



# Capital Access Corporation - Kentucky

## ***SBA 504 LOAN PROGRAM***

**Capital Access Corporation – Kentucky  
Making loans to businesses in Kentucky, Indiana  
(and sometimes beyond!)**

**We are an equal opportunity lender  
committed to making loans to all qualified applicants  
regardless of race, creed, nationality or gender.**

**1 Riverfront Plaza Suite 2010  
401 W. Main Street  
Louisville, Kentucky 40202-2928  
Phone (502) 584-2175  
Fax: (502) 584-2173  
[www.cac-ky.org](http://www.cac-ky.org)**



## CERTIFICATION

**IMPORTANT: If "Yes" to any question below, please attach details.**

- Yes  No Does the applicant entity have any ownership interest in, or control of, any other business?
- Yes  No Is the applicant entity involved in any lawsuits at this time?
- Yes  No Has the applicant entity ever filed for business bankruptcy protection?
- Yes  No Does the applicant entity now, or has it ever, had an SBA loan?
- Yes  No Does the applicant entity have any liens, judgments, tax liens, IRS payment plans, or past due taxes?

### AUTHORIZATION

- I/we hereby authorize the release to Capital Access Corporation-Kentucky of any information they may require at any time for the purpose related to my/our credit transactions with them
- I/we hereby authorize Capital Access Corporation-Kentucky to release such information to any entity they deem necessary for any purpose related to this credit transaction with them,
- I/we hereby certify that the enclosed information, including any attachments or exhibits provided within or at a later date, is valid and correct to the best of my/our knowledge.

Name of applicant company:

Name of authorized officer:

\_\_\_\_\_  
Signature of authorized officer:

\_\_\_\_\_  
Date

All financing subject to approval by Capital Access Corporation Kentucky and the U.S Small Business Administration.  
Capital Access Corporation-Kentucky is a not-for-profit corporation and an equal opportunity lender.



## CAPITAL ACCESS CORPORATION - KENTUCKY SMALL BUSINESS ADMINISTRATION 504 APPLICATION

### I. BACKGROUND INFORMATION: Small Business Concern/Operating Company Information: (if different, **Borrower's information** is requested below this section)

Company Name including d/b/a:

Current Address:

SIC Code:  NAICS #:  Year Co. Established:  Fed. ID No./EIN:

Type of Business (check one):  Manufacturing  Service  Retail  Wholesale  Other:

Contact Person and Title:

Contact Person email address:

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_ Other: \_\_\_\_\_

Business structure:  "c" corporation  "s" corporation  LLC  LLP  partnership  proprietorship  other

### Information about the Business Operation:

1. Major Product Line/Services of Company:

2. Major Customers:

3. Rationale/Need for Project:



**OWNERS' INFORMATION: SMALL BUSINESS CONCERN/OPERATING COMPANY**

Complete for each owner, regardless of ownership (5% or more). If married couple both have ownership, please complete for both spouses regardless of ownership %. Use additional sheets as needed.

|                                                |                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                            |
|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name:                                          |                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                            |
| % Owned:                                       |                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                            |
| Veteran? (Yes/No)<br>If yes, branch and years: |                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                            |
| Female?:                                       |                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                            |
| Race:                                          | <input type="checkbox"/> American Indian<br><input type="checkbox"/> Asian<br><input type="checkbox"/> Black/African American<br><input type="checkbox"/> White/Caucasian<br><input type="checkbox"/> Native Hawaiian/<br>Pacific Islander | <input type="checkbox"/> American Indian<br><input type="checkbox"/> Asian<br><input type="checkbox"/> Black/African American<br><input type="checkbox"/> White/Caucasian<br><input type="checkbox"/> Native Hawaiian/<br>Pacific Islander | <input type="checkbox"/> American Indian<br><input type="checkbox"/> Asian<br><input type="checkbox"/> Black/African American<br><input type="checkbox"/> White/Caucasian<br><input type="checkbox"/> Native Hawaiian/<br>Pacific Islander | <input type="checkbox"/> American Indian<br><input type="checkbox"/> Asian<br><input type="checkbox"/> Black/African American<br><input type="checkbox"/> White/Caucasian<br><input type="checkbox"/> Native Hawaiian/<br>Pacific Islander |
| Ethnicity:                                     | <input type="checkbox"/> Hispanic/Latino                                                                                                                                                                                                   | <input type="checkbox"/> Hispanic/Latino                                                                                                                                                                                                   | <input type="checkbox"/> Hispanic/Latino                                                                                                                                                                                                   | <input type="checkbox"/> Hispanic/Latino                                                                                                                                                                                                   |

**BORROWER INFORMATION: (if different than operating company)**

Name of the borrower?  Fed. ID No./EIN:

"c" corporation  
  "s" corporation  
  LLC  
  LLP  
  partnership  
  proprietorship  
  other

**OWNERS' INFORMATION: BORROWER/REAL ESTATE HOLDING COMPANY/ELIGIBLE PASSIVE COMPANY:**

Complete for each owner, regardless of ownership (5% or more). If married couple both have ownership, please complete for both spouses regardless of ownership %. Use additional sheets as needed.

|                                                |                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                            |
|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name:                                          |                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                            |
| Veteran? (Yes/No)<br>If yes, branch and years: |                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                            |
| Female?:                                       |                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                            |
| Race:                                          | <input type="checkbox"/> American Indian<br><input type="checkbox"/> Asian<br><input type="checkbox"/> Black/African American<br><input type="checkbox"/> White/Caucasian<br><input type="checkbox"/> Native Hawaiian/<br>Pacific Islander | <input type="checkbox"/> American Indian<br><input type="checkbox"/> Asian<br><input type="checkbox"/> Black/African American<br><input type="checkbox"/> White/Caucasian<br><input type="checkbox"/> Native Hawaiian/<br>Pacific Islander | <input type="checkbox"/> American Indian<br><input type="checkbox"/> Asian<br><input type="checkbox"/> Black/African American<br><input type="checkbox"/> White/Caucasian<br><input type="checkbox"/> Native Hawaiian/<br>Pacific Islander | <input type="checkbox"/> American Indian<br><input type="checkbox"/> Asian<br><input type="checkbox"/> Black/African American<br><input type="checkbox"/> White/Caucasian<br><input type="checkbox"/> Native Hawaiian/<br>Pacific Islander |
| Ethnicity:                                     | <input type="checkbox"/> Hispanic/Latino                                                                                                                                                                                                   | <input type="checkbox"/> Hispanic/Latino                                                                                                                                                                                                   | <input type="checkbox"/> Hispanic/Latino                                                                                                                                                                                                   | <input type="checkbox"/> Hispanic/Latino                                                                                                                                                                                                   |



## II. PROJECT INFORMATION:

Address:

Municipality, Zip:  County:

Building Space (sq. ft.):  Land (acres or sq.ft.):

Enterprise/Empowerment Zone? Yes  No  Urban Renewal Area? Yes  No

Opportunity Zone? Yes  No  HUB Zone? Yes  No

Located within an area that is a community-recognized revitalization or redevelopment area? Yes  No

Will this project help the company to increase productivity and competitiveness by:

- retooling
- meeting health, safety and environmental regulations
- robotics
- competition with imports?
- modernization

Has your business been affected by:?

federal base closings yes  No  loss of federal contracts, Yes  No

a reduction in revenues due to a decreased Federal presence? Yes  No

## EMPLOYMENT:

# Presently employed by your company:  # NEW jobs to be created *within the next two years* as a result of this project:

## PREVIOUS GOVERNMENT FINANCING

Has your company, any of its 20% or more owners, or affiliates ever had government financing including student loans and disaster loans?

Yes  No  If yes, please specify: (use additional sheets if necessary)

Borrower's Name:

Government Lender:

Loan #:  Date of Loan Disbursement:

Original Amount:  Current Balance:

Collateral:

Status of the Loan (Current, Delinquent, Paid in Full, Charged Off)

If Charged Off, Amount of *Loss* to Government:  (Loss is defined as the outstanding principal balance of the loan that the government agency had to write off after all collection activities (including compromises) were finalized.)



### III. FINANCING INFORMATION

| Project Costs                                        |                         | Project Financing                     |                                                                                     |
|------------------------------------------------------|-------------------------|---------------------------------------|-------------------------------------------------------------------------------------|
| 1. Land Acquisition:                                 | \$ <input type="text"/> | Bank (or private loan) <sup>1</sup>   | \$ <input type="text"/>                                                             |
| 2. Land Improvements:                                | \$ <input type="text"/> | SBA 504 loan:                         | \$ <input type="text"/>                                                             |
| 3. Purchase of land and building:                    | \$ <input type="text"/> | Other: _____                          | \$ <input type="text"/>                                                             |
| 4. Rehab, New construction:                          | \$ <input type="text"/> | Other: _____                          | \$ <input type="text"/>                                                             |
| 5. Construction contingencies (up to 10% of line 4): | \$ <input type="text"/> | Borrower Injection                    |                                                                                     |
| 6. Equipment*:                                       | \$ <input type="text"/> | (must be at least 10% of line 11***)  | \$ <input type="text"/>                                                             |
| 7. Furniture & Fixtures:                             | \$ <input type="text"/> | <b>Total:</b> (must equal line 11)    | \$ <input type="text"/>                                                             |
| 8. Interest during construction:                     | \$ <input type="text"/> | Desired term of SBA 504 loan (years): | <input type="checkbox"/> 10 <input type="checkbox"/> 20 <input type="checkbox"/> 25 |
| 9. Professional fees**:                              | \$ <input type="text"/> | Source of Borrower's Injection:       |                                                                                     |
| 10. Other (specify): <input type="text"/>            | \$ <input type="text"/> | <input type="text"/>                  |                                                                                     |
| 11. Refinancing (consult CAC-KY)                     | \$ <input type="text"/> |                                       |                                                                                     |
| TOTAL PROJECT COST:                                  | \$ <input type="text"/> |                                       |                                                                                     |

\*Equipment must have a minimum useful life of ten (10) years.

