



## **WELCOME TO BANK OF SANTA CLARITA**

Thank you for expressing an interest in obtaining a SBA Loan from Bank of Santa Clarita. Bank of Santa Clarita is locally owned and managed and is committed to serving the business needs of its local community.


Our SBA Loan Programs have been designed to meet the business needs of our customers. Loans are available to new and existing businesses and the loan proceeds can be utilized for the refinance, construction and/or purchase of real property occupied by the business. Additionally, proceeds may also be used to finance tenant improvements, working capital, equipment/inventory purchases, business expansions and business acquisitions.

**Let us show you why at Bank of Santa Clarita --- It's easier to say "yes".**








Should you have any questions during the loan process, please feel free to contact your local Bank of Santa Clarita loan representative. Thank you for your interest in Bank of Santa Clarita's SBA Loan Program. We look forward to serving your business needs.



## SBA Loan Application Checklist

This checklist has been designed to assist you in completing this loan application. Your assistance in providing complete information will help in expediting your loan request. Documents labeled with  need to be completed by each principal of the business with 20% or greater ownership interest.

### Please provide/complete the following:

- 1. **Applicant's Information Form** (Two Pages).
- 2.  **Personal Financial Statement** (Two Pages) – The statement is to be no older than 60 days.
- 3.  **Management Resume** (Three Pages).
- 4.  **Individual Tax Returns (1040)** – Complete federal tax returns with all accompanying statements and schedules for the most recent three (3) years.
- 5.  **Statement of Personal History (912).**
- 6.  **Request for Transcript of Tax Returns (4506-T)** – To be executed by each principal of the business.
- 7.  **Authorization to Obtain Credit Information.**
- 8.  **U.S. Citizenship and Immigration Services Authorization (non U.S. Citizen only)** – Please include a copy of your Resident Alien Card or Permanent Resident Card.
- 9. **Business History** (Two Pages) – Please include any brochures, advertising material and/or website address.
- 10. **Business Financial Statements and Tax Returns (1065/1120/1120S)** – Complete federal tax returns with all accompanying statements and schedules for the most recent three (3) years.
- 11. **Interim Business Financial Statement** – The statement is to be no older than 60 days.
- 12. **Accounts Receivable and Payable Agings** (If Applicable) – The total receivables and payables and the dates of these reports must match to the Interim Business Financial Statement.
- 13. **Business Debt Schedule** – The total debt and the date of the report must match to the Interim Business Financial Statement.
- 14. **Request for Transcript of Tax Returns (4506-T)** – To be executed by the authorized representative of the subject business entity.
- 15. **Affiliate Information** – An affiliate is defined as person or company with a financial stake in the applicant concern that influences, controls or has the ability to influence or control the business or the applicant. Interim Business Financial Statement and most recent Business Tax Return.
- 16. **Articles of Incorporation & By-Laws / Articles of Organization or Trust / Business License / Fictitious Business Name Statement / Partnership Agreement** (whichever is applicable).
- 17. **Environmental Questionnaire and Disclosure Statement** – Complete if the transaction is to acquire and/or will be secured by commercial real estate.

### Additional requirements based upon type of loan request:

- 18. **Real Estate Acquisition:** Escrow Instructions and/or Purchase Agreement
- 19. **Business Acquisition:** Buy/Sell Agreement, Seller's Business Federal Income Tax Returns for the most recent three (3) years, Interim Business Financial Statement no older than 60 days and Request for Transcript of Tax Returns (4506-T).
- 20. **Real Estate Construction:** Copies of Cost Breakdown, Construction Contract and Building Plans.
- 21. **Debt Refinance:** Copy of note to be refinanced and current loan statement.
- 22. **Start-up Business / Business Expansion:** Projected Operating Statement and Assumptions to Projections and Business Plan.
- 23. **Other:** \_\_\_\_\_



## Applicant's Information Form

**Name of Company:** \_\_\_\_\_ **Business Phone:** \_\_\_\_\_  
**Type of Business:** \_\_\_\_\_ **Fax:** \_\_\_\_\_  
**Street Address:** \_\_\_\_\_ **Business TIN:** \_\_\_\_\_  
**City / State / Zip Code:** \_\_\_\_\_

**Your business entity is a:**       **Proprietorship**       **Partnership**       **Corporation**       **LLC**       **Trust**

**Owners / Principals:**

	Name	Ownership% / Title	E-mail Address	Cell Number
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

Have you or any officer of your company been involved in bankruptcy or insolvency proceedings?  
 No     Yes    If yes, please attach details.

