



Initial Loan Package Checklist

Thank you for the opportunity to work on this loan request. **Below is an initial list of items needed to begin processing this request. Additional documentation will be required to obtain SBA Approval.** Once these initial items are received, they will be reviewed and a comprehensive needs list will be sent out.

	Completed Cen Cal Loan Application including:
	Real Estate Application
	Personal Resume
	Personal Financial Statement
	Previous Government Financing Statement
	Current Debt Schedule
	Environmental Questionnaire completed/signed by current property owner
	3 years Federal Tax Returns (Business & Personal)
	Current Interim Financials (Income Statement, Balance Sheet, Agings, as applicable)
	Projections (for new buisnesses)
	Brief Description of Project AND Project Cost Documents, as applicable, including:
	Executed Purchase Agreement with any extensions, addendums, amendments
	Construction Budget on contractor letterhead
	Bid(s) for Tenant Improvement(s)
	Final Closing Statement (for Refinance or land already owned)

For more information please visit our website at www.cencalfinance.com or reach out to your local Business Development Officer:

Bakersfield	Fresno	Santa Maria
661-322-4241	559-227-1158	805-739-1665
1631 17th St	5094 N Fruit Ave, Ste. 103	930 S Broadway, Ste. 101
Bakersfield, CA 93301	Fresno, CA 93711	Santa Maria, CA 93454

504 Real Estate Loan Application

Company Information

Company Name _____

Address _____ City _____ State _____ Zip _____

Principal in charge _____ Phone _____ Fax _____

Secondary contact person _____ Phone _____ Fax _____

(IN-HOUSE CONTROLLER OR
BOOKKEEPER)

email _____

Type of business _____ Date established _____

Number of Employees: _____ Existing _____ After this Loan

Type of entity (check one) Proprietorship Partnership
Corporation LLC

Company Ownership

Name _____ Title _____ % of Ownership _____

Name _____ Title _____ % of Ownership _____

If a corporation, please indicate who is President and Secretary

Affiliate Businesses IF APPLICABLE

Name _____ Owner _____ % of Ownership _____

Existing Business Location(s)

Address _____ Square feet _____ Lease payment _____ Lease expiration _____

Replaced by new facility? ☐ Yes ☐ No

Address _____ Square feet _____ Lease payment _____ Lease expiration _____

Replaced by new facility? ☐ Yes ☐ No

References

Bank Contact _____ Name & Phone: _____

Accountant _____ Firm name _____ Phone _____

Attorney _____ Firm name _____ Phone _____

Broker _____ Firm name _____ Phone _____

Nature of Your Business

Nature of your business _____

Type of products or services (include any catalogs or brochures) _____

Geographic market area _____

List key customers _____

List major competitors _____

Project Information

Street address of project _____

City _____ State _____ Zip _____ County _____

What is the square footage of the new building?

What is the square footage your company will occupy?*

**Please note – we require your company to occupy 51% of an existing building and 60% of a new building, initially.*

Escrow closing date _____ Realtor's name _____ Phone _____

If known, how will the property be vested (i.e. individually, husband and wife, partnership, LLC, corporation, trust, etc.) _____

Please provide appropriate documentation (i.e. Partnership Agreement, LLC documents, Articles of Incorporation, Trust Agreement ...)

Total Project Costs

Purchase existing building

Purchase price	\$ _____
Tenant improvements	\$ _____
Equipment *	\$ _____
Other	\$ _____
Total	\$ _____

Construction project

Land Acquisition	\$ _____
Construction Bid	\$ _____
Architects, permits, other Soft Costs	\$ _____
Equipment *	\$ _____
Other	\$ _____
Total	\$ _____

*Please note – equipment to be financed must have a useful life of 10 years or greater.