\*\*Architectural fees, appraisal fees and other professional fees associated with this project may be included in this figure. Permanent bank fees cannot be included, however, interim fees are eligible. **FRANCHISE FEES ARE INELIGIBLE UNDER THE SBA 504 PROGRAM. The SBA 504 fees should not be included in this figure but will be added to your loan amount.**

\*\*\***15%** equity injection if business is less than 2 years old **or** special use building and **20%** if new business **and** special use building.

**NOTE:** If special use/single purpose building and borrower/operating company or their owners have had a prior 504 loan, equity injection must be 20%.

<sup>1</sup>Participating Bank:

Loan Officer:  Phone:  email address:

Date financing needed:  Referred by:



**OTHER:**

Have you or any officer of your company or any related company **ever been** involved in bankruptcy proceedings? Yes  No   
If yes, please explain:

Are you or your business involved in any *pending lawsuits* or have any outstanding judgments? Yes  No  If yes, please explain:

Are you, your spouse or any member of your household, or anyone who owns, manages, or directs the business or their spouses or members of their household, employed by the SBA, Small Business Advisory Council, SCORE, or ACE or any other Federal agency or the participating lender?

Yes  No  If yes, please provide the name and address of the person(s) and the office where employed.

Are any of the business owners' assets held in a trust? Yes  No  If so, please indicate:

Name/date of trust:

Trustee:

Beneficiary:

If real estate is being acquired and there are any existing tenants that will remain, or if you plan to lease any space, please provide the following information: (Copies of existing leases will be required before closing the loan.) Use additional pages as needed.

| Tenant Name                                              | Sq. Ft.                                                 | Lease Expires                                            | Monthly Rent                                             |
|----------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------|
| <input style="width: 348px; height: 26px;" type="text"/> | <input style="width: 88px; height: 26px;" type="text"/> | <input style="width: 118px; height: 26px;" type="text"/> | <input style="width: 118px; height: 26px;" type="text"/> |
| <input style="width: 348px; height: 26px;" type="text"/> | <input style="width: 88px; height: 26px;" type="text"/> | <input style="width: 118px; height: 26px;" type="text"/> | <input style="width: 118px; height: 26px;" type="text"/> |
| <input style="width: 348px; height: 26px;" type="text"/> | <input style="width: 88px; height: 26px;" type="text"/> | <input style="width: 118px; height: 26px;" type="text"/> | <input style="width: 118px; height: 26px;" type="text"/> |

The rule:

Existing buildings – Occupy 51%; may lease 49% permanently;

New construction – Occupy 60% immediately, may lease 20% permanently. Must have plans to occupy within 3 years some of the remaining space not immediately occupied and not leased long term, and plans to occupy all of the remaining space not leased long term within ten years.

**EXPORTING:**

Does your business currently export, or will it start exporting, pursuant to this loan (if approved)? Check here: Yes  No

If Yes, what % of your sales do you currently export \$  or would you expect to export? \$



## TERMS OF THE SBA 504 LOAN PROGRAM

If you have any questions on any of these terms, please consult the SBA 504 staff.

**Eligibility:** Check with the SBA 504 staff to make sure your project is eligible before filling out this application.

### **Fees Associated with 504 Program**

Processing Fees: The processing fees compensate each service provider in the 504 loan process, which includes the CDC, SBA, underwriters and fiscal agents. Processing fees are one-time-only fees and are less than 3% of the 504 loan. Processing fees can be added to the amount borrowed.

Guaranty and Servicing Fees: A guaranty fee, servicing fee and central servicing agent fee are added to the note rate. They are paid over the life of the loan and are automatically added to the monthly payment. (Your estimated quoted interest rate includes these fees.)

Closing Fees: The borrower is responsible for the costs associated with closing the 504 loan.

Bank Participation Fee: This is equal to ½ of 1% of any mortgages that are senior to the SBA guaranteed mortgage and is paid by the participating bank.

**Legal Representation:** The borrower must be represented by an attorney during the closing process. The CDC's legal counsel prepares all the closing documents in participation with the borrower's attorney.

**Time Frame:** Upon submission of a complete loan package to CAC-KY, please allow approximately 15 to 20 working days from the time CAC-KY receives the completed package to receive approval from the SBA.

Please note that the SBA 504 loan is funded only after the project is completely finished. Usually the first mortgage lender provides financing during the interim period.

**Interest Rate:** After the project is completed the SBA disburses on its loan. The interest rate is determined at this time, and is fixed for the life of the SBA 504 loan. Interest rates are based on prevailing Treasury bond rates at the time of loan disbursement.

**Environmental Impact Information:** In most instances, the Environmental Questionnaire attached will suffice; however, on occasion, a Phase One environmental audit will be required on the subject property.

**Prepayment:** The bank loan can be prepaid according to terms negotiated between the bank and the borrower. The 504 Loan may be prepaid, but must be prepaid in full, and there is no penalty if prepayment occurs in the second half of the term (e.g., years 11-20 for a 20-year loan). During the first half of the term, the prepayment penalty declines over time, beginning at approximately one year's interest (i.e., the penalty during the first year would be the borrower's debenture rate on the note multiplied by the outstanding balance).

A substitution of collateral is another alternative to prepayment.

**Collateral:** Business collateral and personal guaranties are required. An assignment on the principals' life insurance policy for the amount of the SBA loan is a required portion of the collateral package. Additional collateral is, at times, requested and may include personal assets.

**Confidential Credit Report:** Capital Access Corporation – KY will, at its expense, obtain a credit report on the applicant(s) and will comply with all provisions of the Fair Credit Reporting Act (15 USC 1681 et seq.), and will not disclose any part of any credit report to anyone except board members, staff and the SBA.





NOTICE

IMPORTANT INFORMATION  
ABOUT IDENTIFICATION PROCEDURES WHEN OBTAINING A 504 LOAN

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all Certified Development Companies to obtain, verify and record information that identifies each person who applies for a 504 Loan.

What this means for you: When you apply for a 504 Loan, we will ask for your name, address, date of birth, and other information that will allow us to identify you.

Please provide a copy of your driver’s license, state identification card, or alien status card (both sides).

**CERTIFICATION**

I/We hereby certify that the information contained on this application form as well as the material included as attachments to this document are correct to the best of my/our knowledge.

I/We hereby certify that I/We have read, understand and agree to the terms and conditions of the SBA 504 Loan Program.

Date:

Type Name

Signature \_\_\_\_\_

Type Name

Signature \_\_\_\_\_

Type Name

Signature \_\_\_\_\_

**For every signature, please provide a copy of both sides of your driver’s license, state identification card, or alien status card.**

Special assistance is available to ensure this program is accessible to all individuals.

## Application for Section 504 Loans



1.  SBA Form 413, Personal Financial Statement (or equivalent) signed and current within 90 days for each proprietor, partner or stockholder with 20% or more ownership of the Applicant, and, if different, each owner with 20% or more ownership of the EPC, as well as copies of federal income tax returns for the last one year.  N/A
2.  Include balance sheets, income statements, and tax returns for the previous 2 years or the number of years the Applicant has generated revenue, whichever is less.  N/A
3.  A balance sheet and income statement dated within 120 days prior to submission to SBA and an aging of the accounts receivable and accounts payable. If the Applicant is a new business, provide a pro forma balance sheet with assumptions.
4.  Projected, annualized income statement for the first two years after the loan is received along with assumptions used.
5.  For a new business, a monthly cashflow analysis for the first 12 months of operation or for three months beyond the breakeven point (whichever is longer) together with assumptions used.  N/A
6.  A schedule of current debts. Include the original dates and amounts, monthly payments, interest rates, present balances owed, maturities, and to whom payable, plus collateral securing loan.  N/A.
7.  A schedule of any previous government financing received by the Applicant or any affiliated company of the Applicant as well as any Associate of the Applicant. Include the name of the agency (Federal, State or local), original date and amount, outstanding balance, status of the loan (current, delinquent, technical default, paid in full, or charged off), and collateral securing the loan.  N/A
8.  The names of affiliated or subsidiary businesses (as determined under 13 CFR 121.301(f)) and their fiscal year-end financial statements and/or federal income tax returns for the last two years (or three years, if the industry size standard is being used to qualify under size standards). Concerns and entities are affiliates of each other when one controls or has the power to control the other, or a third party (or parties) controls or has power to control both. For example, affiliation may arise through ownership, common management (including through a management agreement), or when there is an identity of interest between close relatives with identical, or substantially identical, business interests.  N/A
9.  For an Applicant that is or will be operating under a Franchise/license/dealer/jobber or similar agreement:  
Copies of all franchise documents. (If the Applicant operates under multiple agreements, provide that documentation as well.)  N/A
10.  A copy of key cost documents such as contractor costs, estimates, vendor quotes for machinery and equipment, etc. as well as an itemized listing of estimated professional fees (e.g. appraiser, architect, legal, etc.). Full or partially executed purchase/sale agreements must be provided.
11.  An independent appraisal for project real estate if available.  Not Available