Are you or your business involved in any pending lawsuits?  
 No     Yes    If yes, please attach details.

Have you ever obtained government financing?  
 No     Yes    If yes, please attach details.

Is any of the collateral (business and/or personal) offered vested in the name of trust?  
 No     Yes    If yes, please attach a copy of the trust.

**How will Title to Real Estate collateral be held?**       **Joint Tenancy**       **Community Property**       **Tenancy in Common**       **Trust**  
(Real Estate Transactions only)

**Intended purpose of subject loan?** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**How will this loan benefit your business?** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**How many employees do you currently have?** \_\_\_\_\_

**How many employees will you hire as a result of the subject loan?** \_\_\_\_\_



## Applicant's Information Form

This section relates to your intended use of the funds from the subject loan request. In instances where funds are expected to be used in a variety of ways, it is important to be as accurate as possible in breaking out anticipated expenditures by category. Furthermore, please provide a complete description of the planned use if you are utilizing the "Other" category referenced below.

<b>Project Items</b>	<b>Project Cost</b>
Building Construction / Improvement (Hard Costs) .....	\$
Building Construction / Improvement (Soft Costs) .....	\$
Business Acquisition .....	\$
Debt Refinance .....	\$
Furniture & Fixtures .....	\$
Inventory .....	\$
Land and Building Acquisition .....	\$
Land Acquisition .....	\$
Machinery / Equipment Acquisition .....	\$
Working Capital .....	\$
Other: _____ .....	\$
Other: _____ .....	\$
Total Project Cost	\$
<b>Less:</b> Borrower's Cash Injection	\$
Total Loan Requested	\$

**1. Source of Injection:** (i.e. personal savings, home equity loan, business working capital, etc.)

**2. Escrow Information:** (i.e. name of company, contact, phone number, close date, escrow number, etc.)

**3. Name of person who referred you to Bank of Santa Clarita:**



**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 \_\_\_\_\_

ASSETS		(Omit Cents)	LIABILITIES		(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	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.

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

**Section 3. Stocks and Bonds. (Use attachments if necessary. Each attachment must be identified as a 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 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. 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 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. **PLEASE DO NOT SEND FORMS TO OMB.**



## MANAGEMENT RESUME

Please complete the following as thoroughly as possible. Use full names for first, middle and last names (*no initials*) and if an item is not applicable, please write "N/A".

### 1. APPLICANT HISTORY

Full Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
*First Middle Maiden Last*

Date of Birth: \_\_\_\_\_ Residence Phone No.: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Business Phone No.: \_\_\_\_\_  
*City / State / Country*

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

From: \_\_\_\_\_ To: \_\_\_\_\_

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

From: \_\_\_\_\_ To: \_\_\_\_\_

Employed by U.S. Government: Yes:  No:  If yes, Agency / Position: \_\_\_\_\_

U.S. Citizen: Yes:  No:  If no, provide Alien Registration Number: \_\_\_\_\_

Have you ever had a personal or business repossession, foreclosure, bankruptcy or judgment against you?

Yes:  No:  If yes, please provide details in a separate exhibit.

### SPOUSE HISTORY

Full Name: \_\_\_\_\_  
*First Middle Maiden Last*

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

Place of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
*City / State / Country*

Employed by U.S. Government: Yes:  No:  If yes, Agency / Position: \_\_\_\_\_

U.S. Citizen: Yes:  No:  If no, provide Alien Registration Number: \_\_\_\_\_

Have you ever had a personal or business repossession, foreclosure, bankruptcy or judgment against you?

Yes:  No:  If yes, please provide details in a separate exhibit.