If there are any tenants that will remain in the building, please provide the following information: *Also, please have your realtor provide copies of all existing leases.*

Tenant name	Square footage	Lease expiration	Rent amount

Personal Resumé Form

TO BE COMPLETED BY EACH PRINCIPAL INVOLVED IN THE LOAN. PLEASE MAKE COPIES AS NEEDED FOR EACH INDIVIDUAL

Name _____
FIRST MIDDLE MAIDEN LAST

Date of birth _____ Place of birth _____ Race _____ Social Security No. _____

U.S. Citizen Yes No If not, please provide alien registration number _____

Home address _____ City _____ State _____ Zip _____

From _____ To _____ Home phone _____ Business phone _____

Immediate past address _____ City _____ State _____ Zip _____

From _____ To _____

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

Spouse's Name _____
FIRST MIDDLE MAIDEN LAST

Date of birth _____ Place of birth _____ Race _____ Social Security No. _____

U.S. Citizen Yes No If not, please provide alien registration number _____

Personal information

Be sure to answer the next three questions correctly because they are important. The fact that you have an arrest or conviction record will not necessarily disqualify you; an incorrect answer will probably cause your application to be turned down.

Have you ever filed bankruptcy? Yes No

Are you presently under indictment, on parole or probation? Yes No

Have you ever been charged with and/or arrested for any criminal offense other than a minor vehicle violation? Include offenses which have been dismissed, discharged, or not prosecuted. (All arrests and charges must be disclosed and explained on an attached sheet) Yes NoHave you ever been convicted, placed on pretrial diversion, or placed on any form of probation, including adjudication, withheld pending probation, for any criminal offense other than a minor motor vehicle violation? Yes No****If you said yes to any of the above questions, please provide additional details.****Miscellaneous questions**Have you ever received an SBA loan? Yes No *If yes, please complete the Previous Gov't Statement (attached) and provide the following:*

Original Amount _____ Date of the loan _____

Current Balance _____ Status _____

Military service background

Branch _____ From _____ To _____

Rank at discharge _____ Honorable? _____

Job description _____

Personal Resumé Form

Work experience

List chronologically, beginning with present employment

Name of company _____ % of business owned _____
Full address _____ City _____ State _____ Zip _____
From _____ To _____ Title _____ Duties _____

Name of company _____ % of business owned _____
Full address _____ City _____ State _____ Zip _____
From _____ To _____ Title _____ Duties _____

Name of company _____ % of business owned _____
Full address _____ City _____ State _____ Zip _____
From _____ To _____ Title _____ Duties _____

Education (College or Technical Training)

Name and Location	Dates Attended	Major	Degree or Certificate
1. _____	_____	_____	_____
Comments _____			
2. _____	_____	_____	_____
Comments _____			
3. _____	_____	_____	_____
Comments _____			

Credit Report Authorization

I declare that the information provided in this application is true and correct. I hereby authorize the release of any and all credit report and other information required in the processing of my loan application and as required in the servicing and/or during the term of my loan. I further authorize Cen Cal Business Finance Group to release such information to any entity as required in the processing of my loan application.

I/We hereby certify that the enclosed information, including any attachments or exhibits provided here within or at a later date, is valid and correct to the best of my/our knowledge.

Signature _____ Date _____

Spouse Signature _____ Date _____



PERSONAL FINANCIAL STATEMENT

U.S. SMALL BUSINESS ADMINISTRATION

The purpose of this form is to collect information about the Business Applicant and its owners' financial condition. SBA uses the information required by this Form 413 as one of a number of data sources in analyzing the repayment ability and creditworthiness of an applicant for an SBA loan or, with respect to a surety bond, to assist in recovery in the event that the contractor defaults on the contract. SBA also uses the information to assess whether an individual meets the economic disadvantage threshold for the Women-Owned Small Business (WOSB) Program and the 8(a) Business Development (BD) Program. Submission of this information is required as part of your application for assistance. Failure to provide the information would impact the agency's decision on your application.

