



BUILDING SUCCESS WITH 504 LOANS

RMI Commercial Loan Application

www.rmiinc.org

Steps to apply:

1. Complete the entire application, sign and date.
2. Provide a completed business plan. See the business plan outline attached. For assistance in preparing your business plan please contact RMI.
3. Send the completed application to: RMI, 3324 Emerald Lane, Jefferson City, MO 65109

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

Federal ID Number

Are you a U.S. citizen? Yes No (If no, mail a copy of Alien Registration Card Form I-151 or I-551.)

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

Replaced by new facility? Yes No

Address

Square Footage

Lease Payment

Replaced by new facility? Yes No

REFERENCE

Bank Name

Account Number

Account Officer

Phone

Accountant

Firm Name

Phone

E-mail

Attorney

Firm Name

Phone

E-mail

Trade Reference

Contact Name

Phone

E-mail

NATURE OF YOUR BUSINESS

What is the nature of your business?

What type of products/services do you provide?

What is the geographic market area?

List your key customers.

List your major competitors.

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 \$

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, check 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, check 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, check here:

Have you or any officers of your company ever been involved in bankruptcy or insolvency proceedings? If yes, please provide details. If No, check 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 \$

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

DEMOGRAPHIC INFORMATION (OPTIONAL)

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

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/Aleuts
 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 & personal tax returns for the previous 3 years.**
- **Aging of Accounts Receivable and Accounts Payable (if applicable).**

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	\$	_____
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 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: _____

STATEMENT OF PERSONAL HISTORY

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 RMI 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)	RMI 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. <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 20px;"> First Middle Last </div>	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 RMI'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 RMI'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

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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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

continued next page

PROJECTED PROFIT & LOSS STATEMENT *(continued)*

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)	

PROFORMA BALANCE SHEET

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	

continued next page

PROFORMA BALANCE SHEET *(continued)*

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

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.

INTERNET RESOURCES FOR SMALL BUSINESSES

sba.gov
missouridevelopment.org
missouribusines.net
ded.state.mo.us
businesstown.com

score.org
webnow.com
dor.state.mo.us
morebusiness.com
feemarkets.com

irs.gov
bplans.com
gogettem.com
businessplans.org
uspto.gov

superpages.com
e-markets.com
floorspace.com
stat-usa.gov
mo-sbdc.org