## Application for Section 504 Loans



12.  Environmental analysis (if applicable).  Not Available
13.  USCIS verification of the USCIS status of any alien who is an owner of 20% or more of the small business Applicant or any person who controls (as defined by SBA regulations and policies) the small business Applicant.  N/A
14.  A completed SBA Form 159, Fee Disclosure Form and Compensation Agreement. Identify if the Small Business Applicant used any Agent (packager, loan broker, accountant, lawyer, etc.) to assist in (a) preparing the loan application or any related materials and/or (b) referring the loan to the lender.  N/A
15.  For "Debt Refinancing with Expansion:" Copies of the most current debt and lien instruments and transcript of account or equivalent for any debts being refinanced and certifications required for refinancing.  N/A
16.  For "Debt Refinancing Without Expansion:" Copies of the transcript(s) of account or equivalent for any debts being refinanced, certifications required for refinancing and, if the debt was previously refinanced within two years of the date of application, copies of the most current debt and lien instruments as well as copies of the debt and lien instruments for the debt that was replaced by the most current debt..  N/A
17.  SBA Form 2481, "Historic Property Borrower Certification," if applicable, is required at time of application and must be included as part of this exhibit.  N/A
18.  If applicable, documentation showing that the small business Applicant's products and/or services are exported or that there is a plan to begin exporting as a result of this loan. Provide the estimated total export sales this loan will support.  N/A
19.  If applicable, attach any licenses that are required to operate the business or describe the expected timeline and methods through which necessary licenses will be acquired (if applicable).  N/A
20.  For Applicants connected, associated or affiliated with a religious organization or which may have a religious component, an SBA Form 1971, "Religious Eligibility Worksheet," and supporting documentation, including SBA clearance documents.  N/A
21.  Documents related to the Standards of Conduct Committee review or clearance of the Statement of No Objection.  N/A
22.  Identify all Applicant pending lawsuits (including divorce) and attach copies of the proceedings. Provide comments on insurance coverage and a letter from the Applicant's attorney on the impact of the pending litigation.  N/A
23.  Provide all documentation pertaining to the criminal backgrounds of the applicant and its associates.  N/A



USE ADDITIONAL SHEETS AS NECESSARY  
SIGN AND DATE THIS DOCUMENT BELOW.

**BUSINESS DEBT/CREDIT LINE SCHEDULE**

Indebtedness: Furnish the following information on all installment debts, contracts, notes, and mortgages payable. Do not include accounts payable or accrued liabilities.

\* Date: \_\_\_\_\_  
\* Should be same date as the interim financial statement.

| This section:<br>DEBTS:<br>Creditor Name/Address           | Original Amount   | Original Date | Present Balance | Interest Rate | Maturity Date | Monthly Payment | Security | Current or Delinquent |
|------------------------------------------------------------|-------------------|---------------|-----------------|---------------|---------------|-----------------|----------|-----------------------|
|                                                            |                   |               |                 |               |               |                 |          |                       |
|                                                            |                   |               |                 |               |               |                 |          |                       |
|                                                            |                   |               |                 |               |               |                 |          |                       |
|                                                            |                   |               |                 |               |               |                 |          |                       |
|                                                            |                   |               |                 |               |               |                 |          |                       |
| <b>Totals:</b>                                             |                   |               |                 |               |               |                 |          |                       |
| This section:<br>LINES OF CREDIT:<br>Creditor Name/Address | Credit Line Limit | Original Date | Present Balance | Interest Rate | Maturity Date | Monthly Payment | Security | Current or Delinquent |
|                                                            |                   |               |                 |               |               |                 |          |                       |
|                                                            |                   |               |                 |               |               |                 |          |                       |
|                                                            |                   |               |                 |               |               |                 |          |                       |
| <b>Totals:</b>                                             |                   |               |                 |               |               |                 |          |                       |

Total must agree with balance shown on current financial statement.

Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_



**AFFILIATES:**

Does your business, its owners or majority stockholders *own or have a controlling interest in other businesses*? If yes, please provide below their names and the relationship with your company. Attach the last two fiscal year-end financial statements (federal tax returns will suffice) for each of these firms:

| <b>Business Name:</b> | <b>How Related?</b> | <b>% Ownership</b> |
|-----------------------|---------------------|--------------------|
| _____                 | _____               | _____              |
| _____                 | _____               | _____              |
| _____                 | _____               | _____              |
| _____                 | _____               | _____              |
| _____                 | _____               | _____              |
| _____                 | _____               | _____              |
| _____                 | _____               | _____              |
| _____                 | _____               | _____              |
| _____                 | _____               | _____              |

## REAL ESTATE ENVIRONMENTAL RISK QUESTIONNAIRE

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                              |                                                                           |                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|---------------------------------------------------------------------------|----------------------------------------------------------------|
| Applicant's Name: <input style="width: 90%;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                     |                                                              | Telephone: <input style="width: 80%;" type="text"/>                       |                                                                |
| Street Address of Property to be used as Collateral: <input style="width: 95%;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                  |                                                              |                                                                           |                                                                |
| City: <input style="width: 200px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                               | County: <input style="width: 150px;" type="text"/>           | State: <input style="width: 100px;" type="text"/>                         | Zip: <input style="width: 100px;" type="text"/>                |
| The Property is (check all that apply): <input type="checkbox"/> to be purchased <input type="checkbox"/> to be expanded and/or renovated; <input type="checkbox"/> new construction; <input type="checkbox"/> to be substantially demolished; <input type="checkbox"/> used in applicant's present operations <input type="checkbox"/> proposed as collateral for the loan.                                                                                   |                                                              |                                                                           |                                                                |
| Person to contact for inspection of property if visual assessment is required: <input style="width: 85%;" type="text"/>                                                                                                                                                                                                                                                                                                                                        |                                                              |                                                                           |                                                                |
| Contact's Title: <input style="width: 250px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                    |                                                              | Contact's Telephone: <input style="width: 150px;" type="text"/>           |                                                                |
| Property Type: <input type="checkbox"/> Vacant Land <input type="checkbox"/> Auto Repair <input type="checkbox"/> Convenience Store <input type="checkbox"/> Dry Cleaner <input type="checkbox"/> Gas Station <input type="checkbox"/> Heavy Industrial<br><input type="checkbox"/> Light Industrial <input type="checkbox"/> Mixed Use (describe): <input style="width: 500px;" type="text"/><br>Other (describe): <input style="width: 700px;" type="text"/> |                                                              |                                                                           |                                                                |
| Number of Buildings on Site: <input style="width: 50px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                                         |                                                              | Current Specific Business Use: <input style="width: 550px;" type="text"/> |                                                                |
| % Owner Occupied: <input style="width: 50px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                    | % Tenant Occupied: <input style="width: 50px;" type="text"/> | % Vacant: <input style="width: 50px;" type="text"/>                       | No. of Rental Units: <input style="width: 50px;" type="text"/> |
| No. of Tenants: <input style="width: 50px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                      |                                                              |                                                                           |                                                                |
| Previous Uses and Dates: <input style="width: 880px; height: 100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                             |                                                              |                                                                           |                                                                |
| Date of Construction: <input style="width: 150px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                                               |                                                              | Land Area (acres): <input style="width: 100px;" type="text"/>             |                                                                |
| Total Bldg. Area (Sq. Ft.): <input style="width: 150px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                                         |                                                              |                                                                           |                                                                |
| This property is serviced with: (check all that apply) <input type="checkbox"/> public water <input type="checkbox"/> well water <input type="checkbox"/> public sewer <input type="checkbox"/> septic system                                                                                                                                                                                                                                                  |                                                              |                                                                           |                                                                |
| What is located around this property?:<br>NORTH: <input style="width: 300px;" type="text"/> EAST: <input style="width: 300px;" type="text"/><br>SOUTH: <input style="width: 300px;" type="text"/> WEST: <input style="width: 300px;" type="text"/>                                                                                                                                                                                                             |                                                              |                                                                           |                                                                |

CONTINUED NEXT PAGE

**REAL ESTATE ENVIRONMENTAL RISK QUESTIONNAIRE**

|                                                                                                                                                                                                                                                                                                                  | Property:                |                          | Project                  |                          | Adjoining                |                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|                                                                                                                                                                                                                                                                                                                  | YES                      | NO                       | YES                      | NO                       | YES                      | NO                       |
| 1. Has here ever been an environmental site assessment (ESA) of any type (e.g. Phase I, Phase II) of this Property? If YES, please submit copy with this document.                                                                                                                                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does Applicant, Owner or any Leasee hold a permit or license related to hazardous materials, water discharge, air emissions or other discharge into the environment associated with this property?                                                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has the Property ever been used for the generation, handling, storage, transportation or disposal of any hazardous substance?                                                                                                                                                                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is any portion of the Property listed by any federal, State or local government agency as a site of potential or confirmed environmental contamination? (i.e. the National Priorities List, the CERCLIS list, Master Site List, RCRA Generator, BUSTR list-registered or LUST, or solid waste/landfill lists) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Has the property ever been the subject of an environmental cleanup or remediation effort?                                                                                                                                                                                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Does the Applicant anticipate, or is the Applicant aware of, the requirements of any environmental statute, regulation, orders, ordinance or other law that may require substantial expenditures by the borrower for compliance here-with?                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Does the property have underground storage tanks? (State the number of tanks and capacity in "Comments" below.)                                                                                                                                                                                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Does the property have above ground storage tanks?                                                                                                                                                                                                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Does the property have electrical transformers, capacitors or any hydraulic equipment/lifts?                                                                                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Does the property have operating or former oil or gas wells?                                                                                                                                                                                                                                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Does the property have wetlands? If yes, attach copies of permits and delineation studies.                                                                                                                                                                                                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Does the property have asbestos containing materials? If yes, attach any available property surveys?                                                                                                                                                                                                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Does the property have pesticides, paints, oils, solvents, plating chemicals or other chemicals used or stored in significant quantities (50 gallons/400 pounds or more) in the regular course of operations?                                                                                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Does the property have medical waste materials, biological agents, or radioactive materials present on site                                                                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Is the applicant aware of any adjacent properties or businesses that contain underground storage tanks, use large quantities of chemical products in their regular operations or are any the subject of a voluntary or government initiated environmental cleanup efforts?                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Has the purchase price of property been reduced because of an environmental problem, condition, or event?                                                                                                                                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Is the applicant aware of any other condition or event that potentially may affect the property's market value?                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

The information provided above in response to this questionnaire is true, complete and accurate. Applicant acknowledges that lender will rely upon the information provided herein in evaluating applicant's request for an extension of credit and in considering the acceptability of the property as collateral. The undersigned owner(s) and/or operator(s) acknowledge(s) and agree(s) that intentionally falsifying or concealing any material fact with regard to the subject matter of this Environmental Questionnaire may, in addition to other penalties, result in prosecution under applicable law including 18 U.S.C. section 1001.

