



PO Box 5079  
202 Falls Avenue  
Twin Falls, ID 83301  
208-732-5727  
[WWW.rivda.org](http://WWW.rivda.org)

Email Loan Application to [loans@rivda.org](mailto:loans@rivda.org)

## COMMERCIAL LOAN APPLICATION AND CHECKLIST

Thank you for considering Region IV Development for your financial needs.

The following is a checklist of information normally required for a commercial loan request.

Applications can be dropped off at the office or emailed to [loans@rivda.org](mailto:loans@rivda.org)

Please sign and date the front page of all financial information provided.

### INDIVIDUAL FINANCIAL INFORMATION ON OWNERS OF THE BUSINES

- 2 years personal tax returns
- Copy of Driver's License / Permanent Resident Alien Card

### BUSINESS FINANCIAL INFORMATION

- 2 years business tax returns
- Year to Date balance sheet and income statement as of the most recent month-end
- Accounts receivable and accounts payable aging as of the most recent month-end
- Equipment list including description, model, original cost, date acquired, and current market value
- If the Business has been in operations for less than 2 years:
  - Business Plan
  - Financial projections and assumptions
- Organizational Documents  
(Articles of Organization, Operating Agreement, Articles of Incorporation, Bylaws, etc.)

### AFFILIATED BUSINESS FINANCIAL INFORMATION (Business in which you have 20% or more ownership in)

- 2 years business tax returns

### OTHER APPLICABLE INFORMATION

- If collateral involves real estate please provide the purchase and sale agreement
- Please fill out the attached Environmental Questionnaire
- If ownership is changing, provide a copy of the buy-sell agreement

If there is construction involved, provide copies of plans and specs, bids, cost break down and builder contract



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Credit Information				
Amount Requested	Proposed use of loan funds		Describe Collateral	
About the Applicant (Complete this section for all business Services)				
Business Legal Name			DBA Name (If Applicable)	
Business Street Address (Not PO Box)			City	State
Business Mailing Address (if different than above)			City	State
Federal Tax ID	Business Phone		Primary Contact Name	
Business Email	Business Web Address	Date Business Started	Date Under Current Ownership	
Name of Owners of the Business		Owners Title		Owners Percentage
Number of Employees		Anticipated Additional Employees within the next 24 months:		
Full Time:	Part Time:	Full Time:	Part Time:	
<b>Type of Organization: (Check ONLY one )</b> <input type="checkbox"/> Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other				
Describe Product or Services				
Is your business a Franchise? <input type="checkbox"/> Yes <input type="checkbox"/> No		Franchise Name:		
Bank Name	Contact		Phone	

**Business Background Questions**

	Yes	No
Has the Small Business Applicant or any Affiliates ever obtained or applied for a direct or guaranteed loan from SBA, or from any other Federal, State or local government loan program or been a guarantor on such a loan? If yes, provide relevant information		
Has the Applicant business ever declared bankruptcy? If yes, explain and provide relevant documents		
Is the Applicant business involved in any pending lawsuits, or reasonably foreseeable lawsuits or charges of discrimination with any government agency? If yes, please explain		

**Business Liabilities (Attach additional liabilities)**

Creditor Name & Address	Original Amount	Original Date	Current Balance	Int Rate	Maturity Date	Monthly Pmt	Secured by	Current
								<input type="checkbox"/> Yes <input type="checkbox"/> No
								<input type="checkbox"/> Yes <input type="checkbox"/> No
								<input type="checkbox"/> Yes <input type="checkbox"/> No
								<input type="checkbox"/> Yes <input type="checkbox"/> No
								<input type="checkbox"/> Yes <input type="checkbox"/> No
								<input type="checkbox"/> Yes <input type="checkbox"/> No

