documents (Yes or No)

(If additional space is needed, please use reverse side of this page.)

4. Have any of the persons listed above ever been charged with, or convicted of any criminal offenses, other than a minor motor vehicle violation?

Yes No

If yes, please explain:

5. Has the applicant or any person listed above been in receivership or filed bankruptcy?

Yes No

If yes, please explain:

6. Has the applicant or any person listed above had any credit problems in the last 5 years?

Yes No

If yes, please explain:

7. Number of Employees

Current: Full Time _____ Part Time _____
 Proposed New Jobs (if any): Full Time _____ Part Time _____

Jobs to be Retained or Created (Jobs depicted on this form must be reflected on Income and Expense Projections (Attachment D))

Position / Title	Hourly Wage	Hours Per Week
TOTAL		

8A. History of Business and Description of Use of Funds

This should be a one or two-page narrative where you describe the business, its products and services, how it was acquired by you, and how long you have owned it. Please explain what the loan funds will be used for. Discuss any significant events that have affected the business cash flow, especially how COVID-19 has impacted your business, changes in income, expenses, competitive advantages, and any other relevant information you think we should know.

8B. History of Business and Description of Use of Funds

The city loan program can be used to help your business retain existing jobs and create new jobs. Please explain if the loan funds are to be used to retain existing jobs and how many jobs will be retained.

We will follow up with you to determine how we can best use the loan program to help you; job retention loans can be forgiven depending on how long you retain the jobs. The

city requires that jobs be retained for a period of three months in order for the loan balance to be forgiven.

9. Collateral Being Offered as Security for This Loan

(Real estate, equipment, inventory, other business assets, personal assets, etc.) A Preliminary Title Report will be requested from a local Title Company early in the application process on any real estate being considered as collateral for the loan. The Borrower is responsible for any and all fees associated with the Title Company.

Description of Collateral (with APN)	Market Value	Purchase Cost	Balance Owed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

10. Other Lenders for this Loan

Name/Type of Program	Name of Lender/Grantor	Amount	Term	Rate
PPP 1				
Total		\$		

PLEASE ATTACH THE FOLLOWING DOCUMENTS TO THIS APPLICATION

- _____ 1. All businesses must provide Resumes of Key Personnel, 2020 and year to date payroll documentation. **(Attachment "A")**
- _____ 3. Schedule of business debt. **(Attachment "B")**
- _____ 4. Current personal financial statements of principals. These must be dated no more than 90 days prior to the application. **(Attachment "C")**
- _____ 5. Three (3) years of personal tax returns for the proprietor, partners, and stockholders with 20% or more ownership in the business.
- _____ 6. Start-up businesses must provide three (3) years of monthly income and expense projections. Existing businesses must provide two (2) years of monthly income and expense projections. Also, a detailed description of how the projections were determined is required. **(Attachment "D")**
- _____ 7. All start-up businesses must provide a Business Plan.
- _____ 8. Business tax returns for the three (3) most recent years.
- _____ 9. Business financial statements for the applicant's three (3) most recent fiscal years, where applicable, and a current financial statement dated no more than 90 days prior to the application.
- _____ 10. Current Aging of Accounts Receivable and Accounts Payable.
- _____ 11. Copy of Business License.
- _____ 12. Copy of all Corporate Filings or Partnership Agreements (in the case of Corporations – copies of Corporate Resolution authorizing the borrowing request).
- _____ 13. Breakdown of proposed cost with written estimates from contractors or suppliers. Purchase agreements, when applicable.
- _____ 14. Such non-financial information or supporting information necessary to substantiate the application, including, but not limited to: estimates, quotations, receipts, contracts, orders, invoices, leases, sales agreements, documentation from architects, engineers, contractors, suppliers, or others involved in the sale, lease, or construction of fixed assets, if any, for applicant's project including schedules of implementation.

APPLICANT'S CERTIFICATION/AUTHORIZATION

I/We certify that all information in this application and all information furnished in support of this application are true and complete to the best of my/our knowledge and belief.