## 2. EDUCATION AND TECHNICAL TRAINING

	<i>Dates Attended</i>	<i>Major</i>	<i>Degree/Certificate</i>
High School: _____ <i>(name and location)</i>			
College: _____ <i>(name and location)</i>			
Trade/Vocational: _____ <i>(name and location)</i>			

## 3. MILITARY SERVICE AND BACKGROUND

Military Service:      Yes:     No:       From: \_\_\_\_\_    To: \_\_\_\_\_

Honorable Discharge:    Yes:     No:       Branch: \_\_\_\_\_

## 4. OBJECTIVE

Purpose and intent of this resume: \_\_\_\_\_

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Are you presently under indictment, on parole or probation?

No:     Yes:     If yes, furnish details in a separate exhibit.

Have you ever been **charged** or **arrested** for any criminal offense other than a minor motor vehicle violation?

No:     Yes:     If yes, furnish details in a separate exhibit.

Have you or your business ever been involved or are involved in any law suit(s)?

No:     Yes:     If yes, furnish details in a separate exhibit.

Have you or any officers of your company ever been involved in bankruptcy or insolvency proceedings?

No:     Yes:     If yes, furnish details in a separate exhibit.



**5. WORK EXPERIENCE**

*(List chronologically, beginning with your most recent employment)*

**Company Name:** \_\_\_\_\_ **From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_ **City / State:** \_\_\_\_\_

**Duties Performed** *(please be as detailed as possible):* \_\_\_\_\_

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**Company Name:** \_\_\_\_\_ **From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_ **City / State:** \_\_\_\_\_

**Duties Performed** *(please be as detailed as possible):* \_\_\_\_\_

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**Company Name:** \_\_\_\_\_ **From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_ **City / State:** \_\_\_\_\_

**Duties Performed** *(please be as detailed as possible):* \_\_\_\_\_

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**Company Name:** \_\_\_\_\_ **From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_ **City / State:** \_\_\_\_\_

**Duties Performed** *(please be as detailed as possible):* \_\_\_\_\_

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**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Spouse's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



United States of America  
SMALL BUSINESS ADMINISTRATION  
STATEMENT OF PERSONAL HISTORY

**Please Read Carefully:** SBA uses Form 912 as one part of its assessment of program eligibility. Please reference SBA Regulations and Standard Operating Procedures if you have any questions about who must submit this form and where to submit it. For further information, please call SBA's Answer Desk at 1-800-U-ASK-SBA (1-800-827-5722), or check SBA's website at [www.sba.gov](http://www.sba.gov).

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 _____	2. Give the percentage of ownership or stock owned or to be owned in the small business or the development company	Social Security No.
	3. Date of Birth (Month, day, and year)	
	4. Place of Birth: (City & State or Foreign Country)	
	5. U.S. Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO <b>INITIALS:</b> _____ If No, are you a Lawful Permanent resident alien: <input type="checkbox"/> YES <input type="checkbox"/> NO If non- U.S. citizen provide alien registration number: _____	

Name and Address of participating lender or surety co. (when applicable and known)	5. U.S. Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO <b>INITIALS:</b> _____ If No, are you a Lawful Permanent resident alien: <input type="checkbox"/> YES <input type="checkbox"/> NO If non- U.S. citizen provide alien registration number: _____
6. Present residence address: From: To: Address:  Home Telephone No. (Include Area Code): Business Telephone No. (Include Area Code):	Most recent prior address (omit if over 10 years ago): From: To: Address:

**PLEASE SEE REVERSE SIDE FOR EXPLANATION REGARDING DISCLOSURE OF INFORMATION AND THE USES OF SUCH INFORMATION.**

**YOU MUST INITIAL YOUR RESPONSES TO QUESTIONS 5,7,8 AND 9.**

**IF YOU ANSWER "YES" TO 7, 8, OR 9, FURNISH DETAILS ON A SEPARATE SHEET. 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. AN ARREST OR CONVICTION RECORD WILL NOT NECESSARILY DISQUALIFY YOU; HOWEVER, UNTRUTHFUL ANSWER WILL CAUSE YOUR APPLICATION TO BE DENIED AND SUBJECT YOU TO OTHER PENALTIES AS NOTED BELOW.**

7. Are you presently under indictment, on parole or probation? **INITIALS:** \_\_\_\_\_  
 Yes  No (If yes, indicate date parole or probation is to expire.)