By signing below, I (we) hereby authorize Region IV Development as well as any governmental agency regulating or administering various loan programs, to make all inquiries deemed necessary to verify the accuracy of the statements made herein and to determine my (our) credit worthiness. I (We) certify the information and the statements contained herein and the information provided to support the application is a true and accurate statement of my (our) financial condition as of the date stated herein. I (we) understand that if I (we) knowingly make a false statement or overvalue an asset, I (we) may be subject to fines or imprisonment as defined by applicable laws. I (We) understand that this application will be reviewed for possible funding via several different loan programs. I (we) authorize Region IV Development to contact our accountant(s), bank(s) and credit references, obtain credit reports from various credit reporting agencies, and to conduct any other activities necessary to review my (our) application. I (we) understand that financing is dependent upon factors that Region IV Development cannot control such as economic and financial conditions, the ultimate decision of oversight committees and/or lending institutions, changing lending programs and criteria, and other variables outside of the control of Region IV Development. Accordingly, Region IV Development does not guarantee that I (we) will obtain financing. I (We) agree that Region IV Development shall not be responsible or liable in any manner to me (us) or any other person or organization in the event that financial assistance is not obtained from financing sources, regardless of the reason for failing to obtain financing. I (We) also agree that Region IV Development shall not be liable for any of the debts or obligations that are incurred on my (our) behalf. I (We) further agree that I (we) and all related parties will hold harmless and defend Region IV Development including its officers, directors, and employees; and I (we) agree to pay all of Region IV Development' costs and expenses, including attorney's fees, in the event any claim is made or lawsuit is filed by or against Region IV Development arising out of any transaction or assistance provided.

Name	Signature	Title	Date
Name	Signature	Title	Date
Name	Signature	Title	Date
Name	Signature	Title	Date

**Owner And / Or Guarantor Information**

**Complete for each principal owner. Make additional copies if necessary.**

Owner/Guarantor Name:		Ownership %	Date of Birth:	Social Security #	
Authorized Officer: <input type="checkbox"/> President/Chairman <input type="checkbox"/> Vice President <input type="checkbox"/> Secretary <input type="checkbox"/> Treasurer <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Member <input type="checkbox"/> Partner <input type="checkbox"/> Other			Email Address:		
Street Address:		City	State	Zip	Phone
Place of Birth: City: State:	US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No		If No, are you a Lawful Permanent Resident Alien Alien Registration Number:		
Driver's License Number	Driver's License Expiration	Driver's License State of issuance			
<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried					
<b>Spouse Information:</b>					
Owner/Guarantor Name:		Ownership %	Date of Birth:	Social Security #	
Authorized Officer: <input type="checkbox"/> President/Chairman <input type="checkbox"/> Vice President <input type="checkbox"/> Secretary <input type="checkbox"/> Treasurer <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Member <input type="checkbox"/> Partner <input type="checkbox"/> Other			Email Address:		
Street Address:		City	State	Zip	Phone
Place of Birth: City: State:	US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No		If No, are you a Lawful Permanent Resident Alien Alien Registration Number:		
Driver's License Number	Driver's License Expiration	Driver's License State of issuance			
<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried					

**Personal Financial Information**

Assets	Amount	Liabilities	Amount
Cash in Bank	\$	Accounts Payable	\$
Savings Accounts	\$	Notes Payable to Banks and Others (Describe on attached Schedule)	\$
IRA or Other Retirement Account (Describe on attached Schedule)	\$	Installment account (Auto) (Describe on attached Schedule)	\$
Accounts & Notes Receivable (Describe on attached Schedule)	\$	Installment Account (Other) (Describe on attached Schedule)	\$
Life Insurance – Cash Surrender Value Only (Describe on attached Schedule)	\$	Loans Against Life Insurance	\$
Stocks & Bonds (Describe on attached Schedule)	\$	Mortgages on Real Estate (Describe on attached Schedule)	\$
Real Estate (Describe on attached Schedule)	\$	Unpaid Taxes	\$
Automobiles (Describe on attached Schedule)	\$	Other Liabilities (Describe on attached Schedule)	\$
Other Personal Property (Describe on attached Schedule)	\$	Total Liabilities	\$
Other Assets (Describe on attached Schedule)	\$	Net Worth	\$
Total Assets	\$	Total *Must equal total in assets column.	\$
Source of Income		Contingent Liabilities	
Salary	\$	As Endorser or Co-Maker	\$
Net Investment Income	\$	Legal Claims & Judgements	\$
Real Estate Income	\$	Provision for Federal Income Tax	\$
Other Income	\$	Other Special Debt	\$

**Owner/Guarantor Financial Statement Schedules**

**Notes Payable to Banks and Others.**

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

Name & Address of Lienholder	Original Balance	Current Balance	Payment Amount	Interest Rate	Frequency	Type of Collateral

**Stocks and Bonds.** (Use attachments if necessary)

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

**Real Estate**

(Please attach a separate exhibit if space is insufficient.)

