

AMERICAN MOMENTUM BANK®

CHECK LIST

This checklist has been provided to assist you in gathering the necessary information for the initial evaluation of your loan request. More complete information will be necessary to process your application.

INFORMATION NEEDED TO CONSIDER A LOAN REQUEST

- LOAN PROPOSAL** – a written statement describing your business and its history, stating how you will use the loan proceeds and outlining how you plan to repay the loan.
- PURCHASE CONTRACT** – Required if loan proceeds will be used to acquire a business, equipment or real estate
- LEASE AGREEMENT** – Required if business is leasing space
- SMALL BUSINESS LOAN REQUEST FORM** (form enclosed)

PERSONAL INFORMATION

- PERSONAL FINANCIAL STATEMENT** (form enclosed) for all owners of 20% or more and all guarantors
- THREE YEARS OF TAX RETURNS** for all owners of 20% or more and all guarantors
- RESUME** for all owners of 20% or more and all guarantors (form enclosed)
- PERSONAL INFORMATION FORM** for all owners, officers, directors, managers, key employees and guarantors (form enclosed)

FINANCIAL STATEMENTS

These statements should describe the condition of your business and be presented in a format which is generally accepted for financial reporting. Included should be:

- THREE YEARS BUSINESS TAX RETURNS**
- BALANCE SHEET** for the last three fiscal year ends
- INCOME STATEMENTS** showing profit and loss for the last three fiscal year ends
- INTERIM FINANCIAL STATEMENTS** (90 days or less) to include balance sheet and income statement
- ACCOUNTS RECEIVABLE AND ACCOUNTS PAYABLE AGINGS** which break out receivables and payables into 30, 60, 90 and past 90 days old categories (date must match interim statements)
- SCHEDULE OF BUSINESS DEBT** (form enclosed)
- SCHEDULE OF COLLATERAL** (form enclosed)

ADDITIONAL INFORMATION, if applicable

- START UP BUSINESS** – see addendum attached
- CONSTRUCTION, RENOVATION OR LEASEHOLD IMPROVEMENTS** – see addendum attached

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SMALL BUSINESS LOAN REQUEST

APPLICANT COMPANY

Company Name: _____ Date Established: _____
Business Address: _____ Business Phone #: _____
Tax ID#: _____ DUNS#: _____
Franchise (if applicable): _____ FRUNS#: _____
of employees: Currently: _____ After this Loan: _____
Type of Entity: C-Corp ____ S-Corp ____ LLC ____ Sole Proprietor ____ Other _____
Ownership changes in past 6 months? _____ Does ownership involve any Trusts? _____

OWNERSHIP/MANAGEMENT OF APPLICANT COMPANY

List below all owners, officers, directors, managers and key employees (attach separate sheet if needed)

Name	Title	E-Mail Address	% of Ownership
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OTHER BUSINESS INTERESTS/AFFILIATES/OTHER BUSINESS CONCERNS

List below all business entities in which the applicant company or any of the individuals listed in the ownership section above have any ownership

Company Name	Owner (Applicant Co. or Individual)	% of Ownership
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_____	_____	_____
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ESTIMATED PROJECT COSTS

Land Acquisition	\$ _____
New Building Construction **	\$ _____
Land and Building Acquisition	\$ _____
Building Improvements or Repairs **	\$ _____
Acquisition of Machinery/Equipment	\$ _____
Purchase Inventory	\$ _____
Working Capital (including accounts payable)	\$ _____
Acquisition of Existing Business	\$ _____
Refinance Debt (need copies of notes)	\$ _____
Franchise Fee	\$ _____
Closing Costs (approx. 5% of loan amount)	\$ _____
TOTAL PROJECT AMOUNT	\$ _____
LESS OWN CASH/EQUITY TO BE INJECTED	(-) \$ _____
TOTAL LOAN REQUESTED FOR PROJECT	\$ _____

**Requires addendum (attached)

PERSONAL INFORMATION FORM

Separate form to be completed by all Owners, Officers, Directors, Managers, Key Employees and Guarantors

Name: _____ Maiden Name: _____

Title (if applicable): _____ % of Ownership in company: _____

Address: _____

Lived there from: _____ to: _____ (if less than 10 years, list previous address)

Previous Address: _____

Lived there from: _____ to: _____ U.S. Citizen: _____ Yes _____ No

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Social Security #: _____ Gender: _____ Marital Status: _____

Date of Birth: _____ Place of Birth (City & State): _____

Branch of Military Service: _____ Dates of Service: _____

Driver's License #: _____ State: _____ Issue Date: _____ Expiration: _____

Race: American Indian/Alaskan Native
 Asian
 Black or African-American
 Native Hawaiian or Pacific Islander
 White

Ethnicity: Hispanic or Latino
 Not Hispanic or Latino

I do not wish to furnish this information

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. Are you presently subject to an indictment, criminal information, arraignment or other means by which formal criminal charges are brought in any jurisdiction? Yes No
2. Have you ever been arrested in the past six (6) months for any criminal offense?
 Yes No
3. For any criminal offense – other than a minor vehicle violation – have you ever; 1) been convicted; 2) plead guilty; 3) plead nolo contendere; 4) been placed on pretrial diversion; or 5) been placed on any form of parole or probation (including probation before judgment)?
 Yes No



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 a guaranteed surety.