I/We authorize the lending agency to verify all information furnished in connection with the loan application. The information that may be verified includes, but is not limited to, the following: employment, pensions, mortgages, deposits, and any other income; personal or business loans; insurance; and further, to obtain a credit report.

I/We also authorize the lending agency to disclose any financial information on income tax returns or on my personal or business financial statements, for the purpose of obtaining a loan on my behalf. I understand the information will be made available to loan committee members and other lenders that may be involved in the funding of my loan request.

I/We also acknowledge that this is an application for public funds and, therefore, the information provided may be made available for review.

I/We acknowledge the City of Willits does not and shall not discriminate on the basis of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or military status, in any of its activities or lending practices.

Signature

Date

Signature

Date

The following information is requested by the Federal Government for certain types of loans in order to monitor the lender's compliance with equal credit opportunity, fair housing, and to help us provide services to all eligible businesses fairly. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may not discriminate either on the basis of this information, or on whether you choose to furnish it. If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race, or sex, under Federal regulations, this lender is required to note the information on the basis of visual observation and surname if you have made this application in person. If you do not wish to furnish the information, please check the box below. (Lender must review the above material to assure that the disclosures satisfy all requirements to which the lender is subject under applicable state law for the particular type of loan applied for.)

BORROWER I do not wish to furnish this information

CO-BORROWER I do not wish to furnish this information

Borrower Circle Those That Apply:

Ethnicity: Hispanic or Latino Not Hispanic or Latino

Race: American Indian or Alaska Native Native Hawaiian or Other Pacific Islander Asian
Black or African American White

Sex: Male Female

CO-Borrower Circle Those That Apply:

Ethnicity: Hispanic or Latino Not Hispanic or Latino

Race: American Indian or Alaska Native Native Hawaiian or Other Pacific Islander Asian
Black or African American White

Sex: Male Female

ATTACHMENT "A"

RESUME OF

Note: This form is not required if another format is provided in its place.

EMPLOYMENT HISTORY (most recent first):

Dates Employed - From: _____ To: _____
Name of Company: _____
Address: _____
Position and Responsibilities: _____

Dates Employed - From: _____ To: _____
Name of Company: _____
Address: _____
Position and Responsibilities: _____

EDUCATION:

Dates Enrolled: From: _____ To: _____
Name of School: _____
Address: _____
Degree Received: _____ Date Graduated: _____

Dates Enrolled: From: _____ To: _____
Name of School: _____
Address: _____
Degree Received: _____ Date Graduated: _____

OTHER RELATED TRAINING OR EXPERIENCE:

References will be furnished upon request.

Signature: _____

Date: _____

ATTACHMENT "B"

BUSINESS INDEBTEDNESS: Furnish the following information on **all** business debts owed -- **vendors, credit cards, payroll taxes, income taxes, sales tax, contracts, notes, and mortgages.** (Current balances should agree with the latest balance sheet submitted.) Use reverse side or another sheet to list additional information.

To Whom Payable	Original Amount	Original Date	Present Balance	Rate of Interest	Maturity Date	Monthly Payment	Security	Current = C Past Due = P

AFFIDAVIT OF CURRENT TAX STATUS

I hereby certify that any and all of the applicable real property taxes, personal property taxes, Federal & State income taxes, Federal and State payroll withholding taxes, State Sales Tax, insurance premiums, and any other assessment or public charges are current.