\_\_\_\_\_  
Seller's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date



## EXHIBIT 18

# U.S. CITIZENSHIP AND IMMIGRATION SERVICES RELEASE AUTHORIZATION

I authorize the **U.S. Citizenship and Immigration Services** to release information about my immigration status or alien verification information about me to Capital Access Corporation – Kentucky, because I am applying for a U. S. Small Business Administration loan.

(Please use **blue ink.**)

\_\_\_\_\_  
**Legibly** Print or Type Full Name of Immigrant/Alien

\_\_\_\_\_  
Signature of Immigrant/Alien

\_\_\_\_\_  
Date (MM/DD/YYYY)

Provide a **high resolution** copy of **BOTH SIDES** of the Immigrant/Alien's original documentation (resident card, etc.) on a separate sheet.

**All information must be legible.**



## PERSONAL FINANCIAL STATEMENT AS OF

Date

| PERSONAL INFORMATION                                                                                                                                    |                            |                |                                                                                                                                                         |                            |                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------|
| APPLICANT (NAME)                                                                                                                                        |                            |                | CO-APPLICANT (NAME)                                                                                                                                     |                            |                |
| Employer                                                                                                                                                |                            |                | Employer                                                                                                                                                |                            |                |
| Address of Employer                                                                                                                                     |                            |                | Address of Employer                                                                                                                                     |                            |                |
| Business Phone No.                                                                                                                                      | No. of Years with Employer | Title/Position | Business Phone No.                                                                                                                                      | No. of Years with Employer | Title/Position |
| Home Address                                                                                                                                            |                            |                | Home Address                                                                                                                                            |                            |                |
| Email Address                                                                                                                                           |                            |                | Email Address                                                                                                                                           |                            |                |
| Home Phone No.                                                                                                                                          | Social Security No.        | Date of Birth  | Home Phone No.                                                                                                                                          | Social Security No.        | Date of Birth  |
| Accountant and Phone #                                                                                                                                  |                            |                | Accountant and Phone #                                                                                                                                  |                            |                |
| Attorney and Phone #                                                                                                                                    |                            |                | Attorney and Phone #                                                                                                                                    |                            |                |
| Investment Advisor/Broker and Phone #                                                                                                                   |                            |                | Investment Advisor/Broker and Phone #                                                                                                                   |                            |                |
| Insurance Advisor and Phone #                                                                                                                           |                            |                | Insurance Advisor and Phone #                                                                                                                           |                            |                |
| Marital Status: Single: <input type="checkbox"/> Married: <input type="checkbox"/> Divorced: <input type="checkbox"/> Widowed: <input type="checkbox"/> |                            |                | Marital Status: Single: <input type="checkbox"/> Married: <input type="checkbox"/> Divorced: <input type="checkbox"/> Widowed: <input type="checkbox"/> |                            |                |

### Balance Sheet as of

| ASSETS                                                                                | AMOUNT (\$) | LIABILITIES                               | AMOUNT (\$) |
|---------------------------------------------------------------------------------------|-------------|-------------------------------------------|-------------|
| Cash in this Bank (List)<br>(including money market accounts, CDs)                    |             | Notes Payable to this Bank                |             |
|                                                                                       |             | Secured                                   |             |
|                                                                                       |             | Unsecured                                 |             |
| Cash in Other Financial Institutions (List)<br>(including money market accounts, CDs) |             | Notes Payable to others (Schedule E)      |             |
|                                                                                       |             | Secured                                   |             |
|                                                                                       |             | Unsecured                                 |             |
| Readily Marketable Securities (Schedule A)                                            |             | Accounts Payable (Including credit cards) |             |
| Non-Readily Marketable Securities (Schedule A)                                        |             | Margin Accounts                           |             |
| Accounts and Notes Receivable                                                         |             | Notes Due: Partnership (Schedule D)       |             |
| Cash Surrender Value of Life Insurance (Schedule B)                                   |             | Taxes Payable                             |             |
| Residential Real Estate (Schedule C)                                                  |             | Mortgage Debt (Schedule C)                |             |
| Real Estate Investments (Schedule C)                                                  |             | Life Insurance Loans (Schedule B)         |             |
| Partnerships/PC Interests/S Corporations (Schedule D)                                 |             | Other Liabilities (List):                 |             |
| IRA, Keogh, Profit-Sharing & Other Vested Retirement Accts.                           |             |                                           |             |
| Deferred Income number of years deferred:                                             |             |                                           |             |
| Personal Property (including automobiles)                                             |             |                                           |             |
| Sole Proprietorship Assets:                                                           |             |                                           |             |
| Accounts Receivable                                                                   |             |                                           |             |
| Inventory                                                                             |             |                                           |             |
| Fixed Assets                                                                          |             |                                           |             |
| Other Assets (List):                                                                  |             |                                           |             |
|                                                                                       |             |                                           |             |
|                                                                                       |             |                                           |             |
|                                                                                       |             |                                           |             |
|                                                                                       |             |                                           |             |
| <b>TOTAL ASSETS</b>                                                                   |             | <b>TOTAL LIABILITIES</b>                  |             |
|                                                                                       |             | <b>NET WORTH</b>                          |             |

| CONTINGENT LIABILITIES                                                                                | YES                      | NO                       | AMOUNT |
|-------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------|
| Are you a guarantor, co-maker, or endorser for any debt of an individual, corporation or partnership? | <input type="checkbox"/> | <input type="checkbox"/> |        |
| Do you have any outstanding letters of credit or surety bonds?                                        | <input type="checkbox"/> | <input type="checkbox"/> |        |
| Are there or any suits or legal actions pending against you?                                          | <input type="checkbox"/> | <input type="checkbox"/> |        |
| Are you contingently liable on any lease or contract?                                                 | <input type="checkbox"/> | <input type="checkbox"/> |        |

|                                                                                         |                          |                          |  |
|-----------------------------------------------------------------------------------------|--------------------------|--------------------------|--|
| Are any of your tax obligations past due?                                               | <input type="checkbox"/> | <input type="checkbox"/> |  |
| Are you obligated to pay alimony and/or child support?                                  | <input type="checkbox"/> | <input type="checkbox"/> |  |
| What would be your total estimated tax liability if you were to sell your major assets? |                          |                          |  |
| If yes for any of the above, give details:                                              |                          |                          |  |

| Schedule A – All Securities (including Non-Money Market Mutual Funds)                       |             |          |            |      |                      |                          |                          |
|---------------------------------------------------------------------------------------------|-------------|----------|------------|------|----------------------|--------------------------|--------------------------|
| No. of Shares (Stock) or Face Value (Bonds)                                                 | DESCRIPTION | OWNER(S) | WHERE HELD | COST | CURRENT MARKET VALUE | PLEGGED                  |                          |
|                                                                                             |             |          |            |      |                      | YES                      | NO                       |
| <b>READILY MARKETABLE SECURITIES (INCLUDING U.S. GOVERNMENTS AND MUNICIPALS)*</b>           |             |          |            |      |                      |                          |                          |
|                                                                                             |             |          |            |      |                      | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                                                             |             |          |            |      |                      | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                                                             |             |          |            |      |                      | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                                                             |             |          |            |      |                      | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                                                             |             |          |            |      |                      | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>NON-READILY MARKETABLE SECURITIES (CLOSELY HELD, THINLY TRADED, OR RESTRICTED STOCK)</b> |             |          |            |      |                      |                          |                          |
|                                                                                             |             |          |            |      |                      | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                                                             |             |          |            |      |                      | <input type="checkbox"/> | <input type="checkbox"/> |

\* If not enough space, attach a separate schedule or brokerage statement and enter totals only.

