



**BOOST BUSINESS LOAN APPLICATION**

1. **Applicant Name:** \_\_\_\_\_

**Name of Business:** \_\_\_\_\_

Sole Proprietorship: \_\_\_\_\_ S Corporation: \_\_\_\_\_ Partnership: \_\_\_\_\_

Corporation: \_\_\_\_\_ LLC/LLP: \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**Business Telephone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Home Telephone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**Project Address:**  
\_\_\_\_\_

**Federal Employer Identification Number:**  
\_\_\_\_\_

**Assessor's Parcel Number for Business and/or Project Site:** \_\_\_\_\_  
(Needed for ALL businesses no matter if renting or owning)

2. **Loan Amount Requested:** \$ \_\_\_\_\_

**Uses of Funds:**

Purchase of Real Estate \$ \_\_\_\_\_

Purchase of Existing Business \_\_\_\_\_

Furniture, Fixtures & Equipment \_\_\_\_\_

Inventory \_\_\_\_\_

Advertising & Promotion \_\_\_\_\_

Operating Capital \_\_\_\_\_

Other (specify) \_\_\_\_\_

**Construction Uses**

Renovation/New Construction \_\_\_\_\_

Leasehold Improvements \_\_\_\_\_

Infrastructure (curbs, gutter, sidewalks, etc.) \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_

**3. Ownership**

All owners of 20% or more of the applicant business are listed below:

Name \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Social Security # \_\_\_\_\_  
 % of Ownership \_\_\_\_\_  
 U.S. Citizen Yes \_\_\_\_\_ No \_\_\_\_\_

Name \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Social Security # \_\_\_\_\_  
 % of Ownership \_\_\_\_\_  
 U.S. Citizen Yes \_\_\_\_\_ No \_\_\_\_\_

For corporations, please list corporate officers, titles and who will be signing loan documents.

Name	Corporate Title	Signing Loan Documents (Yes or No)

(If additional space is needed, please use reverse side of this page.)

**4. Have any of the people listed above ever been charged with, or convicted of any criminal offenses, other than a minor motor vehicle violation?**

Yes No

If yes, please explain:

\_\_\_\_\_  
 \_\_\_\_\_

**5. Has the applicant or any person listed above been in receivership or filed bankruptcy?**

Yes No

If yes, please explain:

\_\_\_\_\_  
 \_\_\_\_\_

6. Has the applicant or any person listed above had any credit problems in the last 5 years?  
 Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, please explain:

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7. **Number of Employees**

Current: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_  
 Proposed New Jobs: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

**New Jobs to be Created** (Jobs depicted on this form must be reflected on Income and Expense Projections (Attachment D))

Position / Title	Hourly Wage	Hours Per Week
<b>TOTAL</b>		

8. **History of Business and Description of Project**  
 (Start-up businesses must complete a Business Plan)

This should be a one- to two-page narrative where you describe the business, the prior owners, how it was acquired by you, and how long you have owned it. Discuss any significant events that have affected the firm's development. Explain what will change with the receipt of these loan funds. Cover such items as how the funds will be used, changes in operations, need for additional employees, changes in income, expenses, competitive advantages, etc.

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**10. Other Lenders for This Project**

Type of Lender	Name of Lender	Amount	Term	Rate
Bank				
Private				
Other				
<b>Total</b>		\$		