Type of Real Estate (Primary, Rental Property, Land, etc.)	Address	Date Purchased	Original Cost	Market Value	Lienholder	Balance	Monthly Pmt	Int Rate

**Other Personal Property and Other Assets**

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

Asset	Address	Date Purchased	Original Cost	Market Value	Lienholder	Balance	Monthly Pmt	Int Rate

**Unpaid Taxes**

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

Payee	Original Balance	Current Balance	Payment Amount	Frequency

**Other Liabilities**

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

Name & Address of Lienholder	Original Balance	Current Balance	Payment Amount	Interest Rate	Frequency	How Secured or Endorsed Type of Collateral

**Life Insurance**

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

Insurance Carrier	Amount	Policy #

Background Questions		
	Yes	No
Do you have an ownership interest in any other entity that has existing SBA loans?		
Are you presently subject to an indictment, criminal information, arraignment, or other means by which formal criminal charges are brought in any jurisdiction?		
Have you been arrested in the last 6 months for any criminal offense?		
If yes, please provide relevant documents		
For any criminal offense – other than a minor vehicle violation – have you ever: been 1) convicted; 2) pleaded guilty; 3) pleaded nolo contendere; 4) been placed on pretrial diversion; or 5) been placed on any form of parole or probation (including probation before judgment)? (If “Yes,” furnish the dates, locations, fines, sentences, level of charge (whether misdemeanor or felony), dates of parole/probation, unpaid fines or penalties, name(s) under which charged, and any other pertinent information)		
Are you presently suspended, debarred, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal Department or agency?		
If you are a 50% or more owner of the Applicant, are you more than 60 days delinquent on any obligation to pay child support arising under an administrative order, court order, repayment agreement between the holder and a custodial parent, or repayment agreement between the holder and a state agency providing child support enforcement services?		
Have you ever declared bankruptcy?		
If Yes, please provide relevant documents		
Have you or any affiliated company of the Applicant as well as any Associate of the Applicant received any previous government financing?		
If yes, please provide relevant documents		

Veteran/Gender/Race/Ethnicity Information	
This data is collected for program reporting purposes only. Disclosure is voluntary and has no bearing on the credit decision.	
Veteran:	<input type="checkbox"/> Non Veteran <input type="checkbox"/> Veteran <input type="checkbox"/> Service Disabled Veteran <input type="checkbox"/> Spouse of Veteran <input type="checkbox"/> Not Disclosed
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not Disclosed
Race:	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Not Disclosed
Ethnicity:	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Not Disclosed

Agreement			
<p>I authorize the Region IV Development 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.</p> <p>I authorize the Region IV Development to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness.</p>			
Printed Name:	Signature	Title	Date

AUTHORIZATION TO OBTAIN AND RELEASE INFORMATION		
<p>Pursuant to certain Loan Application(s), Loan Agreement(s), Promissory Note(s) and other related documents by and between the undersigned and Region IV Development (P.O. Box 5079, Twin Falls, ID 83303-5079) hereinafter referred to as “lender”, we hereby authorize lender, including its successors and assigns, to request and obtain financial information including but not limited to financial statements, balance sheets, income statements and income tax returns. This information will be used to assist lender in the consideration and maintenance of the borrower’s loan application and lending file. In the event that the application and/or loan(s) include a participating lender, we hereby authorize lender to provide copies of said financial information to the participant.</p> <p>The undersigned hereby authorizes and instructs its current and past accountants, financial advisors, bookkeepers and income tax preparer's to provide any requested financial information that lender may require relative to all business and personal tax returns and financial statements for the undersigned</p>		
Printed Name:	Signature	Date