

**Central Oregon Intergovernmental Council (COIC)**  
**Small Business Loans**  
334 NE Hawthorne Avenue  
Bend, OR 97701  
(541) 548-9538

**COIC Regional Loan Program Application**

**Company Information**

Company Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Contact person \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
E-Mail address \_\_\_\_\_  
Type of business \_\_\_\_\_ Date Established \_\_\_\_\_  
Type of entity (check one):  Proprietorship  Partnership  LLC  Corporation

**Company Ownership**

If a corporation, please indicate who is President and who is Secretary

Name \_\_\_\_\_ Title \_\_\_\_\_ Ownership % \_\_\_\_\_  
Name \_\_\_\_\_ Title \_\_\_\_\_ Ownership % \_\_\_\_\_  
Name \_\_\_\_\_ Title \_\_\_\_\_ Ownership % \_\_\_\_\_  
Name \_\_\_\_\_ Title \_\_\_\_\_ Ownership % \_\_\_\_\_  
Name \_\_\_\_\_ Title \_\_\_\_\_ Ownership % \_\_\_\_\_

**Affiliate Business**

If applicable, another business owned 20% or more by any of the applicants

Business Name \_\_\_\_\_ Owner \_\_\_\_\_ Ownership % \_\_\_\_\_  
Business Name \_\_\_\_\_ Owner \_\_\_\_\_ Ownership % \_\_\_\_\_

**References**

Loan Officer \_\_\_\_\_ Bank \_\_\_\_\_ Phone \_\_\_\_\_  
Accountant \_\_\_\_\_ Firm \_\_\_\_\_ Phone \_\_\_\_\_  
Attorney \_\_\_\_\_ Firm \_\_\_\_\_ Phone \_\_\_\_\_  
Realtor \_\_\_\_\_ Firm \_\_\_\_\_ Phone \_\_\_\_\_  
Other \_\_\_\_\_ Firm \_\_\_\_\_ Phone \_\_\_\_\_

<b>Project Information</b>	Please call if you have questions
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Purchase land & building ..... \$ _____	Architect, engineer, etc ..... \$ _____
Purchase land ..... \$ _____	Permits & SDCs ..... \$ _____
New construction ..... \$ _____	Interim interest ..... \$ _____
Construction contingency ..... \$ _____	Other costs ..... \$ _____
Equipment ..... \$ _____	Other costs ..... \$ _____
Furniture & fixtures ..... \$ _____	<b>TOTAL PROJECT</b> ..... \$ _____

<b>Proposed Down Payment</b>	Please call if you have questions
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Total project cost from above .....	\$ _____
Down payment (Source _____ ) .....	\$ _____
Other financing (Source _____ ) .....	\$ _____
<b>LOAN REQUEST</b> .....	\$ _____

<b>Checklist</b>	Check if attached or N/A if not applicable
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Completed Loan Application	_____	<b>Personal information (for all 20% or more owners)</b>	
Equal Credit Stmt (keep for your records)	_____	Current financial statement (form attached)	_____
Form 4506-T Tax Transcript Request	_____	Personal tax returns for last 3 years	_____
Loan Application Agreement	_____	Management resume (form attached)	_____
Business tax returns for last 3 years	_____	Stmt of Personal History (form attached)	_____
Interim income statement within 60 days	_____	Other Government Debt (form attached)	_____
Interim balance sheet for same date	_____	<b>Affiliate businesses</b>	
Debt schedule (form attached)	_____	Business tax returns for last 2 years	_____
Summary aging of A/R and A/P	_____	Interim financial statement within 60 days	_____
<b>Information for start-up businesses</b>		<b>Information for business acquisitions</b>	
Business plan	_____	Purchase agreement (if available)	_____
Income stmt projection (form attached)	_____	Income stmt projection (form attached)	_____
List of key financial assumptions	_____	List of financial assumptions/changes	_____

**Other required information (as applicable)**

Construction estimate/equip bids	_____	Corp, LLC, Assumed Name documents	_____
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**Employees**

Number of current FTE employees \_\_\_\_\_ Number of employees two years after project completion \_\_\_\_\_

Type of new jobs to be created due to project \_\_\_\_\_

Key Employee Name	Title	Responsibilities	Years with Co	Years in Industry

**Business Profile**

Or separate business summary can be attached

How will this project and loan help your business? \_\_\_\_\_

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What product does the business make or what service does it provide? \_\_\_\_\_