**PLEASE ATTACH THE FOLLOWING DOCUMENTS TO THIS APPLICATION**

- \_\_\_ 1. All businesses must provide Resumes of Key Personnel. **(Attachment "A")**
- \_\_\_ 3. Schedule of business debt. **(Attachment "B")**
- \_\_\_ 4. Current personal financial statements of principals must be dated no more than 90 days prior to the application. **(Attachment "C")**
- \_\_\_ 5. Three (3) years of personal tax returns for the proprietor, partners, and stockholders with 20% or more ownership in the business.
- \_\_\_ 6. Start-up businesses must provide three (3) years of monthly income and expense projections. Existing businesses must provide two (2) years of monthly income and expense projections. Also, a detailed description of how the projections were determined is required. **(Attachment "D")**
- \_\_\_ 7. All start-up businesses must provide a Business Plan.
- \_\_\_ 8. Business tax returns for the three (3) most recent years.
- \_\_\_ 9. Business financial statements for the applicant's three (3) most recent fiscal years, where applicable, and a current financial statement dated no more than 90 days prior to the application.
- \_\_\_ 10. Current Aging of Accounts Receivable and Accounts Payable.

- \_\_\_ 11. Copy of Business License, if applicable.
- \_\_\_ 12. Copy of all Corporate Filings or Partnership Agreements (in the case of Corporations – copies of Corporate Resolution authorizing the borrowing request).
- \_\_\_ 13. Breakdown of proposed cost with written estimates from contractors or suppliers. Purchase agreements when applicable.
- \_\_\_ 14. Such non-financial information or supporting information necessary to substantiate the application, including, but not limited to: estimates, quotations, receipts, contracts, orders, invoices, leases, sales agreements, documentation from architects, engineers, contractors, suppliers, or others involved in the sale, lease, or construction of fixed assets, if any, for applicant's project including schedules of implementation.

**APPLICANT'S CERTIFICATION/AUTHORIZATION**

I/We certify that all information in this application and all information furnished in support of this application are true and complete to the best of my/our knowledge and belief.

I/We authorize the lender to verify all information furnished in connection with the loan application. The information that may be verified includes, but is not limited to, the following: employment, pensions, mortgages, deposits, and any other income; personal or business loans; insurance; and further, obtaining a credit report.

I/We also authorize the lender to disclose any financial information on income tax returns or on my personal or business financial statements, for the purpose of obtaining a loan on my behalf. I understand the information would be made available to loan committee members and other lenders that may be involved in the funding of my loan request.

I/We also acknowledge that this is an application for public funds and, therefore, the information provided may be made available for review.

I/We acknowledge that there is a \$150.00 non-refundable application fee due at the time this application is submitted, and that there is an origination fee of 2.5% of the total loan amount due at the time of loan closing.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**ATTACHMENT "A"**

**RESUME OF APPLICANT**

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Note: This form is not required if another format is provided in its place.

**EMPLOYMENT HISTORY (most recent first):**

Dates Employed - From: \_\_\_\_\_ To: \_\_\_\_\_

Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_

Position/Responsibilities: \_\_\_\_\_

\_\_\_\_\_

Dates Employed - From: \_\_\_\_\_ To: \_\_\_\_\_

Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_

Position/Responsibilities: \_\_\_\_\_

\_\_\_\_\_

**EDUCATION:**

Dates Enrolled: From: \_\_\_\_\_ To: \_\_\_\_\_

Name of School: \_\_\_\_\_

Address: \_\_\_\_\_

Degree Received: \_\_\_\_\_ Date Graduated: \_\_\_\_\_

Dates Enrolled: From: \_\_\_\_\_ To: \_\_\_\_\_

Name of School: \_\_\_\_\_

Address: \_\_\_\_\_

Degree Received: \_\_\_\_\_ Date Graduated: \_\_\_\_\_

**OTHER RELATED TRAINING OR EXPERIENCE:**

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**ATTACHMENT "B"**

**BUSINESS INDEBTEDNESS:** Furnish the following information on **all business** debts owed -- **vendors, credit cards, payroll taxes, income taxes, sales tax, contracts, notes, and mortgages.** (Current balances should agree with the latest balance sheet submitted.) Use reverse side or another sheet to list additional information.

To Whom Payable	Original Amount	Original Date	Present Balance	Rate of Interest	Maturity Date	Monthly Payment	Security	Current = C Past Due = P

**AFFIDAVIT OF CURRENT TAX STATUS**

I hereby certify that all the applicable real property taxes, personal property taxes, Federal & State income taxes, Federal and State payroll withholding taxes, State Sales Tax, insurance premiums, and any other assessment or public charges are current.

