



Tucson Resiliency Loan

For Loans up to \$25,000*



Thank you for your interest in the We Are One / Somos Uno Tucson Resiliency Loan Program. Please use the checklist below to expedite your loan request.

**All Owners with 20% or more ownership are required to provide a personal guarantee

BASIC ELIGIBILITY:

Have you received or been approved for a Paycheck Protection Program (PPP) loan? Yes No
Have you received a grant from Rio Nuevo? Yes No

If you answered “Yes” to either question you are not Eligible for the Tucson Resiliency Loan. If you answered “No” to both questions please complete the application.

Forms to be filled out attached to this application

- Personal Financial Statement
- Business Debt Schedule

Additional Items needed

- Last 2 years Business Federal Tax Returns (Full copy)
- Last 2 years Personal Federal Tax Returns (Full copy)
- 2019 year-end financial statements (Profit & Loss and Balance Sheet) for the borrowing company and any affiliate companies together with most recent interim financial statements.
- If you are refinancing debt, we will need a copy of the note or the business credit card statement being refinanced

Tucson

Business Development Officer

Gabriel Gomez
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SIMPLIFYING BUSINESS FINANCE

Phoenix: 1702 E Highland Ave., Ste. 202, Phoenix, AZ 85016 Ph: 602-381-6292 Toll Free 800-264-3377 Fax: 602-381-8012
Tucson: 333 N. Wilmot Rd., Ste. 227, Tucson, AZ 85711 Ph: 520-SBA-LOAN Toll Free 866-630-1974 Fax: 520-624-1728



TUCSON RESILIENCY FUND

LOAN APPLICATION

Company Information

Company Name: _____

Does the company utilize a DBA or trade name? If so, what is it? _____

Current Address: _____ City: _____ Zip: _____

Business Phone: _____

Web Site: _____

Primary Contact: _____ Cell Phone: _____ Office Phone: _____

E-mail: _____ Preferred Contact Method: _____

Is this business new? Yes No If not new, when did it open? _____

Is the business part of a franchise, licensing, dealership, or jobber agreement? Yes No

If so, what is the name of the franchisor? _____

Number of Current Employees: FTE: _____ Anticipated New Jobs Over Next 2 years: FT: _____ PT: _____ Average # of Weekly PT Hours? _____

Ownership Information (include all owners and managing members/directors)

Name: _____ Title: _____ SSN: _____ Ownership: _____%

Name: _____ Title: _____ SSN: _____ Ownership: _____%

Name: _____ Title: _____ SSN: _____ Ownership: _____%

Name: _____ Title: _____ SSN: _____ Ownership: _____%

Name: _____ Title: _____ SSN: _____ Ownership: _____%

Financing Request

Equipment/Fixtures: \$ _____

Refinance Debt \$ _____

Working Capital: \$ _____

Inventory: \$ _____

Other: \$ _____



HISTORY OF BUSINESS

Company Name: _____

Year Business Started: _____ Industry: _____ Percent of Product or Service Exported: _____

History & Nature of Business:

Type of Products/Services:

Customer Profile:

How Will This Loan Benefit Your Company?

What is Your Plan to Overcome the Covid Crisis



APPLICANT QUESTIONNAIRE

Must be answered by each Owner and Spouse with ownership greater than 20%

Name(s): _____

Owner		Spouse	
Yes	No	Yes	No

- Do you and/or your spouse hold a trust? If Yes, name: _____
- Do you or any member of your household work for the, U.S. Government, SBA, SCORE, or any other Federal Agency?
- Do you or your spouse have income outside of the business being financed? If so, from where and what is the annual salary?

- Are you a U.S. Citizen? If no, give Alien Registration Number: _____
- Are you presently under indictment, on parole or probation?
- Have you ever been arrested in the past 6 months for any criminal offense
- Do you have any past misdemeanors or felonies?
- Are you or the business involved in any lawsuit at this time?
- Have you or the business been involved in any past or current bankruptcies?
- Do you or the business have any unpaid taxes, including income, sales, or property?
- Has the business, or any of its owners, ever had any previous government financing, including SBA loan, even if paid off?

Information for Government Monitoring Purposes

The following information is requested by the Federal Government for Certain types of loans. You are not required to furnish this information, but are encouraged to do so. The law provides that a Lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish it, this Lender will note race and sex on the basis of visual observation or surname. If you do not wish to furnish the information below, please check the appropriate box.

With what race do you most closely identify? (Choose only one)

Owner White African American Eskimo or Aleut Puerto Rican Hispanic Asian/Pacific Islander Native American I do not wish to disclose

Spouse

Gender: Male Female I do not wish to disclose

Owner

Spouse

Release of Information Consent

THE UNDERSIGNED hereby authorizes Business Development Finance Corporation ("BDFC") to make inquiries as necessary to verify the accuracy of the information made and to determine creditworthiness. Further it authorizes BDFC to submit Applicant's loan package, including financial information, to one or more lenders for their consideration to provide the Third Party Loan in connection with Applicant's U.S. Small Business Administration 504 Loan. Applicant understands that a lender's decision to provide the Third Party Loan to Applicant is made by that lender in its sole discretion, and that BDFC is not authorized to act on behalf of such lender or to make any representations to Applicant which would be binding upon such lender.

Applicant also understands that BDFC's role in assisting Applicant to secure a Third Party Loan is only to prepare and submit Applicant's loan package to potential lenders. While Applicant authorizes BDFC to submit Applicant's loan package, Applicant does not authorize BDFC to make any representations to potential lenders which would be binding upon Applicant.