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Who are your customers, what are your primary markets? \_\_\_\_\_

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Who is the competition (please be specific)? \_\_\_\_\_

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What is your market niche and competitive advantage? \_\_\_\_\_

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Explain any unusual market or competitive risks. \_\_\_\_\_

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List and explain key suppliers. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is your business strategy? Explain any new products or new markets. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is your outlook concerning your business? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe management experience. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please add any other information to explain your business or the project, including past accomplishments. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Who runs the day-to-day operation? \_\_\_\_\_

\_\_\_\_\_

Who are the decision-makers and who are the successors? \_\_\_\_\_

\_\_\_\_\_

Describe any pending lawsuits (attach any pertinent documentation). \_\_\_\_\_

\_\_\_\_\_

### **Certification/Authorization**

I/We certify that the information provided in this application is true and correct. I/We hereby authorize the release of any and all credit report and other information required in the processing of my/our loan application and as required for servicing during the term of the loan. I/We further authorize COIC to release such information to any entity as required in the processing of the loan application. I/We hereby certify that the enclosed information, including any attachments or exhibits provided now or at a later date, is valid and correct to the best of my/our knowledge. Also, I/we acknowledge receipt of the Statements regarding Identification and Equal Credit Opportunity Act.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

## **EQUAL CREDIT OPPORTUNITY ACT STATEMENT**

The Federal Equal Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, or age (provided that the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The Federal agency that administers compliance with this law is the Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580.

**Applicant: Retain for your records**



**PERSONAL FINANCIAL STATEMENT  
 7(a) / 504 LOANS AND SURETY BONDS**

U.S. SMALL BUSINESS ADMINISTRATION

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

SBA uses the information required by this Form 413 as one of a number of data sources in analyzing the repayment ability and creditworthiness of an application for an SBA guaranteed 7(a) or 504 loan or a guaranteed surety.

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:**

**For 7(a) loans:** the lender processing the application for SBA guaranty

**For 504 loans:** the Certified Development Company (CDC) processing the application for SBA guaranty

**For Surety Bonds:** the Surety Company or Agent processing the application for surety bond guaranty

<b>Name</b>	<b>Business Phone</b>
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<b>Home Address</b>	<b>Home Phone</b>
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<b>City, State, &amp; Zip Code</b>
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<b>Business Name of Applicant</b>
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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.....\$ _____ (Describe in Section 5)	Installment Account (Auto).....\$ _____ Mo. Payments \$ _____
Accounts & Notes Receivable.....\$ _____ (Describe in Section 5)	Installment Account (Other).....\$ _____ Mo. Payments \$ _____
Life Insurance – Cash Surrender Value Only.....\$ _____ (Describe in Section 8)	Loan(s) Against 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)
Automobiles.....\$ _____ (Describe in Section 5, and include Year/Make/Model)	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> \$ _____ *Must equal total in assets column.

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.....\$ _____

<b>Description of Other Income in Section 1.</b>

\*Alimony or child support payments should 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 part of this statement and signed.)

Names and Addresses of Noteholder(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 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			
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 the SBA/Lender/Surety Company 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 or Surety Companies will rely on this information when making decisions regarding an application for a loan or a surety bond. I further certify that I have read the attached statements required by law and executive order.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_

Social Security No. \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_

Social Security No. \_\_\_\_\_

**NOTICE TO LOAN AND SURETY BOND 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 or surety bond application. 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 thirty years and/or a fine of not more than \$1,000,000. Additionally, false statements can lead to treble damages and civil penalties under the False Claims Act, 31 U.S.C. § 3729, and other administrative remedies including suspension and debarment.

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.