\_\_\_\_\_  
Business Owner / Applicant

\_\_\_\_\_  
Date



**ATTACHMENT "C"  
PERSONAL FINANCIAL STATEMENT**

**U.S. SMALL BUSINESS ADMINISTRATION**

**As of** \_\_\_\_\_, \_\_\_\_\_

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 \_\_\_\_\_

<b>ASSETS</b>	(Omit Cents)	<b>LIABILITIES</b>	(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)	
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**

Salary .....	\$ _____
Net Investment Income .....	\$ _____
Real Estate Income .....	\$ _____
Other Income (Describe below)* .....	\$ _____

**Contingent Liabilities**

As Endorser or Co-Maker .....	\$ _____
Legal Claims & Judgments .....	\$ _____
Provision for Federal Income Tax .....	\$ _____
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.

Section 2. Notes Payable to Banks and Others. (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

<b>Section 3. Stocks and Bonds. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed).</b>					
Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value
<b>Section 4. Real Estate Owned.</b> (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					
Assessor Parcel Number (APN)					
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					
<b>Section 5. Other Personal Property and Other Assets.</b> (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)					
<b>Section 6. Unpaid Taxes.</b> (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)					
<b>Section 7. Other Liabilities.</b> (Describe in detail.)					
<b>Section 8. Life Insurance Held.</b> (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. <b>PLEASE DO NOT SEND FORMS TO OMB.</b>					

**ATTACHMENT "D"**  
**INCOME AND EXPENSE PROJECTIONS**

This is a worksheet designed to help determine monthly projected business income and expenses for a twelve month period. This will also help assess the feasibility of a project by determining if the projected income will cover the projected expenses, including owners draw and loan payments. This is just a worksheet, so fill it out in pencil. You will be making a lot of changes to it.

- MONTHS:** Fill in the month you anticipate opening your business, or start with "Month #1".
- TOTAL SALES:** All income from the sale of products or services for the month.
- COST OF GOODS SOLD:** Direct cost of the products sold. (Example: for a restaurant, the cost of goods sold is the food; for a clothing store, the clothing; for the manufacturing of tables, the cost of the wood, metal, varnish.) Service businesses do not have a cost of goods sold.
- GROSS PROFIT:** Subtract the **Cost of Goods Sold** from the **Total Sales** to determine the **Gross Profit**.
- OPERATING EXPENSES:** Listed here are some examples of monthly expenses. You may have some additional or different expenses that are specific to your business, just write them in.
- TOTAL OPERATING EXPENSES:** Add up all **Operating Expenses** for the month.
- NET PROFIT:** Subtract the **Total Operating Expenses** from the **Gross Profit**.
- OWNER'S DRAW:** This is the money the business owner will draw from the business for personal living expenses. When there is another monthly source of income, owner's draw may not apply. If the business owner will be paying personal living expenses from the business sales, owners draw will need to be determined. There is no owners draw under a corporate legal structure; all wages should be shown in the wages and payroll line items.
- AVAILABLE FOR LOAN PAYMENT:** Subtract **Owner's Draw** from **Net Profit**.
- LOAN PAYMENT:** This is the monthly payment of principal and interest based on the amount of the loan needed. This amount can be obtained from the Financial Consultant.
- MARGIN:** Subtract the **Loan Payment** from the **Available for Loan Payment**. This is the projected amount left after all expenses have been paid. If the **Loan Payment** amount is larger than the **Available for Loan Payment**, you are losing money at the end of the month.

