Please go to www.adelinerem.com and click on file upload to put the following information online for me for each deals (you can zip the file then upload it to my site, it can be BIG)!

- ☐ Authorization to Release Information/Pull Credit
- ☐ Personal Financial Statement
- ☐ Third Party Reports (appraisal, environmental, survey, title, USDA approval) if available
- ☐ Entity Documents
- ☐ Executive Summary
- ☐ YTD Financial statements (P&L and Balance Sheet)
- ☐ 2009 Corporate Tax Returns ☐ 08 ☐ 07
- ☐ 2009 Years Personal Tax Returns ☐ 08 ☐ 07
- ☐ 2009 Affiliate Company Taxes ☐ 08 ☐ 07
- ☐ Copy of Note to Be Refinanced (if applicable)
- ☐ Copy of Buy and Sell Agreement (if applicable)
- ☐ Proof of Liquidity (Bank Statements)
- ☐ Business Plan
- ☐ Projections for Three Years
- ☐ Schedule of Business Debt for All Businesses
- ☐ Resume of borrowers/guarantors
- ☐ Life insurance if available already
- ☐ A/R and A/P aging
- ☐ Construction bid (if applicable)

Call with any questions. I appreciate the opportunity to finance this project.

Print Form

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Application Checklist

1. General Business Information

- [ ] 1. General Business and Project Information
  [See form in packet]
- [ ] 2. Source of Capital Injection
  [See form in packet]
- [ ] 3. Schedule of Collateral
  [See form in packet]
- [ ] 4. History of Business
  [See form in packet]
- [ ] 5. Environmental Questionnaire
  [See form in packet]
- [ ] 6. Request for Copy or Transcript of Tax Form
  [For business tax returns only; Sign only, do not date or fill out. See form in packet]

2. Business Financial Information

- [ ] 1. Business Federal Tax Returns
  [For prior three years; include all schedules and remember to sign and date the top page in blue ink]
- [ ] 2. Interim Financial Statements
  [No older than 60 days of the date of application; and remember to sign and date the top page in blue ink]
- [ ] 3. Reconciliation of Owner's Capital
  [For prior three years and the interim period. See form in packet]
- [ ] 4. Accounts Receivable Aging
  [Same date as interim financial statements; and remember to sign and date the top page in blue ink]
- [ ] 5. Accounts Payable Aging
  [Same date as interim financial statements; and remember to sign and date the top page in blue ink]
- [ ] 6. Schedule of Business Debt
  [See form in packet; date and dollar figures must match interim financial statements]

3. Personal Information

- [ ] 1. Personal Federal Tax Returns
  [For prior three years; include all schedules and remember to sign and date the top page in blue ink]
- [ ] 2. Personal Financial Statement
  [See form in packet]
- [ ] 3. Manager and/or Owner Profile
  [See form in packet]
- [ ] 4. Authorization to Release Information
  [See form in packet]

Thank you for applying for a loan with Celtic Bank. The information from this Basic Application will enable us to quickly provide an expression of interest. Additional information may be needed for your specific loan request. Our Business Development Officer can provide you with a supplemental checklist designed to expedite your request through credit approval and loan closing.

Remember to sign and date all forms and documents, even if previously signed.

Basic Application Checklist

List of Forms
(in order of appearance)

- ☐ 1. General Business and project Information
- ☐ 2. Source of Capital Injection
- ☐ 3. Schedule of Collateral
- ☐ 4. History of Business
- ☐ 5. Environmental Questionnaire
- ☐ 6. Request for Copy or Transcript of Tax Form
- ☐ 7. Reconciliation of Owner's Capital
- ☐ 8. Schedule of Business Debt
- ☐ 9. Personal Financial Statement
- ☐ 10. Manager and/or Owner Profile
- ☐ 11. Authorization to Release Information

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Manager and/or Owner Profile

Name ____ SS No. ____________________
First Middle Last

Date of Birth ____________________ Place of Birth ______________________________

Residence Telephone(______) ____________ Business Telephone (______) ____________

Residence address Street ____

City ______________ State ____________________ Zip __________

Previous address Street ____

City ______________ State ____________________ Zip __________

Lived at previous address from ____________________ to ______________________________
Month and Year Month and Year

Spouse's Name ____ SS No. ____________________
First Middle Last

Military Service Background ____

Branch ______________ From __________ To __________ Honorable Discharge? __________

Are you currently employed by the U.S. Government? Yes ☐ No ☐ Agency/Position ____________

Are you a U.S. Citizen? Yes ☐ No ☐ If no, give Alien Registration number ____________

Are you presently under indictment, on parole, or on probation? Yes ☐ No ☐ If yes, please furnish details on separate sheet.

