

FINANCING INFORMATION

Total amount of loan request \$

Purpose of loan request

Working capital \$

Equipment \$

Inventory \$

Leasehold improvements \$

Personal (not borrowed) funds available to invest in business \$

Source

Have you contacted your bank for financing? Yes No What bank?

Who referred you to the program?

Phone

DEMOGRAPHIC INFORMATION

The SBA has requested that we obtain the following information for statistical purposes only. Please check all those that apply.

Business owned by Female (100%) Female (51%) Male (100%) Male (51%)

Veteran Status Non-Veteran Vietnam-era Veteran Other Veteran

Ethnicity Black White Puerto Rican Asian/Pacific Islander Eskimo/Alutians
American Indian Multi Group

Marital Status Married Single Single with Children Widowed
Other (please explain)

What is your combined yearly household income as of today? \$

How many are in your household?

ADDITIONAL INFORMATION

Please provide the following items with a completed application and forms.

- Copies of business tax returns for the previous 3 years.
- Copies of personal tax returns for the previous 3 years.
- Aging of Accounts Receivable and Accounts Payable (if applicable).
- Check for \$15 made payable to RMI for a Credit Report.

CERTIFICATIONS

Please read the following and sign the Application Form below. All owners, officers, and partners must sign this application.

The information in this Loan Application is provided for the purpose of applying for funds under the RMI/SBA Microloan Program. The information is accurate to the best of my knowledge. I understand that personal and/or business information may be requested pursuant to this loan application and I hereby give my consent for such information to be provided to RMI. I also understand that RMI retains the sole decision as to whether this loan application is approved, disapproved, or modified. It is my right to accept or decline the loan amount, rate and terms approved by RMI.

I AUTHORIZE RMI to keep this application whether or not my request for credit is approved. By signing below, I authorize RMI to obtain a credit report on me through the credit-reporting agency of its choice, as well as to answer questions others may ask about my credit record with RMI (if applicable). I understand that I must update credit and financial information as requested if my financial condition changes.

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.

BUSINESS PLAN OUTLINE

1. Executive Summary
 - Provide a brief summary of your plan.
2. Company Description
 - Give an overview of the history, function, location, and goals of the business.
 - Indicate what type of legal entity your company is and its ownership structure: sole proprietorship, partnership, corporation or limited liability company (include copies of organizational documents).
 - If you have partners, shareholders, or members, who are they and how much of your company they own.
3. Management/Personnel
 - Describe your abilities, experience and qualifications to run the business.
 - Review who works for you and their experience.
 - Include resumes of key people, including yourself.
4. Market Analysis
 - Describe the knowledge you have of your customers and their need for your product/service.
 - Describe any competitors you may have and your strategy for competing with them.
5. Product/Service Offering
 - Describe your product or service.
 - Discuss your pricing policy.
 - If applicable, explain how you make your product or provide your service.
6. Marketing Plan
 - Describe how you intend to sell your product/service and who will buy it.
 - Discuss your distribution plans, advertising arrangements, and sales strategy.
7. Financial Plan and Analysis
 - Start-up money requirements.
 - Projected income statement for one year (see sample).
 - Projected balance sheet for one year (see sample).
 - Projected cash flow for the next 12 months (see sample).
 - Discuss how you arrived at the numbers on the projected statements.



PERSONAL FINANCIAL STATEMENT

U.S. SMALL BUSINESS ADMINISTRATION

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	\$	_____
Total	\$	_____	Net Worth	\$	_____
			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.

(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 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.



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

Please Read Carefully - Print or Type

Each member of the small business concern or the development company requesting assistance must submit this form in TRIPLICATE for filing with the SBA application. This form must be filled out and submitted by:

1. If a sole proprietorship by the proprietor.
2. If a partnership by each partner.
3. If a corporation or a development company, by each officer, director, and additionally by each holder of 20% or more of the voting stock.
4. Any other person including a hired manager, who has authority to speak for and commit the borrower in the management of the business.

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 _____	Name and Address of participating lender or surety co. (when applicable and known) 2. Date of Birth (Month, day, and year) 3. Place of Birth: (City & State or Foreign Country)
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4. Give the percentage of ownership or stock owned or to be owned in the small business concern or the Development Company	Social Security No.	U.S. Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, give alien registration number: _____
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5. Present residence address: From: _____ To: _____ Address: _____ Home Telephone No. (Include A/C): _____ Business Telephone No. (Include A/C): _____	Most recent prior address (omit if over 10 years ago): From: _____ To: _____ Address: _____
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IT IS AGAINST SBA'S POLICY TO PROVIDE ASSISTANCE TO PERSONS NOT OF GOOD CHARACTER; THEREFORE, CONSIDERATION IS GIVEN TO A PERSON'S BEHAVIOR, INTEGRITY, CANDOR, AND DISPOSITION TOWARD CRIMINAL ACTIONS. IT IS ALSO AGAINST SBA'S POLICY TO PROVIDE ASSISTANCE NOT IN THE BEST INTEREST OF THE UNITED STATES; FOR EXAMPLE, IF THERE IS REASON TO BELIEVE THE EFFECT OF SUCH ASSISTANCE WILL BE TO ENCOURAGE OR SUPPORT, DIRECTLY OR INDIRECTLY, ACTIVITIES HARMFUL TO THE SECURITY OF THE UNITED STATES.