 Business Owner / Applicant

 Date



**ATTACHMENT "C"
PERSONAL FINANCIAL STATEMENT**

OMB APPROVAL NO. 3245-0188
EXPIRATION DATE:11/30/2004

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 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	\$ _____
IRA or Other Retirement Account	\$ _____	(Describe in Section 2) Installment Account (Auto)	\$ _____
Accounts & Notes Receivable	\$ _____	Mo. Payments _____	_____
Life Insurance-Cash Surrender Value Only	\$ _____	Installment Account (Other).....	\$ _____
(Complete Section 8)	_____	Mo. Payments _____	_____
Stocks and Bonds	\$ _____	Loan on Life Insurance.....	\$ _____
(Describe in Section 3)	_____	Mortgages on Real Estate	\$ _____
Real Estate	\$ _____	(Describe in Section 4)	_____
(Describe in Section 4)	_____	Unpaid Taxes	\$ _____
Automobile-Present Value	\$ _____	(Describe in Section 6)	_____
Other Personal Property	\$ _____	Other Liabilities	\$ _____
(Describe in Section 5)	_____	(Describe in Section 7)	_____
Other Assets	\$ _____	Total Liabilities	\$ _____
(Describe in Section 5)	_____	Net Worth	\$ _____
Total	\$ _____	_____
	_____	\$ _____

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.

*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 Endorsed Type of Collateral

SBA Form 413 (3-00) **Previous Editions Obsolete**
This form was electronically produced by Elite Federal Forms, Inc.

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
Type of Property		
Address		
Assessor Parcel Number (APN)		
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. 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 Officer, Paper Reduction Project (3245-0188), Office of Management and Budget, Washington, D.C. 20503. **PLEASE DO NOT SEND FORMS TO OMB.**

ATTACHMENT "D"
INCOME AND EXPENSE PROJECTIONS

Instructions

This is a worksheet designed to help determine monthly projected business income and expenses for a twelve-month period. This will also help assess the feasibility of a project by determining if the projected income will cover the projected expenses, including owners draw and loan payments. This is just a worksheet, so fill it out in pencil. You will be making a lot of changes to it.

- MONTHS:** Fill in the month you anticipate opening your business, or start with "Month #1".
- TOTAL SALES:** All income from the sale of products or services for the month.
- COST OF GOODS SOLD:** Direct cost of the products sold. (Example: for a restaurant, the cost of goods sold is the food; for a clothing store, the clothing; for the manufacturing of tables, the cost of the wood, metal, varnish.) Service businesses do not have a cost of goods sold.
- GROSS PROFIT:** Subtract the **Cost of Goods Sold** from the **Total Sales** to determine the **Gross Profit**.
- OPERATING EXPENSES:** Listed here are some examples of monthly expenses. You may have some additional or different expenses that are specific to your business, just write them in.
- TOTAL OPERATING EXPENSES:** Add up all **Operating Expenses** for the month.
- NET PROFIT:** Subtract the **Total Operating Expenses** from the **Gross Profit**.
- OWNER'S DRAW:** This is the money the business owner will draw from the business for personal living expenses. When there is another monthly source of income, owner's draw may not apply. If the business owner will be paying personal living expenses from the business sales, owners draw will need to be determined. There is no owners draw under a corporate legal structure; all wages should be shown in the wages and payroll line items.
- AVAILABLE FOR LOAN PAYMENT:** Subtract **Owner's Draw** from **Net Profit**.
- LOAN PAYMENT:** This is the monthly payment of principal and interest based on the amount of the loan needed. This amount can be obtained from the Financial Consultant.
- MARGIN:** Subtract the **Loan Payment** from the **Available for Loan Payment**. This is the projected amount left after all expenses have been paid. If the **Loan Payment** amount is larger than the **Available for Loan Payment**, you are losing money at the end of the month.

MONTH													TOTAL
Total Sales													
Less Cost of Goods Sold													
Gross Profit													
OPERATING EXPENSES													
Accounting													
Advertising													
Auto & Vehicles													
Freight/Postage													
Insurance													
Leases (Equipment)													
Office Expenses													
Rent													
Repairs & Maintenance													
Supplies													
Taxes (Sales)													
Travel and Entertainment													
Utilities/Telephone													
Wages & Payroll Taxes													
Other													
TOTAL OPERATING													

EXPENSES													
Net Profit													
Owner's Draw (not for corps)													
Available for Loan Payment													
Loan Payments													
MARGIN													

AUTHORIZATION AND RELEASE FOR CREDIT REPORT

Dear Requestor:

Prior to a credit report request, you must understand the following:

- 1) Access to your credit file is limited to yourself and your agents acting on your behalf.
- 2) Your consent in writing is required before a report may be provided.
- 3) You are entitled to a copy of the credit report and a copy of the FTC's "Consumer Rights Notice".