Applicant further agrees to cooperate in providing any lender to whom Applicant's loan package is submitted by BDFC with such additional information or documentation as that lender may request in order evaluate and underwrite the Third Party Loan. Applicant understands that BDFC may receive a referral fee from the lender who agrees to provide the Third Party Loan to Applicant payable at the time that the Third Party Loan funds and that neither BDFC nor that lender will charge the referral fee to Applicant.

Owner: _____ Spouse: _____ Date: _____

BUSINESS DEBT SCHEDULE

COMPANY NAME _____

DATE _____

This Schedule should include loans for contracts/notes payable and lines of credit, not accounts payable or accrued liabilities.

CREDITOR Name/Address	ORIGINAL DATE	ORIGINAL AMOUNT	TERM or MATURITY DATE	PRESENT BALANCE	INTEREST RATE	MONTHLY PAYMENT	COLLATERAL OR SECURITY	WHAT WAS LOAN FOR ?
TOTAL PRESENT BALANCE (Total must agree with balance shown on Interim Balance Sheet)								

*Line of credit equipment, etc.

Signature: _____

Date: _____



PERSONAL FINANCIAL STATEMENT 7(a) / 504 LOANS AND SURETY BONDS

U.S. SMALL BUSINESS ADMINISTRATION

As of _____, _____

SBA uses the information required by this Form 413 as one of a number of data sources in analyzing the repayment ability and creditworthiness of an application for an SBA guaranteed 7(a) or 504 loan or, with respect to a surety bond, to assist in recovery in the event that the contractor defaults on the contract. Submission of this information is required as part of your application for assistance. Failure to provide the information would impact the agency's decision on your application.

Complete this form for: (1) each proprietor; (2) general partner; (3) managing member of a limited liability company (LLC); (4) each owner of 20% or more of the equity of the Applicant (including the assets of the owner's spouse and any minor children); and (5) any person providing a guaranty on the loan

Return completed form to:

For 7(a) loans: the Lender processing the application for SBA guaranty

For 504 loans: the Certified Development Company (CDC) processing the application for SBA guaranty

For Surety Bonds: the Surety Company or Agent processing the application for surety bond guaranty

Name		Business Phone	
Home Address		Home Phone	
City, State, & Zip Code			
Business Name of Applicant			
ASSETS		LIABILITIES	
(Omit Cents)		(Omit Cents)	
Cash on Hand & in banks.....\$ _____		Accounts Payable.....\$ _____	
Savings Accounts.....\$ _____		Notes Payable to Banks and Others.....\$ _____	
IRA or Other Retirement Account.....\$ _____		(Describe in Section 2)	
(Describe in Section 5)		Installment Account (Auto).....\$ _____	
Accounts & Notes Receivable.....\$ _____		Mo. Payments \$ _____	
(Describe in Section 5)		Installment Account (Other).....\$ _____	
Life Insurance – Cash Surrender Value Only.....\$ _____		Mo. Payments \$ _____	
(Describe in Section 8)		Loan(s) Against Life Insurance.....\$ _____	
Stocks and Bonds.....\$ _____		Mortgages on Real Estate.....\$ _____	
(Describe in Section 3)		(Describe in Section 4)	
Real Estate.....\$ _____		Unpaid Taxes.....\$ _____	
(Describe in Section 4)		(Describe in Section 6)	
Automobiles.....\$ _____		Other Liabilities.....\$ _____	
(Describe in Section 5, and include Year/Make/Model)		(Describe in Section 7)	
Other Personal Property.....\$ _____		Total Liabilities.....\$ _____	
(Describe in Section 5)		Net Worth.....\$ _____	
Other Assets.....\$ _____		Total \$ _____	
(Describe in Section 5)		*Must equal total in assets column.	
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 should 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 part of this statement and signed.)

Names and Addresses 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 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 Real Estate (e.g. Primary Residence, Other Residence, Rental Property, Land, etc.)			
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 the SBA/Lender/Surety Company to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness.

CERTIFICATION: (to be completed by each person submitting the information requested on this form and the spouse of any 20% or more owner when spousal assets are included)

By signing this form, I certify under penalty of criminal prosecution that all information on this form and any additional supporting information submitted with this form is true and complete to the best of my knowledge. I understand that SBA or its participating Lenders or Certified Development Companies or Surety Companies will rely on this information when making decisions regarding an application for a loan or a surety bond. I further certify that I have read the attached statements required by law and executive order.

Signature _____

Date _____

Print Name _____

Social Security No. _____

Signature _____

Date _____

Print Name _____

Social Security No. _____

NOTICE TO LOAN AND SURETY BOND APPLICANTS: CRIMINAL PENALTIES AND ADMINISTRATIVE REMEDIES 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 or surety bond application. A false statement is punishable under 18 U.S.C. §§ 1001 and 3571 by imprisonment of not more than five years and/or a fine of up to \$250,000; under 15 U.S.C. § 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, a false statement is punishable under 18 U.S.C. § 1014 by imprisonment of not more than thirty years and/or a fine of not more than \$1,000,000. Additionally, false statements can lead to treble damages and civil penalties under the False Claims Act, 31 U.S.C. § 3729, and other administrative remedies including suspension and debarment.

PLEASE NOTE: According to the Paperwork Reduction Act, you are not required to respond to this request for information unless it displays a valid OMB Control Number. 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 collection, please contact: Director, Records Management Division, Small Business Administration, 409 Third Street SW, Washington, D.C. 20416, and SBA Desk Officer, Office of Management and Budget, New Executive Office Building, Room 10202, Washington, D.C. 20503. PLEASE DO NOT SEND COMPLETED FORMS TO OMB.