| Schedule B—Insurance                                |                       |                |             |                      |                 |           |
|-----------------------------------------------------|-----------------------|----------------|-------------|----------------------|-----------------|-----------|
| Life Insurance (use additional sheets if necessary) |                       |                |             |                      |                 |           |
| Insurance Company                                   | Face Amount of Policy | Type of Policy | Beneficiary | Cash Surrender Value | Amount Borrowed | Ownership |
|                                                     |                       |                |             |                      |                 |           |
|                                                     |                       |                |             |                      |                 |           |
|                                                     |                       |                |             |                      |                 |           |

| Disability Insurance             | Applicant | Co-Applicant |
|----------------------------------|-----------|--------------|
| Monthly Distribution if Disabled |           |              |
| Number of Years Covered          |           |              |

| Schedule C—Personal Residence & Real Estate Investments, Mortgage Debt (majority ownership only) |             |          |       |              |                      |               |                    |                 |        |
|--------------------------------------------------------------------------------------------------|-------------|----------|-------|--------------|----------------------|---------------|--------------------|-----------------|--------|
| Personal Residence                                                                               |             |          |       |              |                      |               |                    |                 |        |
| Property Address                                                                                 | Legal Owner | Purchase |       | Market Value | Present Loan Balance | Interest Rate | Loan Maturity Date | Monthly Payment | Lender |
|                                                                                                  |             | Year     | Price |              |                      |               |                    |                 |        |
|                                                                                                  |             |          |       |              |                      |               |                    |                 |        |
|                                                                                                  |             |          |       |              |                      |               |                    |                 |        |
|                                                                                                  |             |          |       |              |                      |               |                    |                 |        |
|                                                                                                  |             |          |       |              |                      |               |                    |                 |        |
|                                                                                                  |             |          |       |              |                      |               |                    |                 |        |
|                                                                                                  |             |          |       |              |                      |               |                    |                 |        |
|                                                                                                  |             |          |       |              |                      |               |                    |                 |        |
|                                                                                                  |             |          |       |              |                      |               |                    |                 |        |
|                                                                                                  |             |          |       |              |                      |               |                    |                 |        |

| Schedule D—Partnerships and S Corporations (less than majority ownership for real estate partnerships)* |                            |      |         |                      |                                               |                          |
|---------------------------------------------------------------------------------------------------------|----------------------------|------|---------|----------------------|-----------------------------------------------|--------------------------|
| Type of Investment                                                                                      | Date of Initial Investment | Cost | % Owned | Current Market Value | Balance Due on Partnerships: Notes, Cash Call | Current Year Investments |
| <b>Business/Professional (indicate name)</b>                                                            |                            |      |         |                      |                                               |                          |
|                                                                                                         |                            |      |         |                      |                                               |                          |



of the undersigned authorizes you to answer questions about your credit experience with the undersigned. As long as any obligation or guarantee of the undersigned to you is outstanding, the undersigned shall supply annually an updated financial statement. This personal financial statement and any other financial or other information that the undersigned give you shall be your property.

\_\_\_\_\_  
Your Signature Date

\_\_\_\_\_  
Co-Applicant's Signature (if you are requesting the financial accommodation jointly) Date

### Financial Statement Addendum

A. Are any of the Assets listed on the Financial Statement dated \_\_\_\_\_, 20\_\_\_\_ titled in the name of another person, in a trust, 401(k), IRA or other retirement account, corporation, partnership or limited liability company (LLC)?

YES  NO, if YES please list these assets and the name of the person or entity that holds title:

1) Name of Person of Entity: Assets held:

2) Name of Person or Entity: Assets held:

3) Name of Person or Entity: Assets held:

B. Are any of the assets listed on the Financial Statement dated \_\_\_\_\_, 20\_\_\_\_, held joint with survivorship?

YES  NO, if YES please list the assets and the name of the joint owner:

1) Name of Joint Owner: Assets held:

2) Name of Joint Owner: Assets held:

3) Name of Joint Owner: Assets held:

I hereby certify under penalty of perjury that the answers and information provided above are true and accurate.

\_\_\_\_\_  
Signature

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





**U.S. Small Business Administration**  
**Application for Section 504 Loans**  
OMB Control No.: 3245-0071 (Expiration Date 11/30/2025)

**Purpose of This Form**

This form and exhibits are to be completed by the Small Business Applicant (“Applicant”) and the Certified Development Company (CDC). The information is used to review the Applicant’s eligibility for a loan, indebtedness, creditworthiness, and certain other disclosures. The Applicant submits the requested information to the CDC, which will then upload the information to the SBA’s E-Tran system. This form must be completed and uploaded by both PCLP and non-PCLP CDCs, including CDCs with ALP Express Loan authority.

**Structure and Instructions for this Form**

This form is divided into four sections:

**Section One** (Pages 2-3) is completed by the Applicant. This section requests information about the Applicant and its ownership structure. If there are Co-Applicants (*e.g.*, “Eligible Passive Company (EPC)” and “Operating Company (OC)”), both entities must submit the information requested on page 2 and enter ownership information in the relevant table on page 3. The CDC may provide guidance to the Applicant in filling out this section; however, the Applicant is responsible for, and certifies to, the accuracy of the information.

**Section Two** (Pages 4-5) is completed by the Associates of the Applicant, including:

- For a sole proprietorship, the sole proprietor;
- For a partnership, all general partners, and all limited partners owning 20% or more of the equity of the firm; or any partner that is involved in management of the Applicant;
- For a corporation, all owners of 20% or more of the corporation, and each officer and director;
- For limited liability companies, all members owning 20% or more of the company, each officer, director, and managing member;
- Any person or entity hired by the business to manage day-to-day operations (“key employee”); and
- Any Trustor (if the Applicant is owned by a trust).

All parties listed above are considered “Associates” of the Small Business Applicant (as defined in 13 C.F.R. § 120.10). If more than one person is required to complete this section, each person must separately complete and sign Section Two.

**Section Three** (Pages 6–11) contains the Statements Required by Law and Executive Order. These statements must be reviewed and signed by the Applicant representative and the Associates who completed section two.

**Section Four** (Pages 12–20) is completed by the CDC. This section contains fields for information regarding the CDC, the Third Party Lender and Interim Lender, the 504 Project, the Applicant, and potential conflicts of interest; identifies the exhibits required for a complete Application; and includes the CDC Agreements and Certifications that an authorized CDC official must sign on behalf of the CDC.



# Application for Section 504 Loans

## Section One: Business Information

| Applicant Name (Eligible Passive Company, if applicable)                          |                 |                                        |                      |
|-----------------------------------------------------------------------------------|-----------------|----------------------------------------|----------------------|
| Legal Name                                                                        |                 | Business Address                       |                      |
|                                                                                   |                 |                                        |                      |
| DBA or Tradename                                                                  | Legal Structure | Tax ID                                 | DUNS Number          |
|                                                                                   |                 |                                        |                      |
| Contact Name                                                                      | Email Address   | Phone Number<br>(XXX-XXX-XXXX)         | Business Web Address |
|                                                                                   |                 |                                        |                      |
| Operating Company (if Applicant is an EPC)                                        |                 |                                        |                      |
| Legal Name                                                                        |                 | Business Address                       |                      |
|                                                                                   |                 |                                        |                      |
| DBA or Tradename                                                                  | Legal Structure | Tax ID                                 | DUNS Number          |
|                                                                                   |                 |                                        |                      |
| Contact Name                                                                      | Email Address   | Phone Number<br>(XXX-XXX-XXXX)         | Business Web Address |
|                                                                                   |                 |                                        |                      |
| Project Address (if different than OC Address)<br>(Street, City, State, Zip code) |                 | Type of Business (Summary Description) |                      |
|                                                                                   |                 |                                        |                      |

| # of existing employees employed by business (including owners who work for this business) | # of jobs to be created in the next two years as a result of the loan | # of jobs to be retained in the next two years as a result of the loan (including owners who work for this business) |
|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
|                                                                                            |                                                                       |                                                                                                                      |
| Loan Amount Requested                                                                      | Purpose of the loan                                                   |                                                                                                                      |
| \$                                                                                         |                                                                       |                                                                                                                      |

1. Does the Small Business Applicant have any Affiliates?  Yes  No  
If "Yes," please attach a listing as a part of Exhibit 10
2. Have the Small Business Applicant or any Affiliates ever obtained or applied for a direct  Yes  No  
or guaranteed loan from SBA, or from any other Federal, State or local government loan program or been a guarantor on such a loan? If yes, provide relevant information in Exhibit 9
3. Has an application for this Project previously been submitted to the SBA by any  Yes  No  
CDC or Lender in connection with any SBA program?  
If yes, provide CDC/Lender Name and Loan Program: \_\_\_\_\_
4. Has the Applicant business ever declared bankruptcy?  Yes  No  
If yes, explain and provide relevant documents in Exhibit 27
5. Is the Applicant business involved in any pending lawsuits?  Yes  No  
If yes, explain and provide relevant documents in Exhibit 27
6. Is the Applicant business owned by one of the following?  401(k)  ESOP  Trust  Cooperative  
If the Applicant is owned by an ESOP (Employee Stock Ownership Plan) or 401(k) plan (including a Rollover as Business Start-Up (ROBS) plan), Applicant must provide evidence to the CDC that the Applicant, ESOP, and/or the 401(k) plan are in compliance with all applicable Government Agencies (e.g., IRS, Treasury, and Department of Labor) requirements and that it will comply with all relevant operating and reporting requirements.



# Application for Section 504 Loans

## Section One: Business Information

### Business Ownership (Attach additional pages if needed)

This section requires the Small Business Applicant to disclose 100% of its ownership as well as its Key Employees that do not have an ownership stake. A Key Employee is any person (as defined in 13 C.F.R. 120.10) hired by the business to manage day-to-day operations.

If some or all of the Applicant is owned by one or more entities: For each entity, list the organization name, organization type, tax identification number, and ownership percentage, and include any individuals who own each entity (100% ownership must be disclosed). Attach additional pages as necessary.

Please be advised that the Applicant must be owned and controlled by U.S. citizens or individuals with Lawful Permanent Resident status as verified through the United States Citizenship and Immigration Services by SBA.