To complete this form

- 1) Check all that apply.
- 2) Complete the form in its entirety (attached a separate sheet, if necessary)
- 3) Review the applicable certifications and sign (spousal signature, if required)

<input type="checkbox"/> 7(a) loan / 504 loan / Surety Bonds
Complete this form for: (1) each proprietor; (2) general partner; (3) managing member of a limited liability company (LLC); (4) each owner of 20% or more of the equity of the Applicant; and (5) any person providing a guaranty on the loan (including the assets and liabilities of the owner's spouse and any minor children).
Return completed form to: For 7(a) loans: the Lender processing the application for SBA guaranty For 504 loans: the Certified Development Company (CDC) processing the application for SBA guaranty For Surety Bonds: the Surety Company or Agent processing the application for surety bond guarantee

<input type="checkbox"/> Disaster Business Loan Application (Excluding Sole Proprietorships)
Complete this form for: (1) each applicant; (2) each general partner; (3) each managing member of a limited liability company (LLC); (4) each owner of 20% or more of the equity of the Applicant business; and (5) any person providing an unlimited guaranty on the loan.
Return completed form to: Disaster Processing and Disbursement Center at 14925 Kingsport Road, Fort Worth, TX 76155-2243 or FAX to 1-202-481-1505 or disasterloans@sba.gov

<input type="checkbox"/> Women Owned Small Business (WOSB) Federal Contracting Program
This form must be completed by each individual claiming economic disadvantage in connection with the SBA's Women-Owned Small Business (WOSB) Federal Contracting Program. A separate form must be completed by the individual's spouse, unless the individual and the spouse are legally separated. Use attachments if necessary. Each attachment must be identified as a part of this statement and signed. In addition, each individual claiming economic disadvantage must update the form as changes arise, but at least annually, to ensure the information is current, accurate and complete.
SBA's regulations state that to be considered economically disadvantaged for purposes of the WOSB Program, a woman must have an adjusted gross income averaged over the three prior fiscal years of \$350,000 or less; less than \$6 million in the fair market value of all her assets (to include her primary residence and value of the business concern); and less than \$750,000 in personal net worth (excluding equity interest in her personal residence and ownership interest in the business, and funds invested in a retirement account that are unavailable until retirement age). 13 C.F.R. §127.203. The information contained in this form must be submitted and certified through beta.certify.sba.gov

<input type="checkbox"/> 8(a) Business Development Program
8(a) applicants must show that 51% of the firm is owned by one or more individuals determined by the SBA to be socially and economically disadvantaged. The information contained in this form must be submitted by each socially and economically disadvantaged individual using their one time 8(a) eligibility to qualify this firm for 8(a) certification. If married, the spouse must complete a separate SBA Form 413, except when the individual and the spouse are legally separated. If separated, provide copy of separation document.
SBA's regulations state that to be considered economically disadvantaged for purposes of the 8(a) Business Development Program, an individual must have an adjusted gross income averaged over the three prior fiscal years of \$350,000 or less; less than \$6 million in the fair market value of all assets (to include primary residence and value of the business concern); and less than \$750,000 in personal net worth (excluding equity interest in the personal residence and ownership interest in the business, and funds invested in a retirement account that are unavailable until retirement age). 13 C.F.R. §124.104.
Note: Please complete this form with Personal Information not Business Information and divide all jointly owned assets and liabilities, as appropriate with spouse or others. The information contained in this form must be submitted and certified through certify.sba.gov . For additional information go to: http://www.sba.gov/8abd

Name	Business Phone (xxx-xxx-xxxx)
Home Address	Home Phone (xxx-xxx-xxxx)
City, State, & Zip Code	
Business Name of Applicant/Borrower	
Business Address (if different than home address)	
Business Type: <input type="checkbox"/> Corporation <input type="checkbox"/> S-Corp. <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor (does not apply to ODA applicant)	
This information is current as of [month/day/year] (within 90 days of submission for 7(a)/504/SBG/ODA/WOSB or within 30 days of submission for 8(a) BD)	
WOSB applicant only, Married <input type="checkbox"/> Yes <input type="checkbox"/> No	