8. 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 **INITIALS:** \_\_\_\_\_

9. 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 **INITIALS:** \_\_\_\_\_

10. 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, and the Small Business Investment Act.

**CAUTION - PENALTIES 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, surety bond, or other program participation. A false statement is punishable under 18 USC 1001 and 3571 by imprisonment of not more than five years and/or a fine of up to \$250,000; 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 thirty years and/or a fine of not more than \$1,000,000.

Signature	Title	Date
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**Agency Use Only**

11. <input type="checkbox"/> Fingerprints Waived  <input type="checkbox"/> Fingerprints Required  Date Sent to OIG _____	Date _____ Approving Authority _____ Date _____ Approving Authority _____	12. <input type="checkbox"/> Cleared for Processing Date _____ Approving Authority _____ 13. <input type="checkbox"/> Request a Character Evaluation Date _____ Approving Authority _____ (Required whenever 7, 8 or 9 are answered "yes" even if cleared for processing.)
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PLEASE NOTE: The estimated burden for completing this form is 15 minutes per response. You are not required to respond to any collection of information unless it displays a currently valid OMB approval number. Comments on the burden should be sent to U.S. Small Business Administration, Chief, AIB, 409 3rd St., S.W., Washington D.C. 20416 and Desk Officer for the Small Business Administration, Office of Management and Budget, New Executive Office Building, Room 10202, Washington, D.C. 20503. OMB Approval 3245-0178. **PLEASE DO NOT SEND FORMS TO OMB.**

## NOTICES REQUIRED BY LAW

The following is a brief summary of the laws applicable to this solicitation of information.

### **Paperwork Reduction Act (44 U.S.C. Chapter 35)**

SBA is collecting the information on this form to make a character and credit eligibility decision to fund or deny you a loan or other form of assistance. The information is required in order for SBA to have sufficient information to determine whether to provide you with the requested assistance. The information collected may be checked against criminal history indices of the Federal Bureau of Investigation.

### **Privacy Act (5 U.S.C. § 552a)**

Any person can request to see or get copies of any personal information that SBA has in his or her file, when that file is retrieved by individual identifiers, such as name or social security numbers. Requests for information about another party may be denied unless SBA has the written permission of the individual to release the information to the requestor or unless the information is subject to disclosure under the Freedom of Information Act.

Under the provisions of the Privacy Act, you are not required to provide your social security number. Failure to provide your social security number may not affect any right, benefit or privilege to which you are entitled. Disclosures of name and other personal identifiers are, however, required for a benefit, as SBA requires an individual seeking assistance from SBA to provide it with sufficient information for it to make a character determination. In determining whether an individual is of good character, SBA considers the person's integrity, candor, and disposition toward criminal actions. In making loans pursuant to section 7(a)(6) the Small Business Act (the Act), 15 USC § 636 (a)(6), SBA is required to have reasonable assurance that the loan is of sound value and will be repaid or that it is in the best interest of the Government to grant the assistance requested. Additionally, SBA is specifically authorized to verify your criminal history, or lack thereof, pursuant to section 7(a)(1)(B), 15 USC § 636(a)(1)(B). Further, for all forms of assistance, SBA is authorized to make all investigations necessary to ensure that a person has not engaged in acts that violate or will violate the Act or the Small Business Investment Act, 15 USC §§ 634(b)(11) and 687b(a). For these purposes, you are asked to voluntarily provide your social security number to assist SBA in making a character determination and to distinguish you from other individuals with the same or similar name or other personal identifier.

When the information collected on this form indicates a violation or potential violation of law, whether civil, criminal, or administrative in nature, SBA may refer it to the appropriate agency, whether Federal, State, local, or foreign, charged with responsibility for or otherwise involved in investigation, prosecution, enforcement or prevention of such violations. See 74 Fed. Reg. 14890 (2009) for other published routine uses.

# Request for Transcript of Tax Return

▶ **Request may be rejected if the form is incomplete or illegible.**

**Tip.** Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can also call 1-800-829-1040 to order a transcript. If you need a copy of your return, use **Form 4506, Request for Copy of Tax Return**. There is a fee to get a copy of your return.