### Eligible Passive Company (EPC) Ownership (if applicable)

| Owner/Entity Name | Title/Organization Type | SSN/TIN | Ownership % |
|-------------------|-------------------------|---------|-------------|
|                   |                         |         |             |
|                   |                         |         |             |
|                   |                         |         |             |
|                   |                         |         |             |
|                   |                         |         |             |
|                   |                         |         |             |
|                   |                         |         |             |
|                   |                         |         |             |
|                   |                         |         |             |
|                   |                         |         |             |

### Operating Company (OC) Ownership

| Owner/Entity Name | Title/Organization Type | SSN/TIN | Ownership % |
|-------------------|-------------------------|---------|-------------|
|                   |                         |         |             |
|                   |                         |         |             |
|                   |                         |         |             |
|                   |                         |         |             |
|                   |                         |         |             |
|                   |                         |         |             |
|                   |                         |         |             |
|                   |                         |         |             |
|                   |                         |         |             |
|                   |                         |         |             |



## Application for Section 504 Loans

### Section Two: Information Required to be Submitted by each Associate of the Applicant

Each Associate of the Applicant must separately complete and sign this Section. If the Applicant is operating under an EPC/OC structure, each of the EPC's and OC's Associates must complete and sign this section.

| Name (Last, First, Middle)                               |                                                    | Former Names and Dates Used                                |                               |
|----------------------------------------------------------|----------------------------------------------------|------------------------------------------------------------|-------------------------------|
|                                                          |                                                    |                                                            |                               |
| U.S. Citizen?                                            | USCIS Registration # (if Legal Permanent Resident) | If a non-US citizen or LPR, provide Country of Citizenship |                               |
| Yes <input type="checkbox"/> No <input type="checkbox"/> |                                                    |                                                            |                               |
| Place of Birth<br>(City and State or Foreign Country)    |                                                    | SSN or IRS TIN                                             | Date of Birth<br>(mm/dd/yyyy) |
|                                                          |                                                    |                                                            |                               |
| Phone Number (Home or Cell xxx-xxx-xxxx)                 |                                                    | Home Address (Street, City, State, Zip code)               |                               |
|                                                          |                                                    |                                                            |                               |

**Answer the following Yes/No Questions and Initial to the Right of Each Answer**

**Initial**

1. Do you have an ownership interest in any other entity that has existing SBA loans?     Yes  No \_\_\_\_\_  
 If yes, provide loan numbers and current status: \_\_\_\_\_
  
2. 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 \_\_\_\_\_  
**If yes, the Applicant is not eligible for SBA assistance**
  
3. Have you been arrested in the last 6 months for any criminal offense?     Yes  No \_\_\_\_\_  
 If yes, please provide relevant documents as a part of Exhibit 28
  
4. For any criminal offense – other than a minor vehicle violation – have you ever:     Yes  No \_\_\_\_\_  
 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)? (If “Yes,” furnish the dates, locations, fines, sentences, level of charge (whether misdemeanor or felony), dates of parole/probation, unpaid fines or penalties, name(s) under which charged, and any other pertinent information as part of Exhibit 28)
  
5. Are you presently suspended, debarred, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal Department or agency? **If yes, the Applicant is not eligible for SBA assistance**     Yes  No \_\_\_\_\_





## Application for Section 504 Loans

### Section Two: Information Required to be Submitted by each Associate of the Applicant

6. If you are a 50% or more owner of the Applicant, are you more than 60 days delinquent on any obligation to pay child support arising under an administrative order, court order, repayment agreement between the holder and a custodial parent, or repayment agreement between the holder and a state agency providing child support enforcement services? **If yes, the Applicant is not eligible for SBA assistance**  Yes  No \_\_\_\_\_
  
7. Have you ever declared bankruptcy?  Yes  No \_\_\_\_\_  
If yes, please provide relevant documents as a part of Exhibit 27
  
8. Are you currently the subject of any pending lawsuits (including divorce)?  Yes  No \_\_\_\_\_  
If yes, please provide relevant documents as a part of Exhibit 27
  
9. Has the Applicant or any affiliated company of the Applicant as well as any Associate of the Applicant received any previous government financing?  Yes  No \_\_\_\_\_  
If yes, please provide relevant documents as a part of Exhibit 9

#### Veteran/Gender/Race/Ethnicity Information

This data is collected for program reporting purposes only. Disclosure is voluntary and has no bearing on the credit decision.

| Categories | Category Codes                                                                                                                            | Response |
|------------|-------------------------------------------------------------------------------------------------------------------------------------------|----------|
| Veteran    | 1=Non-Veteran; 2=Veteran; 3=Service-Disabled Veteran; 4=Spouse of Veteran; X=Not Disclosed                                                |          |
| Gender     | M=Male; F=Female; X=Not Disclosed                                                                                                         |          |
| Race       | 1=American Indian or Alaska Native; 2=Asian; 3=Black or African American; 4=Native Hawaiian or Pacific Islander; 5=White; X=Not Disclosed |          |
| Ethnicity  | H=Hispanic or Latino; N=Not Hispanic or Latino; X=Not Disclosed                                                                           |          |

**Criminal Penalties for False Statements** – The undersigned certifies that all information provided in this Section Two is true and complete to the best of his or her knowledge. The undersigned acknowledges that whoever makes any false statement or report, or willfully overvalues any land property or security for the purpose of influencing in any way the action of the SBA under the Small Business Investment Act, as amended, may be fined up to \$250,000 and/or be put in jail for up to 5 years under 18 U.S.C. § 1001; may be fined not more than \$5,000 and/or put in jail for not more than 2 years under 15 U.S.C. § 645; and if false statements are submitted to a Federally insured institution, may be punished by a fine of not more than \$1,000,000 or by imprisonment for up to 30 years, or both, pursuant to 18 U.S.C. § 1014. The undersigned further acknowledges that, in connection with a 504 loan, submission of any false statement to the CDC or SBA or submission of any record to the CDC or SBA omitting material information can result in civil money penalties and additional monetary liability up to three times the amount of damages which the Government sustains because of the false statement under the False Claims Act, 31 U.S.C. § 3729.

Signature: \_\_\_\_\_ Date (mm/dd/yyyy): \_\_\_\_\_

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

Signer's Relationship with Applicant Business: \_\_\_\_\_



## Application for Section 504 Loans

Section Three: Statements Required by Law and Executive Order and Certifications  
(Signed by the Applicant and Associates)

### PLEASE READ, DETACH, AND RETAIN FOR YOUR RECORDS STATEMENTS REQUIRED BY LAW AND EXECUTIVE ORDER

This application, and any assistance provided pursuant to this application, is subject to the following laws, regulations, and Executive Orders:

**Freedom of Information Act (5 U.S.C. § 552)** - This law provides, with some exceptions, that SBA must supply information reflected in agency files and records to a person requesting it. Information about approved loans that will be automatically released includes, among other things, statistics on our loan programs (individual borrowers are not identified in the statistics) and other information such as the names of the borrowers (and their officers, directors, stockholders or partners), the collateral pledged to secure the loan, the amount of the loan, its purpose in general terms and the maturity. Proprietary data on a borrower would not routinely be made available to third parties. All requests under this Act are to be addressed to the nearest SBA office and be identified as a Freedom of Information request.

#### **Privacy Act (5 U.S.C. § 552a) and Debt Collection Improvement Act (31 U.S.C. § 7701 et seq.)**

*Authorities and Purpose for Collecting Information:* SBA is collecting the information on this form, including social security numbers and other personal information, to make a character and credit eligibility decision in connection with you or your company's application for SBA assistance. SBA may also use social security numbers for the purpose of collecting and reporting on any delinquent fees or other amounts owed SBA.

Under the provisions of 31 U.S.C. § 7701, the applicant business and any guarantor of the loan are required to provide their social security numbers, or other taxpayer identification numbers, in order to do business with SBA. Failure to provide this information would affect your ability to obtain a 504 loan. For other individuals signing this application, the submission of the social security number is voluntary and failure to provide your social security number may not affect any right, benefit or privilege to which you are entitled. However, in evaluating whether the applicant satisfies the criteria for a 504 loan under section 501 et seq. of the Small Business Investment Act, 15 U.S.C. § 695 et seq., SBA considers whether the applicant and each of its Associates possess good character. In making this determination, SBA considers the person's integrity, candor, and criminal history if any. SBA is authorized, through section 308(f) of the Small Business Investment Act, to verify your criminal history, or lack thereof, pursuant to section 7(a)(1)(B) of the Small Business Act, 15 U.S.C. §636(a)(1)(B). In addition, for all forms of assistance, SBA is authorized to make all investigations necessary to ensure that a person has not engaged in acts that violate or will violate the Small Business Investment Act, see 15 U.S.C. §687b(a). In conducting the criminal background check, SBA also uses your social security number to distinguish you from other individuals with the same or similar name or other personal identifier. This use is permitted under Executive Order 9397.

*Routine Uses:* Some of the information collected may be checked against criminal history indices of the Federal Bureau of Investigation. When the information collected indicates a violation or potential violation of law, whether civil, criminal, or administrative in nature, SBA may refer it to the appropriate agency, whether Federal, State, local, or foreign, charged with responsibility for or otherwise involved in investigation, prosecution, enforcement or prevention of such violations. *See* SBA's Privacy Act System of Records, at 74 Fed. Reg. 14890 (2009) (as amended from time to time) for other published routine uses for the collected information.



## Application for Section 504 Loans

Section Three: Statements Required by Law and Executive Order and Certifications

(Signed by the Applicant and Associates)

**Federal Funding Accountability and Transparency Act of 2006, as amended (31 U.S.C. 6101 Note)** - SBA routinely publishes information related to this loan application (e.g., name and address of borrower, amount of loan) on USAspending.gov, as required by the Federal Funding Accountability and Transparency Act of 2006, as amended.