Based on the above information, I hereby authorize **Community Development Services (CDS)** to obtain my credit report for the purposes of **applying for a business loan.**

PLEASE PRINT THE BELOW INFORMATION NEATLY

Applicant

Spouse/Partner

Name: _____
(Full name including Jr., Sr., etc.)

Name: _____
(Full name including Jr., Sr., etc.)

SSN#: _____

SSN#: _____

Date of Birth: _____

Date of Birth: _____

Address: _____

Address: _____

City, State, Zip: _____

City, State, Zip: _____

Previous Address: _____

Previous Address: _____

City, State, Zip: _____

City, State, Zip: _____

Signature

Signature

How to Get a DUNS

Please follow the below steps and read the attached document to assist you with your new D-U-N-S Number request:

1. Click or copy the following link to your browser <http://fedgov.dnb.com/webform>
2. Click on “Begin D-U-N-S Search / Request Process” at the top of the left hand tool bar
3. In the “Search” screen select “United States of America” (It will be at the top of the list) from the drop down list and click “Continue”
4. In the “iUpdate – Webform Page” click on “Continue to iUpdate” arrow at the bottom of the screen
5. In iUpdate, locate the center box titled “Find DUNS or Request new DUNS” and click on the “Start Now” button
6. Read the attachment “Step-by-Step Process for Customers” document. This will assist you in the process.
7. You must first make sure we do not already have your company on file. In the “Company Look-up” screen, please enter your Business Name, City and State and click the “Search” button.
 - A. Utilize the attached “Step-by-Step Process for Customers” document to assist you through the process
8. If you do not locate your company, click on the “Request a D-U-N-S Number” arrow at the bottom of the screen
9. You will now be in the New D-U-N-S Registration Process. Two **IMPORTANT NOTES**
 - A. This **PERSONAL** information is required at this step to validate your **PERSONAL** identity and eliminate fraudulent activity. **Do not** enter your **company address** as your registration will **fail**.
 - B. Please ensure you see the ReCaptcha box at the bottom of the screen (see below screen shot) If you do not have the ReCaptcha box, you will need to return to Step 8. When you get the box “Do you want to view only the webpage content that was delivered securely?” Click the “No” button.



10. Now complete the process.

11. Once you have completed the entire process, you will receive a confirmation email. It will take **24 to 48 hours to receive your D-U-N-S Number**, which you will receive via email for your records.

**DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT
DIVISION OF FEDERAL FINANCIAL ASSISTANCE**

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www.hcd.ca.gov



View and Save Debarments



HCD requires that applicants for federal funding upload debarment checks from Sam.gov in eCivis Grants Management Network.

The information from Sam.gov showing “no exclusions” and that registration is not expired is required for applicants and their contractors and subrecipients. ,

Recently, SAM.gov changed their website interface and this guide is to assist with viewing and saving the debarment information in the new interface.

To review Entity Registrations a login is required.

If a New User, follow the steps to creating an account and access SAM below:

Step 1: Go to www.sam.gov.

Step 2: Click on Sign In, Select the Green Accept box, and then “Create an Account”.

Step 3: Complete the requested information, and then click “Submit”.

Step 4: Select “Individual User Account”.

Step 5: You will receive an email confirming you have created a user account in SAM.