<b>1a</b> Name shown on tax return. If a joint return, enter the name shown first.	<b>1b</b> First social security number on tax return or employer identification number (see instructions)
<b>2a</b> If a joint return, enter spouse's name shown on tax return.	<b>2b</b> Second social security number if joint tax return

**3** Current name, address (including apt., room, or suite no.), city, state, and ZIP code

**4** Previous address shown on the last return filed if different from line 3

**5** If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information.

**Caution.** If the transcript is being mailed to a third party, ensure that you have filled in line 6 and line 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy.

**6** **Transcript requested.** Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶ \_\_\_\_\_

**a** **Return Transcript**, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120A, Form 1120H, Form 1120L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days . . . . .

**b** **Account Transcript**, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 30 calendar days. . . . .

**c** **Record of Account**, which is a combination of line item information and later adjustments to the account. Available for current year and 3 prior tax years. Most requests will be processed within 30 calendar days . . . . .

**7** **Verification of Nonfiling**, which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days . . . . .

**8** **Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2007, filed in 2008, will not be available from the IRS until 2009. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 45 days . . . . .

**Caution.** If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

**9** **Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

**Signature of taxpayer(s).** I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, **either** husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note.** For transcripts being sent to a third party, this form must be received *within 120 days of signature date*.

Telephone number of taxpayer on line 1a or 2a

<b>Sign Here</b>	Signature (see instructions)	Date	
	Title (if line 1a above is a corporation, partnership, estate, or trust)		
	Spouse's signature	Date	

## General Instructions

**Purpose of form.** Use Form 4506-T to request tax return information. You can also designate a third party to receive the information. See line 5.

**Tip.** Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

**Where to file.** Mail or fax Form 4506-T to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

If you are requesting more than one transcript or other product and the chart below shows two different RAIVS teams, send your request to the team based on the address of your most recent return.

**Automated transcript request.** You can call 1-800-829-1040 to order a transcript through the automated self-help system. Follow prompts for "questions about your tax account" to order a tax return transcript.

### Chart for individual transcripts (Form 1040 series and Form W-2)

If you filed an individual return and lived in:	Mail or fax to the "Internal Revenue Service" at:
Florida, Georgia, North Carolina, South Carolina	RAIVS Team P.O. Box 47-421 Stop 91 Doraville, GA 30362  770-455-2335
Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team Stop 6716 AUSC Austin, TX 73301  512-460-2272
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	RAIVS Team Stop 37106 Fresno, CA 93888  559-456-5876
Arkansas, Connecticut, Delaware, District of Columbia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, Ohio, Pennsylvania, Rhode Island, Vermont, Virginia, West Virginia	RAIVS Team Stop 6705 P-6 Kansas City, MO 64999  816-292-6102

### Chart for all other transcripts

If you lived in or your business was in:	Mail or fax to the "Internal Revenue Service" at:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Tennessee, Texas, Utah, Washington, Wyoming, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409  801-620-6922
Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia, Wisconsin	RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250  859-669-3592

**Line 1b.** Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

**Line 6.** Enter only one tax form number per request.

**Signature and date.** Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the information be sent to a third party, the IRS must receive Form 4506-T within 120 days of the date signed by the taxpayer or it will be rejected.

**Individuals.** Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

**Corporations.** Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer.

**Partnerships.** Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

**All others.** See Internal Revenue Code section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

**Documentation.** For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the Letters Testamentary authorizing an individual to act for an estate.

### Privacy Act and Paperwork Reduction Act Notice.

We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. You are not required to request any transcript; if you do request a transcript, sections 6103 and 6109 and their regulations require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form**, 10 min.; **Preparing the form**, 12 min.; and **Copying, assembling, and sending the form to the IRS**, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224. Do not send the form to this address. Instead, see *Where to file* on this page.