ASSETS (Omit Cents)	LIABILITIES (Omit Cents)
Cash on Hand & in banks.....	Accounts Payable.....
Savings Accounts.....	Notes Payable to Banks and Others..... (Describe in Section 2)
IRA or Other Retirement Account..... (Describe in Section 5)	Installment Account (Auto)..... Mo. Payments
Accounts & Notes Receivable..... (Describe in Section 5)	Installment Account (Other)..... Mo. Payments
Life Insurance – Cash Surrender Value Only..... (Describe in Section 8)	Loan(s) Against Life Insurance.....
Stocks and Bonds..... (Describe in Section 3)	Mortgages on Real Estate..... (Describe in Section 4)
Real Estate..... (Describe in Section 4)	Unpaid Taxes..... (Describe in Section 6)
Automobiles..... (Describe in Section 5, and include Year/Make/Model)	Other Liabilities..... (Describe in Section 7)
Other Personal Property..... (Describe in Section 5)	Total Liabilities.....
Other Assets..... (Describe in Section 5)	Net Worth.....
Total	Total
	Must equal total in assets column.

Section 1. Source of Income.	Contingent Liabilities
Salary.....	As Endorser or Co-Maker.....
Net Investment Income.....	Legal Claims & Judgments.....
Real Estate Income.....	Provision for Federal Income Tax.....
Other Income (Describe below).....	Other Special Debt.....

Description of Other Income in Section 1 (Alimony or child support payments should not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income)

Section 2. Notes Payable to Banks and Others. (Use attachments if necessary. Each attachment must be identified as part of this statement and signed.)

Names and Addresses of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed Type of Collateral

Section 3. Stocks and Bonds. (Use attachments if necessary. Each attachment must be identified as part of this statement and signed.)

Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

Section 4. Real Estate Owned. (List each parcel separately. Use attachment if necessary. Each attachment must be identified as a part of this statement and signed.)

	Property A	Property B	Property C
Type of Real Estate (e.g. Primary Residence, Other Residence, Rental Property, Land, etc.)			
Address			
Date Purchased			
Original Cost			
Present Market Value			
Name & Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment per Month/Year			
Status of Mortgage			

Section 5. Other Personal Property and Other Assets. (Describe, and, if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment and, if delinquent, describe delinquency.)

Section 6. Unpaid Taxes. (Describe in detail as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)

Section 7. Other Liabilities. (Describe in detail.)

Section 8. Life Insurance Held. (Give face amount and cash surrender value of policies – name of insurance company and Beneficiaries.)

I authorize the SBA/Lender/Surety Company to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness.

CERTIFICATION: (to be completed by each person submitting the information requested on this form and the spouse of any 20% or more owner when spousal assets are included)

By signing this form, I certify under penalty of criminal prosecution that all information on this form and any additional supporting information submitted with this form is true and complete to the best of my knowledge. I understand that SBA or its participating Lenders or Certified Development Companies or Surety Companies will rely on this information when making decisions regarding an application for a loan, surety bond, or participation in the WOSB or 8(a) BD program. I further certify that I have read the attached statements required by law and executive order.-

Signature _____ Date _____

Print Name _____ Social Security No. _____

Signature _____ Date _____

Print Name _____ Social Security No. _____

GOVERNMENT FINANCING

ATTENTION:

- This form is required by the SBA to be 100% complete and accurate.
- It must include ANY government debt received by the operating company, its owners, or any affiliates.
- This includes PPP, EIDL, 504, 7a, etc. regardless of if the loan is paid off or payments are currently being made.

Has the business or any officers/affiliates ever had any other government financing?

Yes

No

If yes, explain.

Name of Agency	Original Amount	Date of Request	Approved or Declined	Loan Number	Balance	Status	Purpose

If yes, did the government incur any loss related to the loan(s)?