Have you ever been charged with or arrested for any criminal offense other than a minor motor vehicle violation?
Yes ☐ No ☐ If yes, furnish details on a separate sheet.

Have you ever been convicted of any criminal offense other than a minor motor vehicle violation?
Yes ☐ No ☐ If yes, furnish details on a separate sheet.

Have any of the officers of your company ever been involved in bankruptcy or insolvency proceedings?
Yes ☐ No ☐ If yes, furnish details on a separate sheet

Are you or your business involved in any pending lawsuits? Yes ☐ No ☐ If yes, furnish details on a separate sheet.

____ ____________________
Signature Date

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Manager and/or Owner Profile

NAME AND TITLE: ______________________________

TECHNICAL / BUSINESS EXPERIENCE:

MANAGEMENT/ SUPERVISORY EXPERIENCE:

EDUCATION / TRAINING:

ACHIEVEMENTS:

OTHER ACTIVITIES (Business Associations, Civic Involvement, etc.):

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General Business and Project Information

FULL LEGAL NAME OF COMPANY/BORROWER:		TELEPHONE BUSINESS ( ) HOME ( ) FAX ( )
PRIMARY CONTACT:	TAX ID # OR SSN:	

STREET ADDRESS:	CITY	COUNTY	STATE	ZIP CODE
BILLING ADDRESS *(IF DIFFERENT FROM ABOVE)*:	CITY	COUNTY	STATE	ZIP CODE
PROPOSED BUSINESS ADDRESS:	CITY	COUNTY	STATE	ZIP CODE

NATURE OF BUSINESS:	DATE ESTABLISHED

TYPE OF ENTITY: ☐ CORPORATION ☐ SUBCHAPTER S CORPORATION ☐ LIMITED LIABILITY COMPANY ☐ SOLE PROPRIETORSHIP ☐ PARTNERSHIP ☐ OTHER(DESCRIBE)

LOAN TYPE: SBA 7a ☐ SBA 504 ☐ STATE PROGRAMS ☐ OTHER ☐ ____________ (DESCRIBE)

Company Ownership *(List below all owners, principals and officers. If more than three people, please list on separate sheet in same format as below*

NAME	TITLE	%OF OWNERSHIP

Affiliates *(List below all business concerns in which the applicant or any of the individuals listed in the ownership section above have any ownership. If more than four affiliates exist, please list on separate page in same format as below.)*

Name of Business Concern	Three year average of annual sales	Number of employees	Type of business	Name of owner	% of ownership

Project Cost	Enter dollar amounts	Collateral Offered	Present value	Present Loan balance
Real Estate Acquisition		Land Only		
New construction/Expansion Repair		Land & Building		
Acquisition and/or repair of Machinery and Equipment		Machinery & Equipment		
Inventory Purchase		Furniture		
Working Capital		Fixtures		
Acquisition of Existing Business		Accounts Receivable		
Payoff SBA Loan		Inventory		
Payoff Bank Loan (Non SBA Associated)		Residential Real Estate		
Other Debt Payment (Non SBA Associated)		Vehicles		
Loan Costs and fees		Other:		
Total Project:		Other:		
(Less) Capital Injection		Other:		
Total Loan Amount		Total:		

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Source of Capital Injection

Amount of Capital Injection: $______________________________

Capital Sources:

Personal Finances

Cash/Savings................................ $ ____________________

IRA-liquid value if any....................... $ ____________________

Stocks....................................... $ ____________________

Home Equity................................ $ ____________________

Credit Card Advance....................... $ ____________________

Loan from relative or others............... $ ____________________

Other _______________ .... $ ____________________

Other _______________ .... $ ____________________

Business Finances

Cash/Savings................................ $ ____________________

Sale of Assets.............................. $ ____________________

Other _______________ .... $ ____________________

Other _______________ .... $ ____________________

TOTAL.................................... $ ____________________

Signature

Date

Schedule of Collateral

Applicant

Street Address

City | State | Zip Code

LIST ALL COLLATERAL TO BE USED AS SECURITY FOR THIS LOAN

Section 1 - REAL ESTATE

Attach a copy of the deed(s) containing a full legal description of the land and show the location (street address) and city where the deed(s) is recorded. Following the address below, give a brief description of the improvements, such as size, type of construction, use, number of stories, and present condition (use additional sheet if more space is required).