**Right to Financial Privacy Act of 1978 (12 U.S.C. § 3401 et seq.)** – As required by the Right of Financial Privacy Act of 1978, SBA provides this notice of SBA's right to access financial records held by financial institutions that are or have been doing business with you or your business, including any financial institutions participating in a loan or loan guarantee. The law provides that SBA shall have a right of access to your financial records in connection with its consideration or administration of assistance to you in the form of a Government loan or loan guaranty agreement. SBA is required to provide a certificate of its compliance with the Act to a financial institution in connection with its first request for access to your financial records, after which no further certification is required for subsequent accesses. The law also provides that SBA's access rights continue for the term of any approved loan or loan guaranty agreement. No further notice to you of SBA's access rights is required during the term of any such agreement.

The law also authorizes SBA to transfer to another Government authority any financial records included in an application for a loan, or concerning an approved loan or loan guarantee, as necessary to process, service or foreclose on a loan or loan guarantee or to collect on a defaulted loan or loan guarantee. No other transfer of your financial records to another Government authority will be permitted by SBA except as required or permitted by law.

**Debt Collection Act of 1982 and Debt Collection Improvement Act of 1996 (5 U.S.C. § 5514 note and 31 U.S.C. § 3701 et seq.)** – These laws require SBA to aggressively collect any loan or other payments which become delinquent. SBA must obtain your taxpayer identification number when you apply for a loan. If you receive a loan, and do not make payments as they come due, SBA may take one or more of the following actions:

- Report the status of your loan(s) or other debt owed to SBA to credit bureaus
- Hire a collection agency to collect your loan or other delinquent debt
- Offset your income tax refund or other amounts due to you from the Federal Government
- Suspend or debar you or your company from doing business with the Federal Government
- Refer your loan or other delinquent debt to the Department of Justice or other attorneys for litigation
- Foreclose on collateral or take other action permitted in the loan instruments
- If you default on an SBA loan and fail to fully reimburse SBA for any resulting loss, refer you to the computer database of delinquent Federal debtors maintained by the Department of Housing and Urban Development, or other Federal agency, which may disqualify you from receiving financial assistance from other Federal agencies. In addition, unless SBA is reimbursed in full for the loss, you will not be eligible for additional SBA financial assistance.

**Flood Disaster Protection Act (42 U.S.C. § 4012a)** – Under this Act, and its implementing regulations, SBA is prohibited from providing financial assistance in a designated floodplain unless Federal flood insurance is purchased as a condition of the loan. Failure to maintain the required level of flood insurance makes the Applicant ineligible for any future financial assistance from SBA under any program, including disaster assistance.

**Executive Orders 11988 and 11990 -- Floodplain Management and Wetland Protection (42 F.R. 26951 and 42 F.R. 26961)** -- SBA discourages settlement in or development of a floodplain or a wetland. This



## Application for Section 504 Loans

### Section Three: Statements Required by Law and Executive Order and Certifications

(Signed by the Applicant and Associates)

statement is to notify all applicants for SBA assistance that such actions are hazardous to both life and property and should be avoided. The additional cost of flood preventive construction must be considered in addition to the possible loss of all assets and investments due to a future flood.

**Occupational Safety and Health Act (29 U.S.C. § 651 et seq.)** – The Occupational Safety and Health Administration (OSHA) can require businesses to modify facilities and procedures to protect employees. Businesses that do not comply may be fined and required to abate the hazards in their workplaces. They may also be ordered to cease operations posing an imminent danger of death or serious injury until employees can be protected. Signing this form is certification that the applicant, to the best of its knowledge, is in compliance with the applicable OSHA requirements, and will remain in compliance during the life of the loan.

**Civil Rights Legislation** – All businesses receiving SBA financial assistance must agree not to discriminate in any business practice, including employment practices and services to the public, on the basis of categories cited in 13 C.F.R., Parts 112, 113, and 117 of SBA Regulations. This includes making their goods and services available to handicapped clients or customers. All business borrowers will be required to display the "Equal Employment Opportunity Poster" prescribed by SBA.

**Equal Credit Opportunity Act (15 U.S.C. § 1691 et seq.)** – The Federal Equal Credit 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 concerning this creditor is the Federal Trade Commission, Equal Credit Opportunity, Washington, D.C. 20580.

**Executive Order 11738 -- Environmental Protection (38 F.R. 25161)** – The Executive Order charges the SBA with administering its loan programs in a manner that will result in effective enforcement of the Clean Air Act, the Federal Water Pollution Act and other environmental protection legislation. SBA must, therefore, impose conditions on some loans. By acknowledging receipt of this form and presenting the application, the Associates of all small businesses borrowing \$100,000 or more in direct funds stipulate to the following:

- That any facility used, or to be used, by the subject firm is not cited on the EPA list of Violating Facilities.
- That subject firm will comply with all the requirements of Section 114 of the Clean Air Act (42 U.S.C. 7414) and Section 308 of the Water Act (33 U.S.C. § 1318) relating to inspection, monitoring, entry, reports and information, as well as all other requirements specified in Section 114 and Section 308 of the respective Acts, and all regulations and guidelines issued thereunder.
- That subject firm will notify SBA of the receipt of any communication from the Director of the Environmental Protection Agency indicating that a facility utilized, or to be utilized, by subject firm is under consideration to be listed on the EPA List of Violating Facilities.

**Lead-Based Paint Poisoning Prevention Act (42 U.S.C. § 4821 et seq.)** – Borrowers using SBA funds for the construction or rehabilitation of a residential structure are prohibited from using lead-based paint (as defined in Federal regulations) on all interior surfaces, whether accessible or not, and exterior surfaces, such as stairs, decks, porches, railings, windows and doors, which are readily accessible to children under 7 years of age. A "residential structure" is any home, apartment, hotel, motel, orphanage, boarding school, dormitory, day care center, extended care facility, college or other school housing, hospital, group practice or community facility and all other residential or institutional structures where persons reside.



## Application for Section 504 Loans

Section Three: Statements Required by Law and Executive Order and Certifications

(Signed by the Applicant and Associates)

**Executive Order 12549 as amended by E.O. 12689, Debarment and Suspension (2 C.F.R. 180, adopted by reference in 2 C.F.R. Part 2700 (SBA Debarment Regulations))** – By submission of this loan application, you certify and acknowledge that neither you nor any Associates: (a) are presently debarred, suspended, declared ineligible from participating in, or voluntarily excluded from participation in a transaction by any Federal department or agency; (b) are formally proposed for debarment, with a final determination still pending; (c) are presently indicted or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses listed in the SBA Debarment Regulations; (d) have been convicted, or had a civil judgment rendered against you within the preceding three years for any of the offenses listed in the SBA Debarment Regulations, including 2 C.F.R. §180.800(a); or (e) have had one or more public transactions (Federal, State, or local) terminated within the preceding three years for cause or default; or (f) are delinquent on any amounts due and owing to the U.S. Government or its agencies or instrumentalities as of the date of execution of this certification.

You further certify that you have not and will not knowingly enter into any agreement in connection with the goods and/or services purchased with the proceeds of this loan with any individual or entity that has been debarred, suspended, declared ineligible from participating in, or voluntarily excluded from participation in a Transaction. All capitalized terms have the meanings set forth in 2 C.F.R. Part 180.

### Acknowledgment

By my signature below, I acknowledge receipt of the Statements Required by Laws and Executive Orders, that I have read them and that I have a copy for my files. My signature represents my agreement to comply with the requirements SBA makes in connection with the approval of my loan request and to comply, whenever applicable, with the limitations and requirements contained in these Statements and to comply, whenever applicable, with the hazard insurance, lead-based paint, civil rights or other limitations and requirements in the Statements Required by Law and Executive Order.

### Representations, Certifications, or Authorizations by Applicant and Its Associates

By my signature below, I represent, certify, or authorize the following:

- All SBA loan proceeds will be used only for business related purposes as specified in the loan application.
- To the extent feasible, I will purchase only American-made equipment and products.
- None of the Applicant's direct, indirect, or future revenues, or revenues of any affiliated business(es) are derived from activities that are illegal under federal, state or local law, including activities that support the end-use of marijuana products, including leasing of collateral property to a third party that derives revenue from illegal activities.
- I authorize the SBA 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, as amended, and Small Business Investment Act, as amended.
- I agree that if the SBA approves this application, I will not for at least two years hire an employee or consult anyone who was employed by the SBA during the one-year period prior to the disbursement of the debenture.
- I certify I have not paid anyone connected with the Federal Government for help getting this financial assistance.



## Application for Section 504 Loans

### Section Three: Statements Required by Law and Executive Order and Certifications

(Signed by the Applicant and Associates)

- I agree to report to the SBA Office of Inspector General, 409 Third Street S.W., Washington, D.C. 20416, any Federal Government employee who offers assistance in return for any type of compensation to help get this application approved.
  - I understand that I need not pay anybody to deal with SBA.
  - I also understand that a Certified Development Company may charge the Applicant a percentage of the loan proceeds as set forth in SBA regulations as a fee for preparing and processing the loan applications.
  - I agree to pay for or reimburse the CDC or the SBA for the cost of any surveys, title or mortgage examinations, appraisals, etc., performed by non-SBA personnel provided that I have given my consent.
- I understand that regulations issued by the SBA prohibit the making of loans to relocate any operations of a small business that will cause a net reduction of one-third or more in the workforce of the Applicant company or a substantial increase in unemployment in any area of the country.