_____ Yes _____ No If yes, explain: _____

PLEASE LIST ALL EXISTING BUSINESS DEBTS

DEBT SCHEDULE

Date: _____

CREDITOR NAME/ADDRESS	ORIGINAL AMOUNT	ORIGINAL DATE	PRESENT BALANCE	INT. RATE	MATURITY DATE	MONTHLY PAYMENT	SECURITY	CURRENT OR DELINQUENT
TOTAL PRESENT BALANCE **				TOTAL MONTHLY PAYMENT				

*Should be the same date as current financial statement

**Total must agree with balance shown on current financial statement.

SIGNATURE: _____ **TITLE:** _____

DATE: _____

Environmental Questionnaire

Applicant Name: _____

Date of Site Visit: _____

Name/Title of Person Doing Site Visit: _____

Site Name or Business Name: _____

Site Street Address: _____

City, State, Postal Code: _____

County: _____

Site Contact Name: _____

Site Contact Business Title: _____

Site Contact Telephone Number: _____

Is Site Contact the Owner or Occupant: _____

If neither, Relationship to Site: _____

Length of Time Associated with Site: _____

Known Past/Present Uses of Property: _____

Adjoining Properties Known Past/Present Uses

List name/address of the business and the current business conducted.

North Property: _____

Toxic Chemicals/Petroleum Products Evident? Yes No _____

Northeast Property: _____

Toxic Chemicals/Petroleum Products Evident? Yes No _____

East Property: _____

Toxic Chemicals/Petroleum Products Evident? Yes No _____

Southeast Property: _____

Toxic Chemicals/Petroleum Products Evident? Yes No _____

South Property: _____

Toxic Chemicals/Petroleum Products Evident? Yes No _____

Southwest Property: _____

Toxic Chemicals/Petroleum Products Evident? Yes No _____

West Property: _____

Toxic Chemicals/Petroleum Products Evident? Yes No _____

Northwest Property: _____

Toxic Chemicals/Petroleum Products Evident? Yes No _____

Question	Owner/Operator	Observed During Site Visit
1. Do any of the past and/or present uses of the Property and Adjoining Properties involve environmentally sensitive industries?	Yes ___ No ___ Unknown ___	Yes ___ No ___ Unknown ___
If yes, please explain:		
2. Have Hazardous Substances been used or identified at the Property and Adjoining Property in the past or present?	Yes ___ No ___ Unknown ___	Yes ___ No ___ Unknown ___
If yes, please explain:		
3. Is there storage, generation, treatment, emission or disposal of Hazardous Substances at the Property and Adjoining Properties?	Yes ___ No ___ Unknown ___	Yes ___ No ___ Unknown ___
If yes, please explain:		
4. Do the owners or business operators of the Property and Adjoining properties possess permits to use, store, generate, dispose, treat, emit or dispose of Hazardous Substances?	Yes ___ No ___ Unknown ___	Yes ___ No ___ Unknown ___
If yes, please explain:		
5. Is there evidence of Contamination at the Property and Adjoining Properties?	Yes ___ No ___ Unknown ___	Yes ___ No ___ Unknown ___
If yes, please explain:		
6. Are there potential sources of Contamination ¹ at the Property and Adjoining Properties?	Yes ___ No ___ Unknown ___	Yes ___ No ___ Unknown ___
If yes, please explain:		

7. Does the borrower, seller or Lender have any knowledge of any past evidence of Contamination or sources of Contamination at the Property and Adjoining Properties?	Yes ___ No ___ Unknown ___	Yes ___ No ___ Unknown ___
If yes, please explain:		
8. Does the borrower, seller or Lender have any knowledge of any past, threatened or pending lawsuits or administrative proceedings concerning a Release or threatened Release at the Property and Adjoining Properties?	Yes ___ No ___ Unknown ___	Yes ___ No ___ Unknown ___
If yes, please explain:		
9. Has any Governmental Entity taken any regulatory actions for environmental conditions at the Property and Adjoining Properties?	Yes ___ No ___ Unknown ___	Yes ___ No ___ Unknown ___
If yes, please explain:		
10. Have any environmental risk studies or assessments been previously performed pertaining to the Property?	Yes ___ No ___ Unknown ___	Yes ___ No ___ Unknown ___
If yes, please identify the type of study (questionnaire, TSA, Phase I, Phase II, other), when it was performed, results of the study if known, and attach copies if available:		
11. Is there any presence of lead paint, asbestos, or Polychlorinated Biphenyls ("PCBs") at the Property?	Yes ___ No ___ Unknown ___	Yes ___ No ___ Unknown ___
If yes, please explain:		