LIST PARCELS OF REAL ESTATE

Address	Year Acquired	Original Cost	Market Value	Amount of Lien	Name of Lienholder

Description(s):

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History of Business

(use Separate Attachments to Answer Questions if Necessary)

Company Name: ______________________ Date and State of Organization ______________________

Nature of Business: (Describe the type of business you are in and how/why you became involved; include date and place of business organization and location of facilities and branches.)

Outlook: (What is your outlook concerning the business activity in which you are engaged?)

How will this loan benefit your company?

Will this loan create new employment opportunities? ☐ Yes ☐ No

If Yes, state how:

Customer Profile: *(What are the primary markets for your products?)*

List Key Customers	Geographic Sales Area

List Major Competitors	Major Suppliers

List any Trade Association(s) or Regulatory Agencies ______________________

Future Plans: *(What is your growth strategy? Rapid growth, moderate, or maintain market position? What are the impediments that may impact your success?)*

Major Past accomplishments, how your business differs from the competition, and your competitive advantages:

Marketing Analysis and Strategy: *(Explain your promotional, pricing, and distribution strategies)*

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Section II - EQUIPMENT, ACCOUNTS, INVENTORY, VEHICLES OR OTHER COLLATERAL

All items listed herein must show manufacturer or make, model, year, and serial number. Items with no serial number must be clearly identified (use additional sheet if more space is required). Attach additional sheets if necessary.

Description - List Manufacturer, Model, and Serial No.	Year Acquired	Original Cost	Market Value	Current Lien Balance	Name of Lien holder

Accounts receivable *(Attach aging of the accounts receivable. Explain here the type and quality of internal accounting, credit granting procedures, customer terms, bad debt experience, concentrations greater than 10%, and any other pertinent information.)*

Inventory *(List type and amount of inventory; total amount should equal total of inventory on interim financial statement)*

Additional Assets *(Patents, copyrights, stocks, bonds, assignments of life insurance, leases, etc.)*

Signature

Date

CELTIC BANK

Environmental Questionnaire

When evaluating your application, Celtic Bank will make inquiries into the past and present environmental condition of your business location(s) and adjacent properties. We may request further environmental information from you or from an environmental professional prior to final approval and funding. We rely upon your careful and thorough responses to our environmental inquiries. However, we are not environmental experts, and you should not rely on any of our environmental inquiries or conclusions in any way.

APPLICANT: ______________________________

ADDRESS OF EXISTING/PROPOSED BUSINESS LOCATION: ______________________________

PRESENT/PROPOSED USE OF LOCATION: ______________________________

☐ Yes ☐ No Are you aware of any substances that have been used on the property, are being used on the property, or will be used on the property which require permits or other regulatory control? *If yes, please describe the substances and provide evidence of regulatory compliance.*

____

____

____

☐ Yes ☐ No Are you presently aware of any past, present or potential lawsuits, regulatory actions, or any environmental issues which may affect you, your proposed business, or the subject property? *If yes, please describe.*

____

____

____

☐ Yes ☐ No Are you presently aware of any past or present underground or aboveground storage tanks at the proposed location? *If yes, please describe.*

____

____

____

☐ Yes ☐ No Do you have any knowledge of any environmental site assessment of the property or facility that indicated the presence of hazardous substances or petroleum products on, or contamination of, the property, or recommended further assessment of the property? *If yes, please describe.*

____

____

____

Applicant agrees to disclose any additional environmental information about the property, including the existence of reports or environmental assessments, discovered prior to settlement and provide copies to Lender, If requested, of any environmental reports or assessments obtained prior to settlement.

Please provide additional attachments where necessary.

______________________________ ______________________________

Signature Date

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Reconciliation of Owners Capital

	Prior 3	Prior 2	Prior 1	Interim
Date*				

*All prior periods *should* be tax returns with the exception of Prior 1, which can be a company prepared statement if taxes have not been filed or filing has been extended.

	Prior 3	Prior 2	Prior 1	Interim
Net Worth-Beginning of Period (Beginning net worth should always be the same as previous year's ending net worth)	$	$	$	$
Net Income (Loss) for Period	$	$	$	$
Other Increases (cumulative)	$	$	$	$
Distributions				
Cash Distributions	$	$	$	$
Stock Distributions	$	$	$	$
Property Distributions	$	$	$	$
Other Decreases (cumulative)	$	$	$	$
Net Worth-End of Period	$	$	$	$

EXAMPLE

	Prior 3	Prior 2	Prior 1	Interim
Actual Date*	12/31/97	12/31/98	12/1/99	7/31/00

*All prior periods *should* be tax returns with the exception of Prior 1, which can be a company prepared statement if taxes have not been filed or filing has been extended.