Login:

Go to: www.sam.gov

Select Sign In – located at the far top right of the screen:

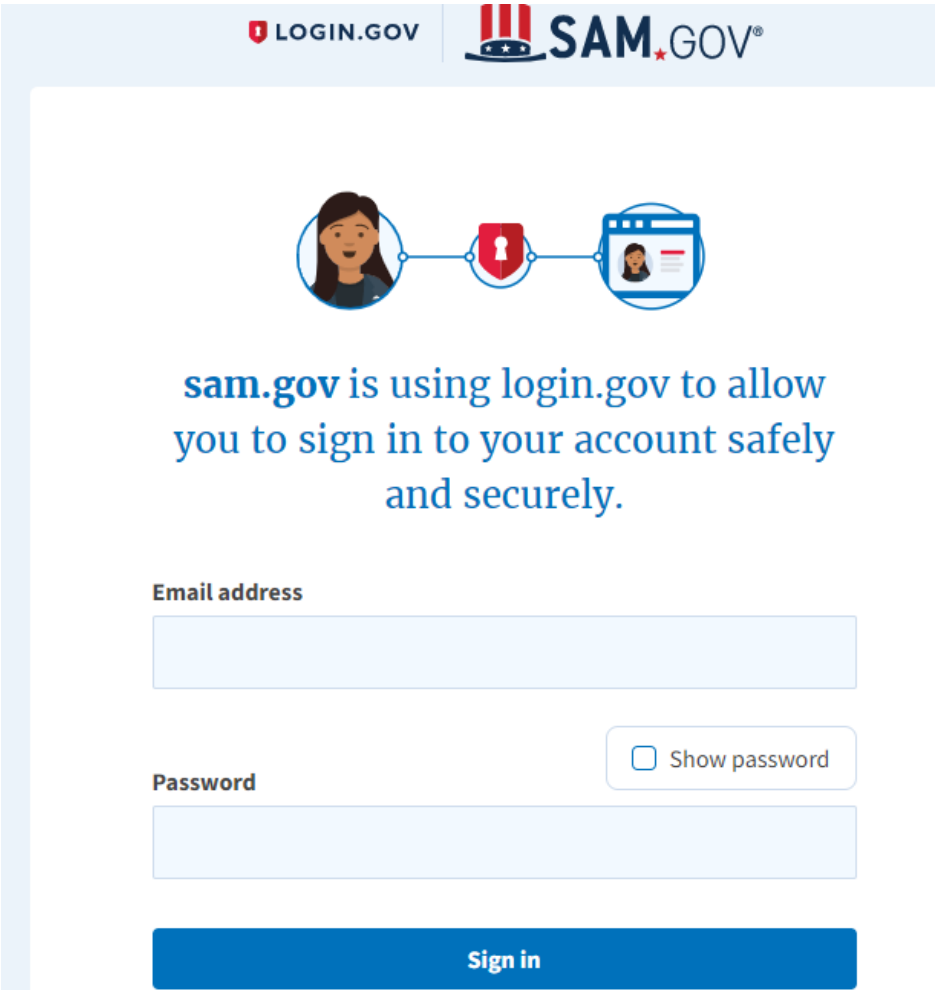
 Sign In

Select the green accept box:



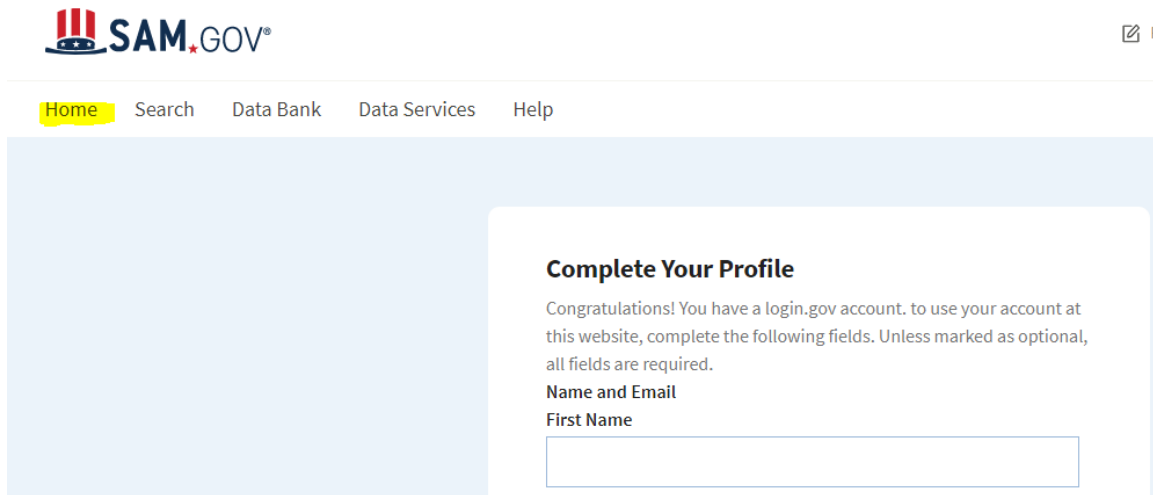
The image shows a dialog box with the SAM.GOV logo at the top. The text inside reads: "You must accept the U.S. Government System terms to sign into this website". Below this, it states: "This is a U.S. General Services Administration Federal Government computer system that is 'FOR OFFICIAL USE ONLY.' This System is subject to monitoring. Individuals found performing unauthorized activities are subject to disciplinary action including criminal prosecution." At the bottom, there are two buttons: "Cancel" and "Accept". The "Accept" button is highlighted with a green border.