¹ Source of Contamination may include, but are not limited to, the following: (1) damaged or discarded automotive or industrial batteries; (2) pesticides, paints or other chemicals stored in individual containers greater than five gallons in volume or 50 gallons in the aggregate; (3) chemicals in industrial drums or sacks; (4) pits, ponds or lagoons for waste disposal or storage; (5) fill dirt from a contaminated or unknown source; (6) underground or aboveground storage tanks; (7) vent pipes, fill pipes or access ways indicated a fill pipe protruding from the ground; (8) flooring drains or walls within a facility that are stained by substances other than water and/or are emitting noxious odors; (9) clarifiers, pits or sumps; (10) dry wells.

Acknowledgement:

I acknowledge that I have read this questionnaire and have responded to the issues and questions to the best of my knowledge. I have prepared the answers to this questionnaire jointly with the bank and its representatives and I have made a full disclosure of my knowledge of suspected or actual environmental concerns regarding this property. 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.

CURRENT OWNER

Signed _____	Printed Name _____
--------------	--------------------

By : _____	Date _____
(Title)	

LENDER

Signed _____	Printed Name _____
--------------	--------------------

By : _____	Date _____
(Title)	

APPLICANT

Signed _____	Printed Name _____
--------------	--------------------

By : _____	Date _____
(Title)	

Based on the site visit and answers and information provided in response to the questions above, further investigation (See SOP 50-10(5) at pages 183-184)

- ☐ Is not warranted (answers, and site visit revealed no evidence of contamination) _____.
- ☐ Is warranted (one or more yes answers, incomplete answers, and/or site visit findings indicate potential environmental issues may exist.)

DEFINITIONS

As defined in SOP 50 10 (5), Effective Date: August 1, 2008 pages 322 – 326.

For purposes of this SOP, the following definitions apply. Terms that are not defined below but are defined in CERCLA, 13 CFR or 40 CFR shall have the meaning provided in CERCLA, 13 CFR or 40 CFR.

"Adjoining Properties" means any real property or properties the border of which is (are) shared in part or in whole with that of the Property, or that would be shared in part or in whole with that of the Property but for a street, road, or other public thoroughfare separating the properties (See 40 CFR § 312.20).

"Contamination" means the presence of any Hazardous Substance at or affecting the Property, including any Hazardous Substances that have migrated to or from the Property, in such quantities or under such conditions as to render the Property or the operations conducted thereon subject to, or potentially subject to, a directive or order from a Governmental Entity.

"Environmental Questionnaire" means the questionnaire used by a Lender to determine the likelihood that Contamination may be present at Property offered to secure and SBA guaranteed loan. Environmental Questionnaires must be completed or overseen by a Lender that has made at least one site visit to the Property and a good faith effort to conduct an interview with the current owner or operator of the site. An Environmental Questionnaire may be considered if it was completed up to one year prior to submission. The current owner or operator of the site must sign the Environmental Questionnaire.

"Hazardous Substance" means and includes any substance, material or waste regulated by CERCLA or any other Environmental Law, and specifically includes petroleum products.

"Release" means the presence of or any spilling, leaking, pumping, pouring, emitting, emptying, discharging, injecting, escaping, leaching, seeping, migrating, dumping or disposing of any Hazardous Substance into the environment including the abandonment or discarding of barrels, drums, tanks, and similar receptacles and containers, containing Hazardous Substances.