



BUILDING SUCCESS WITH 504 LOANS

# RMI Intermediary Relending Program

www.rmiinc.org

## COMPANY INFORMATION

Company Name

Address

City

State

Zip

Name Of Principal In Charge

Telephone

Fax

E-mail

Secondary Contact (in-house controller or bookkeeper)

Telephone

Fax

E-mail

Type of Business

Date Established

Type of Entity

Corporation

Partnership

Proprietorship

LLC

## COMPANY OWNERSHIP

Name	Title	% of Ownership
		(Total must equal 100%)

## AFFILIATE BUSINESS (IF APPLICABLE)

Name	Title	% of Ownership
		(Total must equal 100%)

## EXISTING BUSINESS LOCATIONS

Address

Square Footage

Lease Payment



**PROJECT INFORMATION**

Street Address of Project

City

County

State

Zip

Escrow Closing Date

Realtor's Name

Realtor's Phone

Realtor's E-mail

What is the square footage of the new building?

What is the square footage your company will occupy?

If known, how will the property be vested (i.e. individually, partnership, LLC, corporation, etc.)?

**TOTAL PROJECT COSTS**

Purchase existing building or equipment only	(A) Cost \$	Construction Project	(B) Cost \$	Miscellaneous	(C) Cost \$
Purchase price		Land acquisition		Payoff bank loan	
Tenant improvements		Construction bid		Other debt payment	
Equipment*		Architects, permits, other soft costs		Inventory purchase	
Other		Equipment*		Working capital	
		Other		Acquisition of existing businesses	
				All other	
TOTAL (A)		TOTAL (B)		TOTAL (C)	

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

**TOTAL of (A)+(B)+(C) = \$**

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 \$

**EMPLOYEE QUESTIONNAIRE**

What is the number of current employees?

What is the number of employees if the loan is approved?

Key Employee's Name	Title	Responsibilities	Years with the co.	Years in the industry

### MISCELLANEOUS QUESTIONS

**Please answer the following questions, and provide the appropriate information if applicable.**

Do you have any co-signers and/or guarantors for this loan? If so, please submit their names, addresses and personal balance sheets. If not applicable, check here.

A schedule of any previous government financing by any principals or affiliates.

Name of agency	Original amount
----------------	-----------------

Date of request	Approved	Declined
-----------------	----------	----------

The outstanding balance	Status
-------------------------	--------

If not applicable, check here

Do you buy from, sell to, or use the service of any concern in which someone in your company has a significant financial interest? If yes, provide details. If no, click here.

Does your business, its owners or majority stockholders own or have a controlling interest in other businesses? If yes, please provide their names and the relationship. If no, click here.

Do you or your spouse or any member of your household, or anyone who owns, manages, or directs your business or their spouses or members of their households work for the Small Business Administration, Small Business Advisory Council, SCORE or ACE, any Federal Agency, or participating lender? If yes, provide the name and address of the person and the office where they are employed. If no, click here.

Have you or any officers of your company ever been involved in bankruptcy or insolvency proceedings? If yes, please provide details. If no, click here.

Are you or your business involved in any pending lawsuits? If yes, provide details. If no, check here.

Are you buying machinery or equipment with your loan money? If yes, include a list of equipment and cost as quoted by the seller and their name and address. If no, check here.

Description	Make/Model	Seller	Quantity	Cost \$

### AUTHORIZATION TO RELEASE INFORMATION

Yes, I authorize the release to RMI any information they may require at any time for any purpose related to my/our credit transaction with them. By checking the Yes box above and submitting this form, I further authorize RMI to release such information to any entity they deem necessary for any purpose related to my/our credit transaction with them.

I/We authorize RMI to obtain a credit report on me/us through the credit reporting agency of its choice, as well as to answer questions others may ask about my/our credit record with RMI. I/We understand that I/we must update credit and financial information as requested if my/our financial condition changes.

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

Print Name

Signature

Date

Print Name

Signature

Date

*RMI is an Equal Opportunity lender. RMI will not discriminate against any loan applicant because of his or her race, color, religion, sex, handicap, familial status, or national origin.*

## PERSONAL FINANCIAL STATEMENT

As of \_\_\_\_\_, 20 \_\_\_\_\_

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

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.

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

Section 4. (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.** (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 RMI 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: \_\_\_\_\_