	Prior 3	Prior 2	Prior 1	Interim
Net Worth-Beginning of Period (Beginning net worth should always be the same as prior year's ending net worth)	$ 27,000	$ 42,000	$ 56,500	$ 68,500
Net Income (Loss) for Period	$ 14,000	$ 22,000	$ 18,000	$ 11,000
Other Increases (cumulative)	$ 3,000	$	$ 500	$
Distributions				
Cash Distributions	$ 2,000	$ 4,000	$ 4,000	$
Stock Distributions	$	$ 2,000	$ 2,500	$
Property Distributions	$	$	$	$
Other Decreases (cumulative)	$	$ 1,500	$	$
Net Worth-End of Period	$ 42,000	$ 56,500	$ 68,500	$ 79,500

IF YOU HAVE DIFFICULTY FILLING OUT THIS FORM, YOU MAY NEED TO CONSULT YOUR BOOKKEEPER/ACCOUNTANT.

Signature ______________________ Date ______________________

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Schedule of Business Debt

COMPANY NAME: ____________________ APPLICATION DATE: ____________________

(Information below should be as of some date as interim financial statement)

Signature ____________________

Indebtedness: Furnish the following on all installment debts, contracts, notes, and mortgages payable. Indicate by asterisk(*) items to be paid by loan proceeds and reason for paying same (present balance should agree with latest balance sheet submitted). Do not include accounts payable or accrued liabilities. *(Duplicate form as necessary if more accounts exist.)*

(a) Creditor Name & Address (b) Phone Number & Contact Person	Original Date	Original Amount	Present Balance	Interest Rate	Monthly Payment	Maturity Date	(a) Collateral (b) Account Number
(a) (b)							(a) (b)
(a) (b)							(a) (b)
(a) (b)							(a) (b)
(a) (b)							(a) (b)
(a) (b)							(a) (b)
(a) (b)							(a) (b)
(a) (b)							(a) (b)
(a) (b)							(a) (b)

Total Present Balance (Should equal interim financial statement amount)	

For debts above to be refinanced, please provide all copies of notes, loan payment histories, credit card statements, settled sheets, escrow statements, bank statements, and any other information to evidence use of proceeds from the original loan, and also satisfactory payment history, both of which are needed to substantiate eligibility.

Lease Information

DO YOU HAVE A LEASE WITH EITHER A LANDLORD OR AFFILIATE BUSINESS FOR THE PROPERTY YOUR BUSINESS NOW OCCUPIES?			☐ YES ☐ NO
MONTHLY RENTAL	YEARS REMAINING ON LEASE	RENEWAL OPTION	☐ YES ☐ NO

Miscellaneous - *If answered "Yes" provide detail: attach a separate sheet if necessary*

IS ANY LOAN APPLICANT, OR ANY DIRECTOR, EXECUTIVE OFFICER OR PRINCIPAL SHAREHOLDER OF LOAN APPLICANT, AN EXECUTIVE OFFICER, DIRECTOR OR PRINCIPAL SHAREHOLDER OF A FINANCIAL INSTITUTION?			☐ YES ☐ NO
HAS YOUR BUSINESS EVER FILED BANKRUPTCY OR DEFAULTED ON ANY DEBTS?			☐ YES ☐ NO
IS THE BUSINESS AN ENDORSER, GUARANTOR, OR CO-MAKER FOR OBLIGATIONS NOT LISTED IN ITS FINANCIAL STATEMENTS?			☐ YES ☐ NO
DOES YOUR BUSINESS USE OR STORE ANY HAZARDOUS/TOXIC MATERIALS, OR PRODUCE HAZARDOUS/TOXIC WASTE?			☐ YES ☐ NO
IS THE BUSINESS A PARTY TO ANY CLAIM OR LAWSUIT?			☐ YES ☐ NO
DOES THE BUSINESS OWE ANY TAXES FOR YEARS PRIOR TO THE CURRENT YEAR?			☐ YES ☐ NO
DOES YOUR COMPANY MAINTAIN KEY PERSON LIFE INSURANCE ON ANY OWNER, OFFICER OR SHAREHOLDE			☐ YES ☐ NO
LIFE INSURANCE AGENT	INSURANCE COMPANY	TELEPHONE	
NAME OF INSURED	BENEFICIARY	$AMOUNT	
ACCOUNT NAME		TELEPHONE	
ATTORNEY NAME		TELEPHONE	
BUSINESS INSURANCE AGENT		TELEPHONE	
RESIDENTIAL INSURANCE AGENT		TELEPHONE	
CERTIFIED DEVELOPMENT CORPORATION		TELEPHONE	
REAL ESTATE AGENT		TELEPHONE	

Agreement

- By signing below, you certify that all the information you've given us with this application is true and complete. You authorize us to verify all your statements with any source, obtain credit and employment history, (including your spouse's, if you live in a community property state) and exchange information with others about your credit and account experience with us. You agree to provide additional information that we may require to process this application.