The accept button brings up the login screen:

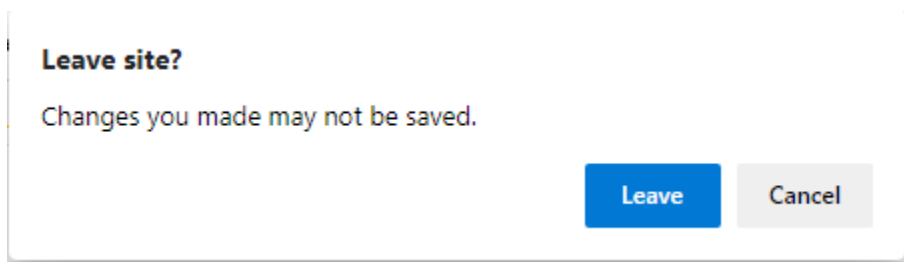


The image shows the SAM.GOV login screen. At the top, there are logos for LOGIN.GOV and SAM.GOV. Below the logos is a diagram showing a person's profile, a shield with a keyhole, and a computer monitor displaying a login page, all connected by lines. The text below the diagram says: "sam.gov is using login.gov to allow you to sign in to your account safely and securely." There are two input fields: "Email address" and "Password". To the right of the password field is a checkbox labeled "Show password". At the bottom, there is a blue "Sign in" button.

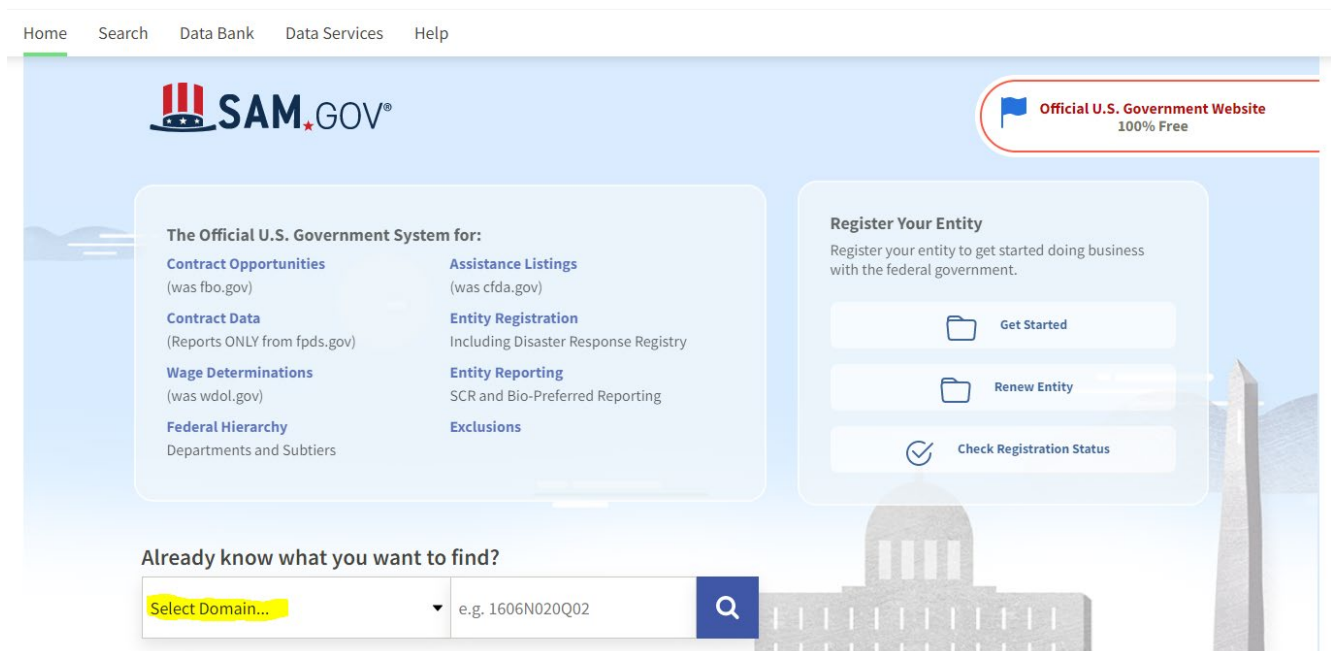
Once logged in, you may get a screen as shown below to Complete Your Profile. This was already done when you created the account and is unnecessary. Just select Home as highlighted below:



This will pop up a box as shown below, choose Leave:



The Home page is shown below. Go to the Select Domain arrow down (highlighted below), which is located under the “Already know what you want to find?” Section:



Select Entity Information from the arrow down key:

Already know what you want to find?

Entity Information ▼ e.g. 1606N020Q02 🔍

You can search using the entity's name or DUNS number. It is recommended to use the DUNS Number:

Already know what you want to find?

Entity Information ▼ 100864219 ✕ 🔍

Then select the search box with the eyeglass.

Below is what is shown if there are "no exclusions". Note the highlighted box that states, "Entity Registration". If it states this, then there are no exclusions.

The example below is what you will copy, save as a pdf and upload to the eCivis Grants Management software as a debarment.

The screenshot shows the SAM.GOV search results page. At the top is the SAM.GOV logo and navigation links: Home, Search, Data Bank, Data Services, Help. A search bar contains the text "e.g. 1606N020Q02, asph:" and a magnifying glass icon. To the right is a "Search Results" button. Below the search bar, it says "Showing 1 - 1 of 1 results" and "Sort by Relevance". The main result is for "YUBA, COUNTY OF" with a green "Active" status. A yellow box highlights "Entity Registration". Below this are fields for DUNS (100864219), SAM (UWBNA7K4QWJ1), CAGE Code (7PKL8), and Physical Address (915 8th St Ste 123, MARYSVILLE, CA 95901 USA). On the right side, there are fields for Expiration Date (Sep 14, 2021) and Purpose of Registration (Federal Assistance Awards).

If there are exclusions, it will have the word "Exclusion" in the box, where Entity Registration was in the first example:

The screenshot shows a search result for an entity that is excluded. The status is "Active" with a green dot. A yellow box highlights "Exclusion". The entity name is "YUBA, COUNTY OF". Below this are fields for DUNS (blank), SAM (blank), CAGE Code (blank), and Physical Address (MILLBURY, MA 01527 USA). On the right side, there are fields for Classification (Individual), Activation Date (Feb 13, 2010), and Termination Date (Indefinite).

If a search comes up with no results or no matches found, then the entity is not registered with Sam.gov and needs to register using the link below:

<https://sam.gov/content/entity-registration>

Instructions for registering can be located at the link as follows:

https://www.fsd.gov/gsafsd_sp?id=kb_article&sys_id=11bfc64d1b1cb8909ac5ddb6bc4bcb62

Note: HCD will not accept “no results” PDF as no exclusions debarment documentation.