In the event that proceeds from this loan are used to relocate an EPC/OC (including any affiliate, subsidiary or other business entity under direct, indirect or common control), the undersigned certifies that such relocation will not significantly increase unemployment in the area of the original location.
- If my business exceeds the small business size standard by more than 25%, I agree to use SBA's financial assistance within a labor surplus area.
- No overlapping relationship exists between the Applicant, including its Associates, and the CDC, including its Associates, or any other lender providing financing for the project, that could create an appearance of a conflict of interest as defined in 13 C.F.R. §120.140 or violate 13 C.F.R. § 120.851. No such relationships existed within six months of this application or will be permitted to exist while assistance is outstanding.
- I authorize disclosure of all information submitted in connection with this application to the financial institution agreeing to participate with SBA's guaranteed debenture.
- I waive all claims against SBA and its consultants for any management and technical assistance that may be provided.
- In consideration for assistance from the Small Business Administration, I hereby agree that I will comply with all Federal laws and regulations to the extent that they are applicable to such assistance, including conditions set forth in this application.
- I, my spouse, or any member of my household, or anyone who owns, manages, or directs the business or their spouses or members of their households do not work for the SBA, an SBA small business advisory council, or SCORE, any Federal agency, or the participating lender. If someone does, the name and address of such person and where employed is provided on an attached page.

**Certification as to Application Accuracy - Criminal Penalties for False Statements** – The undersigned certifies that all information provided to the CDC, and that all information in, and submitted with this application in Section One and Section Two, including all exhibits, is true and complete to the best of his or her knowledge. The undersigned acknowledges that the application and exhibits are submitted to the CDC and to SBA so that the CDC and SBA can decide whether to approve this application. Any future submissions of information to the CDC must be accompanied by a certification as to the accuracy of that information.

The undersigned acknowledges that whoever makes any false statement or report, or willfully overvalues any land property or security for the purpose of influencing in any way the action of the SBA under the Small Business Investment Act, as amended, may be fined up to \$250,000 and/or be put in jail for up to 5 years under 18 U.S.C. §1001, may be fined not more than \$5,000 and/or put in jail for not more than 2 years under 15 U.S.C. § 645, and if false statements are submitted to a Federally insured institution, may be punished by a fine of not more than \$1,000,000 or by imprisonment for up to 30 years, or both, pursuant to 18 U.S.C. § 1014. The



## Application for Section 504 Loans

### Section Three: Statements Required by Law and Executive Order and Certifications

(Signed by the Applicant and Associates)

undersigned further acknowledges that, in connection with a 504 loan, submission of any false statement to the CDC or SBA or submission of any record to the CDC or SBA omitting material information can result in civil money penalties and additional monetary liability up to three times the amount of damages which the Government sustains because of the false statement under the False Claims Act, 31 U.S.C. § 3729.

The Applicant's authorized representative must sign below. If the project involves an EPC/OC structure, an authorized representative for each co-borrower must sign. Attach additional signature pages if needed.

Legal Name of Applicant Business: \_\_\_\_\_ EPC or OC: \_\_\_\_\_

DBA/Trade Name (if applicable): \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date (mm/dd/yyyy): \_\_\_\_\_

Print Name of Authorized Representative: \_\_\_\_\_ Title: \_\_\_\_\_

Attested By: \_\_\_\_\_ (seal, if required)

Legal Name of Business: \_\_\_\_\_ EPC or OC: \_\_\_\_\_

DBA/Trade Name (if applicable): \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date (mm/dd/yyyy): \_\_\_\_\_

Print Name of Authorized Representative: \_\_\_\_\_ Title: \_\_\_\_\_

Attested By: \_\_\_\_\_ (seal, if required)

Each Associate of the Applicant must sign below. Each individual should only sign once. Attach additional signature pages if needed.

Signature: \_\_\_\_\_ Date (mm/dd/yyyy): \_\_\_\_\_

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

Signature: \_\_\_\_\_ Date (mm/dd/yyyy): \_\_\_\_\_

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

Signature: \_\_\_\_\_ Date (mm/dd/yyyy): \_\_\_\_\_

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

Signature: \_\_\_\_\_ Date (mm/dd/yyyy): \_\_\_\_\_

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

Signature: \_\_\_\_\_ Date (mm/dd/yyyy): \_\_\_\_\_

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



## Application for Section 504 Loans

### Section Three: Statements Required by Law and Executive Order and Certifications

(Signed by the Applicant and Associates)

undersigned further acknowledges that, in connection with a 504 loan, submission of any false statement to the CDC or SBA or submission of any record to the CDC or SBA omitting material information can result in civil money penalties and additional monetary liability up to three times the amount of damages which the Government sustains because of the false statement under the False Claims Act, 31 U.S.C. § 3729.

The Applicant's authorized representative must sign below. If the project involves an EPC/OC structure, an authorized representative for each co-borrower must sign. Attach additional signature pages if needed.

Legal Name of Applicant Business: \_\_\_\_\_ EPC or OC: \_\_\_\_\_

DBA/Trade Name (if applicable): \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name of Authorized Representative: \_\_\_\_\_ Title: \_\_\_\_\_

Attested By: \_\_\_\_\_ (seal, if required)

Legal Name of Business: \_\_\_\_\_ EPC or OC: \_\_\_\_\_

DBA/Trade Name (if applicable): \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name of Authorized Representative: \_\_\_\_\_ Title: \_\_\_\_\_

Attested By: \_\_\_\_\_ (seal, if required)

Each Associate of the Applicant must sign below. Each individual should only sign once. Attach additional signature pages if needed.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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



## **Agreement for Payment of Financial Services**

The undersigned (“Applicant”) hereby applies for an SBA 504 loan under the SBA 504 Loan Program. The SBA 504 program is a joint financing program between a financial institution (“Third Party Lender”), a Capital Access Corporation - Kentucky (“CDC”), and the Small Business Administration (“SBA”). Applicant hereby acknowledges that CDC provides services in order to submit U. S. Small Business Administration, (“SBA”), financial data and information supplied by the Applicant for the purposes of underwriting and requesting approval of the SBA 504 loan. Applicant hereby gives consent for any and all financial information to be shared by the Third Party Lender, the CDC and the SBA. The following is in accordance with current SBA SOP manual for 504 processing.

As evidence of good faith, Applicant hereby agrees to pay an application fee of 1% or \$2,500, (whichever is less) of the SBA loan amount and is due with application submission to the CDC.

Applicant hereby agrees to pay a deposit of the processing fee upon issuance by the SBA of the SBA Authorization for Debenture Guarantee (SBA’s loan approval document), an amount approximately equal to 1/2% of the net loan amount.

*At loan funding, the total processing fee shall be **included in the amount financed**. Upon loan funding, deposits made according to schedules below shall be refunded to Applicant as soon as practical after the loan funds.*

Other conditions of deposits:

- 1) If the CDC or SBA declines the application, deposit according to (a), above, will be refunded, less expenses incurred.
- 2) If SBA approves the loan and an Authorization for Debenture Guarantee has been issued, and the loan commitment obtained thereunder is cancelled, the processing fee deposits obtained under (a) and (b) above (these constitute approximately 1% of the net loan amount) shall be considered earned and will be retained with no refund.
- 3) If applicant withdraws its loan application at any time before SBA issues the Authorization, reasonable and necessary costs incurred in packaging and processing the loan application will be deducted from deposit pursuant to (a) above with the difference being refunded.
- 4) If loan funds, all deposits will be refunded less \$100 release fees.

Applicant understands that Applicant will be responsible for the closing costs of the SBA 504 debenture transaction. The undersigned agrees to this authorization and contract as an individual and on behalf of any entity or individual that he represents. This agreement cannot be altered without the written consent of both parties. The undersigned certifies that he is authorized to affect this agreement. It is understood that all the facts presented by Applicant are accurate and that any misrepresentation or omission of facts may result in the loan being declined. Applicant fully understands the conditions herein and has read this agreement carefully. Furthermore, Applicant agrees that in the event of the loan transaction not being approved, or a closing not being consummated Borrower agrees to hold CDC legally harmless. **The CDC is not providing advice to Applicant regarding pursuit of the business venture at hand with this transaction, or acceptance of financing provided herein.** In the event this Agreement is not executed by the Applicant prior to signing the SBA Form 1244, the Applicant's signature of SBA Form 1244 constitutes acceptance of the terms and conditions contained herein. Applicant agrees that he/she has read this Agreement carefully and that he/she fully understands the terms and conditions contained herein.

Accepted this \_\_\_\_\_ date of \_\_\_\_\_, 20\_\_\_\_

Applicant: \_\_\_\_\_

By: \_\_\_\_\_

**Example provided for your review:**

*Please consult with CDC in order to determine the exact financing structure and fees for your project.*

**FINANCE STRUCTURE:**

**Source of funds**

|                                    |              |                  |
|------------------------------------|--------------|------------------|
| Bank 1 <sup>st</sup> Mortgage loan | 50.0%        | \$500,000        |
| SBA 504 loan                       | 40.0%        | \$400,000        |
| Borrower                           | <u>10.0%</u> | <u>\$100,000</u> |
| Total Project Cost                 | 100.0%       | \$1,000,000      |

**As per the agreement:**

As evidence of good faith, Applicant hereby agrees to pay the following fees:

- (a) upon signing of this Agreement, a deposit of 1% or \$2,500 of the SBA loan amount, whichever is less, no later than the date of submission to the CDC and
- (b) upon issuance by the SBA of the SBA Authorization for Debenture Guarantee, an amount approximately equal to 1/2% of the SBA loan amount.

Therefore, in the above example:

- 1% of the \$400,000 of the CDC loan amount is \$4,000, so \$2,500 would be due upon signing of this agreement.
- An additional \$2,000 (1/2% of SBA loan amount) would be due upon issuance of the loan authorization by SBA.
- These deposits would be refunded when the loan funds, less \$100 collateral release fees.

**Please consult with CDC in order to determine the exact financing structure and fees for your project.**