**AUTHORIZATION TO OBTAIN CREDIT INFORMATION**

TO ALL CONSUMER REPORTING AGENCIES, EMPLOYERS, CREDITORS AND DEPOSITORIES OF THE UNDERSIGNED:

Applicant Name: \_\_\_\_\_

Street Address, City, State and Zip Code: \_\_\_\_\_

Federal Tax Identification Number: \_\_\_\_\_

Full Name of Individual: \_\_\_\_\_

Street Address, City, State and Zip Code: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Full Name of Individual: \_\_\_\_\_

Street Address, City, State and Zip Code: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Please be advised that each of the undersigned, has made an application to Bank of Santa Clarita (Bank), requesting an extension of credit. Therefore, each of the undersigned hereby authorizes you to release to Bank of Santa Clarita and/or any agent or employee thereof, any information requested by Bank of Santa Clarita.

A photocopy of this authorization may be deemed to be the equivalent of the original authorization.

The undersigned certifies that all the information provided is complete, true and correct and authorizes Bank of Santa Clarita or its agent to obtain credit reports, and to release credit information to others (including without limitation, companies affiliated with the Bank) to check the individual and/or business credit rating of both the business and the individual(s).

By: \_\_\_\_\_  
(Signature of Individual/Title)

Date: \_\_\_\_\_

By: \_\_\_\_\_  
(Signature of Individual/Title)

Date: \_\_\_\_\_



## U.S. CITIZENSHIP AND IMMIGRATION SERVICES AUTHORIZATION

I authorize the U.S. Citizenship and Immigration Services to release information regarding my immigration status to Bank of Santa Clarita. Also, I authorize the U.S. Citizenship and Immigration Services to release alien verification information about me to Bank of Santa Clarita because I am applying for a U.S. Small Business Administration Loan.

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Print Name

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Date of Birth

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Address:

*Street*

*City*

*State*

*Zip*

---

Signature



## BUSINESS HISTORY

Please write about each of the business elements listed below and include any brochures, advertising materials and/or printed history of the company.

### General Information:

Date business was established: \_\_\_\_\_

Type of business (*construction, manufacturing, retail, service, etc.*): \_\_\_\_\_

Date business originally acquired by the seller and reason for selling: \_\_\_\_\_

### Products Or Services / Description of Business Activity:

If you are a manufacturer, describe the products you produce. If you are a retailer, discuss the various types of goods you sell. If you are a service business, describe the services you offer.

### Sales / Marketing Activity:

Who are your customers (*retailers, wholesalers, general public, etc.*)?

List your key customers.

How are your sales made?

Who are your suppliers and what are their credit sales terms?



How do you determine the price of your products or services?

How do you advertise? What promotional activities do you conduct to generate sales?

### Competition:

Briefly list and describe your major competitors?

What advantage does your business have over your competitor's operation?

What is the approximate distance of your competitors, relative to your current location?

### Location:

If a retail business, describe your area and customer base.

Describe your business location's advantages and disadvantages.

### Facilities:

Describe the type and condition of your building *(if applicable)*.

What improvements are needed, if any?



**BUSINESS DEBT SCHEDULE**

Loan Applicant \_\_\_\_\_

<b>CREDITOR</b>	<b>ORIGINAL AMOUNT</b>	<b>ORIGINAL DATE</b>	<b>PRESENT BALANCE*</b>	<b>INTEREST RATE</b>	<b>MATURITY DATE</b>	<b>COLLATERAL SECURITY</b>	<b>MONTHLY PAYMENT</b>
<b>TOTALS</b>							

This is certified correct to the best of my knowledge as of \_\_\_\_\_, 20\_\_\_\_. Signature of Applicant: \_\_\_\_\_

\* Present Balance Total must match to the Interim Business Financial Statement for the same period.



## ENVIRONMENTAL QUESTIONNAIRE AND DISCLOSURE STATEMENT

Applicant:

Property Address:

The purpose of this questionnaire is to provide information upon which the Bank will rely as part of the loan application. Please respond to every question. Clarifications to answers should be made in the space immediately following the question. Where space is inadequate, please attach additional pages, as needed referring to the appropriate question number. In cases where an answer is not available or appropriate, places have been provided to indicate so. Information provided will be for Bank use only and will remain confidential.

### A. USE AND HISTORY

#### 1. Site Owners

List site owners for the last ten years, the dates of ownership, and the site use.