United States of America  
**SMALL BUSINESS ADMINISTRATION**  
**STATEMENT OF PERSONAL HISTORY**

**Please Read Carefully and Fully Complete:** 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](http://www.sba.gov). **DO NOT SEND COMPLETED FORMS TO OMB as this will delay the processing of your application; send forms to the address provided by your lender or SBA representative.**

1a. Name and Address of Applicant (Firm Name)(Street, City, State, ZIP Code and E-mail)	SBA District/Disaster Area Office	
	Amount Applied for (when applicable)	File No. (if known)
1b. Personal Statement of: (State name in full, if no middle name, state (NMN), or if initial only, 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 in the small business	Social Security No.
	3. Date of Birth (Month, day, and year)	
	4. Place of Birth: (City & State or Foreign Country)	

If applicable, Name and Address of participating lender or surety co.	5. U.S. Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO <span style="float:right"><b>INITIALS:</b> _____</span> If no, are you a Lawful Permanent resident alien? <input type="checkbox"/> YES <input type="checkbox"/> NO Alien Registration number _____ If no, country of citizenship: _____
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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:
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**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, YOU MUST FURNISH DETAILS ON A SEPARATE SHEET. INCLUDE DATES, LOCATION, FINES, SENTENCES, 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, AN UNTRUTHFUL ANSWER WILL CAUSE YOUR APPLICATION TO BE DENIED AND SUBJECT YOU TO OTHER PENALTIES AS NOTED BELOW.**

7. Are you presently subject to an indictment, criminal information, arraignment, or other means by which formal criminal charges are brought in any jurisdiction?  
 Yes  No **INITIALS:** \_\_\_\_\_

8. Have you been arrested in the past six months for any criminal offense?  
 Yes  No **INITIALS:** \_\_\_\_\_

9. For any criminal offense – other than a minor vehicle violation – have you ever: 1) been convicted; 2) pleaded guilty; 3) pleaded nolo contendere; 4) been placed on pretrial diversion or 5) been placed on any form of parole or probation (including probation before judgment).  
 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
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<b>Agency Use Only</b> 11. <input type="checkbox"/> Fingerprints Waived _____ Date _____ Approving Authority _____ <input type="checkbox"/> Fingerprints Required _____ Date _____ Approving Authority _____ Date Sent to OIG _____	12. <input type="checkbox"/> Cleared for Processing _____ Date _____ Approving Authority _____ 13. <input type="checkbox"/> Request a Character Evaluation _____ Date _____ Approving Authority _____ (Required whenever 7, 8 or 9 are answered "yes" even if cleared for processing.)
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**Central Oregon Intergovernmental Council (COIC)**

Small Business Loans  
334 NE Hawthorne Ave  
Bend, OR 97701

I certify that I am not delinquent on any federal debt and that the list below is a complete list of my previous federal debts (includes SBA loans, federal student loans, Fannie Mae mortgages, Freddie Mac mortgages, SBA disaster loans, etc).

Agency	Borrower's Name	Amount	Loan Date	Balance	Status	Loss to gov't

\_\_\_\_\_

Borrower Signature

\_\_\_\_\_

Date

I certify that I am not delinquent on any federal debt and that the list below is a complete list of my previous federal debts (includes SBA loans, federal student loans, Fannie Mae mortgages, Freddie Mac mortgages, SBA disaster loans, etc).

Agency	Borrower's Name	Amount	Loan Date	Balance	Status	Loss to gov't

\_\_\_\_\_

Borrower Signature

\_\_\_\_\_

Date

**Business Debt Schedule**

Include the following information on all installments debts, notes, contracts, and mortgages. **Current balance must match the current balance sheet.** Include all capital leases shown on the balance sheet (if any). Do not include accounts receivable and accounts payable.

If you have non-capital equipment leases not on the balance sheet, please include them on a separate debt schedule.

Name of Creditor	Original Amount	Original Date	Current Balance	Interest Rate	Maturity Date	Monthly Payment	Collateral	Loan is Current?
		<b>Total Present Balance</b>				<b>Total Monthly Payment</b>		

# PROJECTED INCOME/EXPENSES

MONTH / YEAR														TOTAL	%
SALES															
COST OF SALES															
GROSS PROFIT															
EXPENSES															
ACCTING, LEGAL, PROFESSIONAL															
ADVERTISING EXPENSE															
AUTO & TRUCK EXPENSE															
BAD DEBT															
ENTERTAINMENT, TRAVEL															
EQUIPMENT RENTAL															
INSURANCE															
OFFICE EXPENSE															
OFFICER, OWNER SALARIES															
RENT, PROPERTY EXPENSE															
REPAIRS, MAINTENANCE															
SUPPLIES															
TAXES, LICENSES															
TELEPHONE, UTILITIES															
WAGES															
MISCELLANEOUS															
TOTAL EXPENSES															
NET OPERATING PROFIT															
OTHER INCOME <EXPENSES>															
PROFIT BEFORE TAXES															

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_