- You also agree to reimburse Celtic Bank for its expenses in connection with any credit commitment. These expenses include without limitation Celtic Bank appraisal, environmental services and legal costs and are payable even though the extension of credit may not be consummated.

Signature ______________________ Date ______________________

Credit Application Notifications

Thank you for your credit application with Celtic Bank. The following credit application disclosures are required by law or regulation and are provided for your information and use.

FAIR LENDING DISCLOSURES

If your application for business credit is denied, you have the right to a written statement of the specific reason for the denial. To obtain the statement, please contact Celtic Bank 340 East 400 South Salt Lake City, Utah 84111 within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for a statement.

Under the Fair Credit Reporting Act, you are entitled to receive a free copy of your credit report from the agency that provided us with the credit information about you, provided you make written request of the credit reporting agency within 60 days of your receipt of this notice. You may also dispute with the credit reporting agency the accuracy or completeness of any information contained in your consumer report furnished by that agency.

EQUAL CREDIT OPPORTUNITY ACT

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, age (provided the applicant has the ability 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 Deposit Insurance Corporation 25 Ecker, Suite 2300 San Francisco, CA 94105

FAIR CREDIT REPORTING ACT DISCLOSURES

Information Reported to Consumer Reporting Agencies

Under the Fair Credit Reporting Act, you have the right to notify us if you believe we have reported inaccurate information about your account to any Consumer Reporting Agency. Such notices should be sent in writing and include your complete name, current address, Social Security number, telephone number, account number, type of account, specific item of dispute and the reason why you believe the information reported is in error. Send your notice to: Celtic Bank 340 East 400 South Salt Lake City, Utah 84111

CELTIC BANK

Authorization To Release Information

By signing below, you certify that all the information you've given with this application is true and complete. You authorize Celtic Bank to verify all your statements with any source, obtain credit and employment history, (including your spouse's, if you live in a community property state) and exchange information with others about your credit and account experience with Celtic Bank. You agree to provide additional information that Celtic Bank may require to process this application, including but not limited to true and complete federal income tax returns, employment verification and income verification.

Please list company name. Must be signed by an appropriate officer of the company. All individuals guarantying the proposed loan must sign this Document.

Company/Business/Entity:Date:____________________

By: ____________________
(Company/Business/Entity Officer)

Print Name:____________________

Principals and Guarantors

Signature: ____________________

Print Name:____________________

Address:____________________

____

SSN:____________________

Date: ____________________

Signature: ____________________

Print Name:____________________

Address:____________________

____

SSN: ____________________

Date: ____________________

Signature: ____________________

Print Name: ____________________

Address: ____________________

____

SSN:____________________

Date:____________________

Signature: ____________________

Print Name: ____________________

Address: ____________________

____

SSN:____________________

Date: ____________________

OMB APPROVAL NO.3245-0178
Expiration Date: 2/28/2013

United States of America

SMALL BUSINESS ADMINISTRATION

STATEMENT OF PERSONAL HISTORY

Please Read Carefully: SBA uses Form 912 as one part of its assessment of program eligibility. Please reference SBA Regulations and Standard Operating Procedures if you have any questions about who must submit this form and where to submit it. For further information, please call SBA's Answer Desk at 1-800-U-ASK-SBA (1-800-827-5722), or check SBA's website at www.sba.gov.

Name and Address of Applicant (Firm Name)(Street, City, State, and ZIP Code)

SBA District/Disaster Area Office

Amount Applied for (when applicable)

File No. (if known)

1. Personal Statement of: (State name in full, if no middle name, state (NMN), or if initial only, indicate initial.) List all former names used, and dates each name was used. Use separate sheet if necessary.

First Middle Last

2. Give the percentage of ownership or stock owned or to be owned in the small business or the development company

Social Security No.