THEREFORE, IT IS IMPORTANT THAT THE NEXT THREE QUESTIONS BE ANSWERED TRUTHFULLY AND COMPLETELY. AN ARREST OR CONVICTION RECORD WILL NOT NECESSARILY DISQUALIFY YOU; HOWEVER, AN UNTRUTHFUL ANSWER WILL CAUSE YOUR APPLICATION TO BE DENIED.

IF YOU ANSWER "YES" TO 6, 7, OR 8, FURNISH DETAILS IN A SEPARATE EXHIBIT. 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.

6. Are you presently under indictment, on parole or probation?
 Yes No (If yes, indicate date parole or probation is to expire.)

7. 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

8. 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

9. 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, as amended.

CAUTION: 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 by imprisonment of not more than five years and/or a fine of not more than \$10,000; 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 twenty years and/or a fine of not more than \$1,000,000.

Signature	Title	Date
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Agency Use Only 10. <input type="checkbox"/> Fingerprints Waived _____ Date _____ Approving Authority _____ <input type="checkbox"/> Fingerprints Required _____ Date Sent to OIG _____ Date _____ Approving Authority _____	11. <input type="checkbox"/> Cleared for Processing _____ Date _____ Approving Authority _____ <input type="checkbox"/> Request a Character Evaluation _____ Date _____ Approving Authority _____
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Please Note: The estimated burden for completing this form is 15 minutes per response. You will not be required to respond to this information if a valid OMB approval number is not displayed. If you have questions or comments concerning this estimate or other aspects of this information collection, please contact the U.S. Small Business Administration, Chief, Administrative Information Branch, Washington, D.C. 20416 and/or Office of Management and Budget, Clearance Officer, Paperwork Reduction Project.

PROJECTED PROFIT & LOSS STATEMENT

Year Ending	
Revenue	
Gross Sales	
Less Returns & Allowances	
Net Sales	
Cost of Sales	
Gross Profit	
Operating Expenses	
Selling	
Salaries & Wages	
Payroll Taxes	
Commissions	
Advertising	
Other	
Total Selling Expenses	
General & Administrative	
Salaries & Wages	
Payroll Taxes	
Employee Benefits	
Insurance	
Depreciation	
Automobile Expense	
Dues & Subscriptions	
Legal & Accounting	
Office Supplies	
Telephone	
Utilities	

Rent	
Taxes & Licenses	
Other	
Total General & Administrative	
Total Operating Expenses	
Operating Profit (Loss)	
Other Income and Expenses	
Net Income and Expenses	
Net Income (Loss) Before Taxes	
Income Taxes	
Net Income (Loss)	

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Period Ending	
Assets	
Current Assets	
Cash and Equivalents	
Accounts Receivable	
Inventories	
Prepaid Expenses	
Total Current Assets	
Fixed Assets	
Land	
Buildings	
Equipment	
Furniture	
Vehicles	
Less: Accumulated	
Depreciation	
Total Fixed Assets, Net	
Other Assets	
Total Assets	
Liabilities and Shareholders' Equity	
Current Liabilities	
Accounts Payable	
Short-Term Debt	
Current Portion of Long-Term Debt	
Income Taxes Payable	
Accrued Expenses	
Total Current Liabilities	

Long-Term Debt	
Shareholders' Equity	
Capital Stock	
Additional Paid-In Capital	
Retained Earnings	
Total Shareholders' Equity	
Total Liabilities and Shareholders' Equity	

Personal references (relative or close friend may be included)

Reference Name #1

Address

City State Zip

Phone E-mail

Reference Name #2

Address

City State Zip

Phone E-mail

Bank references

Bank Name #1 Account #

Address

City State Zip

Phone Contact

Bank Name #2 Account #

Address

City State Zip

Phone Contact

Internet resources for small Businesses

sba.gov	score.org	irs.gov	superpages.com
missouridevelopment.org	webnow.com	bplans.com	e-markets.com
missouribusiness.net	dor.state.mo.us	gogettem.com	foospace.com
ded.state.mo.us	morebusiness.com	businessplans.org	stat-usa.gov
businesstown.com	feemarkets.com	uspto.gov	mo-sbdc.org