Owner 1:

Owner 2:

Owner 3:

#### 2. Crops

List any crops that have been grown on the property in the last ten years.

3. List on site building and / or facilities.

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B. ASBESTOS

Describe any asbestos presence and discuss whether or not it has been disturbed. Also discuss the results of and any inspections of which you are aware.

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C. POLYCHLORINATED BIPHENYLS (PCB)

1. Are there electrical transformers, capacitors or other such equipment on the property that may contain PCB? (Explain)

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D. STORAGE TANKS, DRUMS, PIPELINE

1. Are there any underground storage tanks (UST) located on the property. Yes ( ) No ( ) Don't Know ( ) If so, please provide Information below.

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Size (Gallons)	Construction (Steel, Fiberglass, etc.)	Double / Single	Age	Product Stored (Gas, Diesel, Solvent, etc.)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If yes, to D. 1, describe the tanks based on capacity, construction (fiberglass, steel, etc.), double or single wall, age and substance store.

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If yes to D. 1, are any tanks known to leak? Have they leaked in the past?

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Are there above ground tanks? If yes, answer D. 2 and D. 3 here, as they pertain to above ground tanks.

2. Are there any underground storage tanks, above ground tanks or drums to leak now or to have leaked in the past?

Yes ( ) No ( ) Don't Know ( )

3. Are there any permanent above ground storage tanks or below ground pipelines containing petroleum, chemicals or other substances, (including water and sanitary sewers), located on the property?

Yes ( ) No ( ) Don't Know ( ) Not Applicable ( )

If so, please attach list of tanks including size and product stored.

4. Are there drums on the property? How long have they been there? Who put them there? What do they contain? Are they leaking? Have they leaked? Is there standing water under the drums?

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5. Are any chemicals on the property in drums or other containers? Yes ( ) No ( )  
If so, please provide a listing of the types and quantities and stored and the types and condition of drums or other containers.

6. Have any containers known to have ever leaked or have been inspected or tested for leakage? Yes ( ) No ( ) Don't Know ( ) Not Applicable ( )

If so, please describe.

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7. Are appropriate permits for the tanks or other storage facilities current? Please attach copies. Yes ( ) No ( )

8. Are there any above or below ground pipelines (including sewer) located on the property? Describe. Have they been tested for leakage? Explain. Do they now or have they ever leaked?

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E. AIR EMISSIONS

1. Are air emissions from the site subject to air pollution control regulations? If so, please describe type of emission, type of burners, fuel, control devices, etc.

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2. If yes to E. 1, what were the results of the last two regulatory inspections?

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F. WATER AND DRAINAGE

1. What is the source of water for the site? (Site well, public, etc.)

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2. What is the water used for at the site?

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3. Is there any on-site disposal of wastewater? Explain.

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4. Is wastewater / irrigation water collected for treatment or removed from the site?  
Where is it sent? What company disposes of the waste? Where?

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G. WASTE GENERATION, STORAGE AND DISPOSAL

1. Are any solid or liquid wastes (other than waste water) generated at the site, or have they been in the past? If so, describe the waste, its quantity and any removal activities.

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2. Is there on-site storage of disposal of wastes? Explain.

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3. Is there off-site disposal or recycling of wastes? Who transports the waste? Where does it go?

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H. PESTICIDES / HERBICIDES AND AGRICULTURAL CHEMICALS

1. Have pesticides, herbicides or other agricultural chemicals ever been applied to the property? If so, list and describe method of storage.

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I. ENVIRONMENTAL STUDIES, REPORTS, CITATIONS, ENFORCEMENT AND CLEANUP ACTIONS

1. Have any environmental assessment studies been performed for the site with respect to soil, groundwater, air or site facilities? If so, explain briefly and attach dated copies of such reports.

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2. Has any public agency ever investigated or cited the property for violation or possible violation of an environmental law or commenced enforcement or cleanup action under environmental law with respect to the property? If so, please explain and attach any reports that accompanied the complaint for violation.

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3. Has any public agency ever listed the property as a site requiring or qualifying for cleanup under any environmental law? If so, please explain and attach any supporting material.