3. Date of Birth (Month, day, and year)

4. Place of Birth: (City & State or Foreign Country)

Name and Address of participating lender or surety co. (when applicable and known)

5. U.S. Citizen? ☐ YES ☐ NO **INITIALS**: ____________
If No, are you a Lawful Permanent resident alien: ☐ YES ☐ NO
If non- U.S. citizen provide alien registration number: ____________

6. Present residence address:
From:
To:
Address:

Home Telephone No. (Include Area Code):
Business Telephone No. (Include Area Code):

Most recent prior address (omit if over 10 years ago):
From:
To:
Address:

PLEASE SEE REVERSE SIDE FOR EXPLANATION REGARDING DISCLOSURE OF INFORMATION AND THE USES OF SUCH INFORMATION.

YOU MUST INITIAL YOUR RESPONSES TO QUESTIONS 5,7,8 AND 9.

IF YOU ANSWER "YES" TO 7, 8, OR 9, FURNISH DETAILS ON A SEPARATE SHEET. INCLUDE DATES, LOCATION, FINES, SENTENCES, WHETHER MISDEMEANOR OR FELONY, DATES OF PAROLE/PROBATION, UNPAID FINES OR PENALTIES, NAME(S) UNDER WHICH CHARGED, AND ANY OTHER PERTINENT INFORMATION. AN ARREST OR CONVICTION RECORD WILL NOT NECESSARILY DISQUALIFY YOU; HOWEVER, UNTRUTHFUL ANSWER WILL CAUSE YOUR APPLICATION TO BE DENIED AND SUBJECT YOU TO OTHER PENALTIES AS NOTED BELOW.

7. Are you presently under indictment, on parole or probation? **INITIALS**: ____________
☐ Yes ☐ No (If yes, indicate date parole or probation is to expire.)

8. Have you ever been charged with, and/or arrested for, any criminal offense other than a minor motor 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 ☐ No **INITIALS**: ____________

9. Have 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 vehicle violation?
☐ Yes ☐ No **INITIALS**: ____________

10. I authorize the Small Business Administration Office of Inspector General to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for programs authorized by the Small Business Act, and the Small Business Investment Act.

CAUTION - PENALTIES FOR FALSE STATEMENTS: Knowingly making a false statement on this form is a violation of Federal law and could result in criminal prosecution, significant civil penalties, and a denial of your loan, surety bond, or other program participation. A false statement is punishable under 18 USC 1001 and 3571 by imprisonment of not more than five years and/or a fine of up to $250,000; under 15 USC 645 by imprisonment of not more than two years and/or a fine of not more than $5,000; and, if submitted to a Federally insured institution, under 18 USC 1014 by imprisonment of not more than thirty years and/or a fine of not more than $1,000,000.

Signature	Title	Date

Agency Use Only

11. ☐ Fingerprints Waived ____________ Date Approving Authority

☐ Fingerprints Required ____________ Date Approving Authority

Date Sent to OIG ____________

12. ☐ Cleared for Processing ____________ Date Approving Authority

13. ☐ Request a Character Evaluation ____________ Date Approving Authority

(Required whenever 7, 8 or 9 are answered "yes" even if cleared for processing.)

PLEASE NOTE: The estimated burden for completing this form is 15 minutes per response. You are not required to respond to any collection of information unless it displays a currently valid OMB approval number. Comments on the burden should be sent to U.S. Small Business Administration, Chief, AIB, 409 3rd St., S.W.,Washington D.C. 20416 and Desk Officer for the Small Business Administration, Office of Management and Budget, New Executive Office Building, Room 10202, Washington, D.C. 20503. OMB Approval 3245-0178. **PLEASE DO NOT SEND FORMS TO OMB.**

NOTICES REQUIRED BY LAW

The following is a brief summary of the laws applicable to this solicitation of information.

Paperwork Reduction Act (44 U.S.C. Chapter 35)

SBA is collecting the information on this form to make a character and credit eligibility decision to fund or deny you a loan or other form of assistance. The information is required in order for SBA to have sufficient information to determine whether to provide you with the requested assistance. The information collected may be checked against criminal history indices of the Federal Bureau of Investigation.

Privacy Act (5 U.S.C. § 552a)

Any person can request to see or get copies of any personal information that SBA has in his or her file, when that file is retrieved by individual identifiers, such as name or social security numbers. Requests for information about another party may be denied unless SBA has the written permission of the individual to release the information to the requestor or unless the information is subject to disclosure under the Freedom of Information Act.