**ATTACHMENT "D" INCOME AND EXPENSE PROJECTIONS WORKSHEET**

MONTHS													TOTAL
Total Sales													
Less Cost of Goods Sold													
Gross Profit													
OPERATING EXPENSES													
Accounting													
Advertising													
Auto & Vehicles													
Freight/Postage													
Insurance													
Leases (Equipment)													
Office Expenses													
Rent													
Repairs & Maintenance													

Supplies													
Taxes (Sales)													
Travel and Entertainment													
Utilities/Telephone													
Wages & Payroll Taxes													
Other													
TOTAL OPERATING EXPENSES													
Net Profit													
Owner's Draw (not for corps)													
Available for Loan Payment													
Loan Payments													
<b>MARGIN</b>													

Dear Requestor:

Prior to a credit report request, you must understand the following:

- 1) Access to your credit file is limited to yourself and your agents acting on your behalf.
- 2) Your consent in writing is required before a report may be provided.
- 3) You are entitled to a copy of the credit report and a copy of the FTC's "Consumer Rights Notice".

Based on the above information, I hereby authorize **Community Development Services (CDS)** to obtain my credit report for the purposes of **applying for a business loan**.

**PLEASE PRINT THE BELOW INFORMATION NEATLY**

**Applicant**

**Spouse/Partner**

Name: \_\_\_\_\_  
(Full name including Jr., Sr., etc. )

Name: \_\_\_\_\_  
(Full name including Jr., Sr., etc.)

SSN#: \_\_\_\_\_

SSN#: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Previous Address: \_\_\_\_\_

Previous Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature



Uncle Sam requires that applicants for federal funding upload debarment checks from Sam.gov in eCivis Grants Management Network.

The information from Sam.gov showing “no exclusions” and that registration is not expired is required for applicants and their contractors and subrecipients. ,

Recently, SAM.gov changed their website interface and this guide is to assist with viewing and saving the debarment information in the new interface.

To review Entity Registrations a login is required.

***If a New User, follow the steps to creating an account and access SAM below:***

Step 1: Go to [www.sam.gov](http://www.sam.gov).

Step 2: Click on Sign In, Select the Green Accept box, and then “Create an Account”.

Step 3: Complete the requested information, and then click “Submit”.

Step 4: Select “Individual User Account”.

Step 5: You will receive an email confirming you have created a user account in SAM.

***Login:***

Go to: [www.sam.gov](http://www.sam.gov)

Select Sign In – located at the far top right of the screen:

A rectangular button with a light blue background and a white border. On the left side, there is a small icon of a computer monitor with a cursor arrow pointing to it. To the right of the icon, the text "Sign In" is written in a dark blue, sans-serif font.

Select the green accept box:



You must accept the U.S. Government System terms to sign into this website

This is a U.S. General Services Administration Federal Government computer system that is "FOR OFFICIAL USE ONLY."

This System is subject to monitoring.

Individuals found performing unauthorized activities are subject to disciplinary action including criminal prosecution.

Cancel

Accept

The accept button brings up the login screen:

The login screen features a light blue header with the LOGIN.GOV logo on the left and the SAM.GOV logo on the right. Below the header, there is a central graphic showing a person's profile icon connected to a shield icon, which is then connected to a computer monitor icon displaying a user profile. Below this graphic, the text reads: "sam.gov is using login.gov to allow you to sign in to your account safely and securely." Underneath, there are two input fields: "Email address" and "Password". To the right of the password field is a "Show password" checkbox. At the bottom of the form is a large blue "Sign in" button.

Once logged in, you may get a screen as shown below to Complete Your Profile. This was already done when you created the account and is unnecessary. Just select Home as highlighted below:

### Complete Your Profile

Congratulations! You have a login.gov account. To use your account at this website, complete the following fields. Unless marked as optional, all fields are required.

**Name and Email**

First Name

This will pop up a box as shown below, choose Leave:

### Leave site?

Changes you made may not be saved.