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J. CERTIFICATION

I certify that the answers to this questionnaire are true and complete to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name



## PROJECTED OPERATING STATEMENT

Reporting Period - From: \_\_\_\_\_ To: \_\_\_\_\_ Name of Business: \_\_\_\_\_

	1 <sup>st</sup> Month	2 <sup>nd</sup> Month	3 <sup>rd</sup> Month	4 <sup>th</sup> Month	5 <sup>th</sup> Month	6 <sup>th</sup> Month	7 <sup>th</sup> Month	8 <sup>th</sup> Month	9 <sup>th</sup> Month	10 <sup>th</sup> Month	11 <sup>th</sup> Month	12 <sup>th</sup> Month	Totals
Gross Sales / Receipts													
<b>Less: Cost of Goods Sold</b>													
Gross Profit													
<b>Less: Expenses</b>													
Accounting & Legal													
Advertising													
Bad Debts													
Depreciation													
Insurance													
Interest													
Rent													
Repairs and Maintenance													
Salaries/Wages													
Supplies													
Taxes/Licenses													
Other Expenses													
<b>Total Expenses</b>													
<b>Net Profit</b>													
<b>Projected Owner's Draw</b>													
<b>Net Profit Before Taxes</b>													

This is certified correct to the best of my knowledge as of \_\_\_\_\_, 20\_\_\_\_. Signature of Applicant: \_\_\_\_\_



## ASSUMPTIONS TO PROJECTIONS

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

Please use this page to explain the assumptions used to generate the projection figures. For business expansion loans, be sure to address the specific reasons as to why the figures differ significantly from previous years for Revenue, Cost of Goods Sold, Expenses and Owner's Draw.

**Explanations:**

# **BANK OF SANTA CLARITA**

## **PRIVACY POLICY**

At Bank of Santa Clarita, respecting the privacy and security of your customer information is important to us. This privacy policy is designed to inform you of our practices for the collection, use, retention, and security of customer information.

### **PRIVACY PLEDGE**

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At Bank of Santa Clarita, we understand that your financial information is personal. We know it is important to keep this information about you and/or your business with us confidential.

- Bank of Santa Clarita values the trust you have placed with us.
- The security of customer information is vital.

### **INFORMATION COLLECTED**

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Bank of Santa Clarita collects non-public personal information about you from the following sources:

- Information we receive from you on applications, other forms, or by telephone.
- Information about your transactions with the bank or others.
- Information we receive from third parties, such as a consumer reporting agency.

### **INFORMATION USED**

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Bank of Santa Clarita may use and share information that we collect for the following purposes:

- To provide you with products and services requested.
- To offer you additional products and services from us that may be of interest to you.
- To comply with reporting and legal requirements.
- To otherwise conduct business.

### **INFORMATION DISCLOSED**

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Bank of Santa Clarita does not disclose non-public personal information of customers or former customers to anyone except as permitted by law. Under the law, the bank may disclose non-public personal information about you to non-affiliated third parties in order to service your accounts and products. For example, the bank may disclose customer information to check printers, ATM networks, computer services, government entities in response to subpoenas, and credit bureaus.

We also may disclose all of the information we collect, as described above, to companies that perform marketing services on our behalf.

### **SECURITY AND CONFIDENTIALITY OF INFORMATION**

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Bank of Santa Clarita restricts access to customer information. We only grant access to non-public personal information to those employees and service providers so they may provide or offer products to you, process and service your accounts, and administer business. Employees are responsible for maintaining the confidentiality of customer information and they are required to comply with our privacy policy. Even if you are no longer a customer, we continue to treat your non-public personal information in the same way as if you were still a customer.

Bank of Santa Clarita maintains physical, electronic and procedural safeguards that comply with federal and state standards to guard your non-public personal information.

### **GLOSSARY**

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- 1) We, our, us, bank, refers to Bank of Santa Clarita.
- 2) You, your, refers to each individual who is a customer or former customer, or an individual who obtains or requests a financial service or product.
- 3) Customer information means personally identifiable financial information about a consumer that is considered non-public personal information within the meaning of the Federal Privacy Act.
- 4) Non-public personal information means personally identifiable financial information that the bank obtains about you in connection with providing a financial service or product.