Under the provisions of the Privacy Act, you are not required to provide your social security number. Failure to provide your social security number may not affect any right, benefit or privilege to which you are entitled. Disclosures of name and other personal identifiers are, however, required for a benefit, as SBA requires an individual seeking assistance from SBA to provide it with sufficient information for it to make a character determination. In determining whether an individual is of good character, SBA considers the person's integrity, candor, and disposition toward criminal actions. In making loans pursuant to section 7(a)(6) the Small Business Act (the Act), 15 USC § 636 (a)(6), SBA is required to have reasonable assurance that the loan is of sound value and will be repaid or that it is in the best interest of the Government to grant the assistance requested. Additionally, SBA is specifically authorized to verify your criminal history, or lack thereof, pursuant to section 7(a)(1)(B), 15 USC § 636(a)(1)(B). Further, 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 Act or the Small Business Investment Act,15 USC §§ 634(b)(11) and 687b(a). For these purposes, you are asked to voluntarily provide your social security number to assist SBA in making a character determination and to distinguish you from other individuals with the same or similar name or other personal identifier.

When the information collected on this form 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 74 Fed. Reg. 14890 (2009) for other published routine uses.

Form **4506-T**

(Rev. April 2006)

Department of the Treasury
Internal Revenue Service

Request for Transcript of Tax Return

► **Do not sign this form unless all applicable lines have been completed. Read the instructions on page 2.**

► **Request may be rejected if the form is incomplete, illegible, or any required line was blank at the time of signature.**

OMB No. 1545-1872

Tip: Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can also call 1-800-829-1040 to order a transcript. If you need a copy of your return, use **Form 4506,** Request for Copy of Tax Return. There is a fee to get a copy of your return.

1a Name shown on tax return. If a joint return, enter the name shown first.

1b First social security number on tax return or employer identification number (see instructions)

2a If a joint return, enter spouse's name shown on tax return

2b Second social security number if joint tax return

3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code

4 Previous address shown on the last return filed if different from line 3

5 If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information.

Caution: *If a third party requires you to complete Form 4506-T, **do not** sign Form 4506-T if lines 6 and 9 are blank.*

6 **Transcript requested.** Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ► ____________

a **Return Transcript,** which includes most of the line items of a tax return as filed with the IRS. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120A, Form 1120H, Form 1120L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days . . . ☐

b **Account Transcript,** which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 30 calendar days . ☐

c **Record of Account,** which is a combination of line item information and later adjustments to the account. Available for current year and 3 prior tax years. Most requests will be processed within 30 calendar days . . . ☐

7 **Verification of Nonfiling,** which is proof from the IRS that you **did not** file a return for the year. Most requests will be processed within 10 business days . . . ☐

8 **Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2003, filed in 2004, will not be available from the IRS until 2005. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 45 days . . ☐

Caution: *If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.*

9 **Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

___/___/_____ ___/___/_____ ___/___/_____ ___/___/_____

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, **either** husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer.

Telephone number of taxpayer on line 1a or 2a
(   )

Sign Here

Signature (see instructions) Date

Title (if line 1a above is a corporation, partnership, estate, or trust)

Spouse's signature Date

General Instructions

Purpose of form. Use Form 4506-T to request tax return information. You can also designate a third party to receive the information. See line 5.

Tip. Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

Where to file. Mail or fax Form 4506-T to the address below for the state you lived in when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

Note. *If you are requesting more than one transcript or other product and the chart below shows two different service centers, mail your request to the service center based on the address of your most recent return.*

Chart for individual transcripts (Form 1040 series and Form W-2)

If you filed an individual return and lived in:	Mail or fax to the "Internal Revenue Service" at:
District of Columbia, Maine, Maryland, Massachusetts, New Hampshire, New York, Vermont	RAIVS Team Stop 679 Andover, MA 05501 978-247-9255
Alabama, Delaware, Florida, Georgia, North Carolina, Rhode Island, South Carolina, Virginia	RAIVS Team P.O. Box 47-421 Stop 91 Doraville, GA 30362 678-530-5326
Arkansas, Kansas, Kentucky, Louisiana, Mississippi, Oklahoma, Tennessee, Texas, West Virginia	RAIVS Team Stop 6716 AUSC Austin, TX 73301 512-460-2272
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nebraska, Nevada, New Mexico, Oregon, South Dakota, Utah, Washington, Wyoming	RAIVS Team Stop 38101 Fresno, CA 93888 559-253-4990
Connecticut, Illinois, Indiana, Iowa, Michigan, Minnesota, Missouri, North Dakota, Ohio, Wisconsin	RAIVS Team Stop 6705–B41 Kansas City, MO 64999 816-823-7667
New Jersey, Pennsylvania, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team DP 135SE Philadelphia, PA 19255-0695 215-516-2931

Chart for all other transcripts

If you lived in or your business was in:	Mail or fax to the "Internal Revenue Service" at:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Georgia, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Tennessee, Texas, Utah, Washington, Wyoming	RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409 801-620-6922
Connecticut, Delaware, District of Columbia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia, Wisconsin	RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250 859-669-3592
A foreign country, or A.P.O. or F.P.O. address	RAIVS Team DP 135SE Philadelphia, PA 19255-0695 215-516-2931

Line 1b. Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

Line 6. Enter only one tax form number per request.