**Leave** Cancel

The Home page is shown below. Go to the Select Domain arrow down (highlighted below), which is located under the “Already know what you want to find?” Section:

Home Search Data Bank Data Services Help

The Official U.S. Government System for:

- Contract Opportunities (was fbo.gov)
- Contract Data (Reports ONLY from fpds.gov)
- Wage Determinations (was wdol.gov)
- Federal Hierarchy (Departments and Subtiers)
- Assistance Listings (was cfda.gov)
- Entity Registration (Including Disaster Response Registry)
- Entity Reporting (SCR and Bio-Preferred Reporting)
- Exclusions

**Register Your Entity**  
Register your entity to get started doing business with the federal government.

- Get Started
- Renew Entity
- Check Registration Status

Official U.S. Government Website  
100% Free

Already know what you want to find?

Select Domain... e.g. 1606N020Q02

Select Entity Information from the arrow down key:

## Already know what you want to find?

Entity Information

You can search using the entity's name or DUNS number. It is recommended to use the DUNS Number:

## Already know what you want to find?

Entity Information

Then select the search box with the eyeglass.

Below is what is shown if there are “no exclusions”. Note the highlighted box that states, “Entity Registration”. If it states this, then there are no exclusions.

The example below is what you will copy, save as a pdf and upload to the eCivis Grants Management software as a debarment.



Requests N

Home Search Data Bank Data Services Help

Search

Search Results

+

Showing 1 - 1 of 1 results

Sort by

Relevance

**YUBA, COUNTY OF** ● Active

Entity Registration

**DUNS** Unique Entity ID  
100864219

CAGE Code  
7PKL8

Physical Address  
915 8th St Ste 123, MARYSVILLE, CA 95901  
USA

Expiration Date  
Sep 14, 2021

**SAM** Unique Entity ID  
UWBNA7K4QWJ1

Purpose of Registration  
Federal Assistance Awards

If there are exclusions, it will have the word “Exclusion” in the box, where Entity Registration was in the first example:

**YUBA, COUNTY OF** ● Active

Exclusion

**DUNS** Unique Entity ID  
(blank)

CAGE Code  
(blank)

Physical Address  
MILLBURY, MA 01527 USA

Classification  
Individual

**SAM** Unique Entity ID  
(blank)

Activation Date  
Feb 13, 2010

Termination Date  
Indefinite

If a search comes up with no results or no matches found, then the entity is not registered with Sam.gov and needs to register using the link below:

<https://sam.gov/content/entity-registration>

Instructions for registering can be located at the link as follows:

[https://www.fsd.gov/gsafsd\\_sp?id=kb\\_article&sys\\_id=11bfc64d1b1cb8909ac5ddb6bc4bcb62](https://www.fsd.gov/gsafsd_sp?id=kb_article&sys_id=11bfc64d1b1cb8909ac5ddb6bc4bcb62)

Update: Planned Maintenance Schedule Show Details  
Jul 29, 2021



See All Alerts

Recognize and Avoid Phishing Emails Show Details  
Aug 25, 2020



AM.GOV®

Requests Notifications Workspace Sign Out

Search Data Bank Data Services Help

Download Follow

- Entity Registration
- Core Data
- Business Information
- Entity Types
- Financial Information
- Points of Contact
- Assertions
- Reps and Certs
- Exclusions
- Responsibility / Qualification

### COMMUNITY DEVELOPMENT SERVICES

<b>DUNS</b> Unique Entity ID 879513	<b>Registration Status</b> Active	<b>Expiration Date</b> Nov 15, 2022
<b>SAM</b> Unique Entity ID KCJWHUXHW	<b>Purpose of Registration</b> All Awards	
<b>CAGE/NCAGE</b> 62M		
<b>Physical Address</b> 3895 Main ST Kelseyville, California 95451-7430, United States	<b>Mailing Address</b> 3895 Main Street Kelseyville, California 95451, United States	

\*The DUNS number is currently the official Unique Entity ID

Version Current Record

### BUSINESS INFORMATION

Doing Business As Division Name