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
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Home Address	Home Phone
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City, State, & Zip Code

Business Name of Applicant

ASSETS (Omit Cents)	LIABILITIES (Omit Cents)
Cash on Hand & in banks.....\$ _____	Accounts Payable.....\$ _____
Savings Accounts.....\$ _____	Notes Payable to Banks and Others.....\$ _____ (Describe in Section 2)
IRA or Other Retirement Account.....\$ _____ (Describe in Section 5)	Installment Account (Auto).....\$ _____ Mo. Payments \$ _____
Accounts & Notes Receivable.....\$ _____ (Describe in Section 5)	Installment Account (Other).....\$ _____ Mo. Payments \$ _____
Life Insurance – Cash Surrender Value Only.....\$ _____ (Describe in Section 8)	Loan(s) Against Life Insurance.....\$ _____
Stocks and Bonds.....\$ _____ (Describe in Section 3)	Mortgages on Real Estate.....\$ _____ (Describe in Section 4)
Real Estate.....\$ _____ (Describe in Section 4)	Unpaid Taxes.....\$ _____ (Describe in Section 6)
Automobiles.....\$ _____ (Describe in Section 5, and include Year/Make/Model)	Other Liabilities.....\$ _____ (Describe in Section 7)
Other Personal Property.....\$ _____ (Describe in Section 5)	Total Liabilities.....\$ _____
Other Assets.....\$ _____ (Describe in Section 5)	Net Worth.....\$ _____
Total Assets \$ _____	Total Liabilities & Net Worth \$ _____ *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)

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: 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 or submit professional Resume

YOUR NAME:

First Middle/Maiden Last

Social Security Number Date of Birth Place of Birth

CITIZENSHIP STATUS:

Yes No If no, Alien Registration #: _____

PRESENT HOME ADDRESS:

FROM: _____ TO: _____

IMMEDIATE PAST ADDRESS:

FROM: _____ TO: _____

RESIDENCE PHONE #:

_____ Business Phone #: _____

SPOUSE'S NAME:

First Middle/Maiden Last

Social Security Number Date of Birth Place of Birth

EMPLOYMENT HISTORY (LAST 10 YEARS):

to Employer: _____

Name Location

Duties: _____

to Employer: _____

Name Location

Duties: _____

to Employer: _____

Name Location

Duties: _____

to Employer: _____

Name Location

Duties: _____

YOUR FORMAL EDUCATION CONSISTS OF:

HIGH SCHOOL: _____ Years: _____

COLLEGE: _____ Degree: _____ Years: _____

MILITARY HISTORY: Veteran: Branch: _____ Served: _____ to _____

I am aware that this information is used to determine my eligibility for a loan, and that, if my application is approved, you may contact these sources to update this information at any time.

SIGNATURE: _____

Applicant

Date

SCHEDULE OF BUSINESS DEBT

Applicant: _____

Date: _____

Name of Creditor/ Account #	Original Amount	Original Date	Current Balance	Interest Rate	Maturity Date	Monthly Payment	How Secured	Is Debt Current

Signature: _____

Were your gross annual revenues in the previous fiscal year \$1,000,000.00 or less? Yes ___ No ___ If you answered yes and your request is denied, you have the right to receive a written statement of the specific reasons for this denial. To obtain the statement, please contact us in writing, within 60 days from the date you were notified of our decision, at the following address:

American Momentum Bank, 4830 W Kennedy Blvd, Urban One, Suite 200, Tampa, FL 33609

We will send you a written statement of reasons for the denial within 30 days of receiving your request. The notice below describes additional protections extended to you.

NOTICE: The federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is :

FDIC – Consumer Response Center
1100 Walnut Street, Box #11 Kansas
City, Missouri 64106

Appraisal Notice

NOTICE: If the collateral which will secure this loan is a 1-4 family residence, we may order an appraisal to determine the property's value and charge you for this appraisal. We will promptly give you a copy of any appraisal, even if your loan does not close.

You can pay for an additional appraisal for your own use at your own expense.

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT: To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

By signing below, the undersigned agree(s) to all the terms and conditions of this Request, and authorize(s) **American Momentum Bank** to obtain credit report(s) and/or verify your references. Financial information will also be required.

By _____
Signature Date

By _____
Signature Date

By _____
Signature Date

By _____
Signature Date

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