Signature and date. Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the information be sent to a third party, the IRS must receive Form 4506-T within 60 days of the date signed by the taxpayer or it will be rejected.

Individuals. Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Corporations. Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer.

Partnerships. Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

All others. See Internal Revenue Code section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

Documentation. For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the Letters Testamentary authorizing an individual to act for an estate.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. Sections 6103 and 6109 require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form,** 10 min.; **Preparing the form,** 12 min.; and **Copying, assembling, and sending the form to the IRS,** 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6406, Washington, DC 20224. Do not send the form to this address. Instead, see *Where to file* on this page.

U.S. SMALL BUSINESS ADMINISTRATION

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

PERSONAL FINANCIAL STATEMENT

As of ______________ , ________

Complete this form for: (1) each proprietor, or (2) each limited partner who owns 20% or more interest and each general partner, or (3) each stockholder owning 20% or more of voting stock, or (4) any person or entity providing a guaranty on the loan.

Name	Business Phone
Residence Address	Residence Phone
City, State, & Zip Code	
Business Name of Applicant/Borrower	

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

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

Description of Other Income in Section 1.

*Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.

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

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

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

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

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

	Property A	Property B	Property C
Type of Property			
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 SBA/Lender to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. I understand FALSE statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001).

Signature: Date: Social Security Number:

Signature: Date: Social Security Number:

PLEASE NOTE: The estimated average burden hours for the completion of this form is 1.5 hours per response. If you have questions or comments concerning this estimate or any other aspect of this information, please contact Chief, Administrative Branch, U.S. Small Business Administration, Washington, D.C. 20416, and Clearance Officer, Paper Reduction Project (3245-0188), Office of Management and Budget, Washington, D.C. 20503. **PLEASE DO NOT SEND FORMS TO OMB.**

PROJECTION OF REVENUE AND EARNINGS

Proforma Year	Year 1 200__	Year 2 200__	Year 3 200__
Total Sales	$	$	$
Less Returns & Allowances	$	$	$
Net Sales	$ **$0,000.00**	$ **$0,000.00**	$ **$0,000.00**
Cost of Goods Sold			
Opening Inventory	$	$	$
Purchase	$	$	$
Overhead	$	$	$
Less Ending Inventory	$	$	$
Other________________	$	$	$
Other________________	$	$	$
Other________________	$	$	$
Miscellaneous/Other	$	$	$
Total Cost of Goods Sold	$	$	$
Gross Profit	$ **$0,000.00**	$ **$0,000.00**	$ **$0,000.00**
Expenses			
Officers' Salaries	$	$	$
Employee Wages	$	$	$
Payroll Taxes	$	$	$
Miscellaneous/Other	$	$	$
Total Salaries & Compensation	$	$	$
Rent	$	$	$
Repairs	$	$	$
Bad Debt	$	$	$

Expenses continued onto the next page

CELTIC BANK
Member FDIC
Equal Housing Lender

PROJECTION OF REVENUE AND EARNINGS

Proforma Year	Year 1 200__	Year 2 200__	Year 3 200__
Taxes & Licenses	$	$	$
Depreciation	$	$	$
Insurance	$	$	$
Advertising & Selling	$	$	$
Pension, Profit Sharing, Etc. Plans	$	$	$
Employee Benefit Program	$	$	$
Miscellaneous/Other	$	$	$
Total Other Operating Expenses	$	$	$
Total Expenses	$	$	$
Total Operating Profit (Loss)	$ $0,000.00	$ $0,000.00	$ $0,000.00
Interest Expense (Income)	$	$	$
Earnings (Loss) Before Taxes	$ $0,000.00	$ $0,000.00	$ $0,000.00
Less: Federal Income Taxes	$	$	$
Less: State Income Taxes	$	$	$
Net Profit After Taxes	$ $0,000.00	$ $0,000.00	$ $0,000.00
Net Profit Remaining for Loan Payments	$	$	$
Less Withdrawals/Dividends (Proprietorship/Partnership)	$	$	$
Number of Employees	#	#	#

Name   **Title**   **Date**