

# HOSPITALITY FINANCE SOLUTIONS

## BUSINESS LOAN APPLICATION



Scott Corrigan  
Director  
(919) 562-5702

[Scott@hospitalityfinance.com](mailto:Scott@hospitalityfinance.com)

Nichole Company  
Senior Account Manager  
(919) 562-5701

[Nichole@hospitalityfinance.com](mailto:Nichole@hospitalityfinance.com)

Hospitality Finance Solutions  
[www.hospitalityfinance.com](http://www.hospitalityfinance.com)

*In order to consider your loan request and find the best financing options available, please provide the information requested below. Please contact Scott Corrigan ([scott@hospitalityfinance.com](mailto:scott@hospitalityfinance.com)) or Nichole Company ([nichole@hospitalityfinance.com](mailto:nichole@hospitalityfinance.com)) with any questions.*

## **Loan Application**

Please complete the attached application. For any partner with 20% or greater ownership, please provide specific personal financial documentation as well.

## **Business Financial Documentation**

- Prior three (3) years business tax returns to include all schedules and statements
- Year to date interim financial statements
- Business debt schedule (attached)
- For New Development:
  - Month to month projections and assumptions
  - Business Plan

## **Personal Financial Documentation**

- Personal financial statement (attached)
- Prior three (3) years personal tax returns to include all schedules and statements
- Management Resume

## **Other Documentation (If Available/Applicable)**

- Most recent STAR Report
- For any affiliates companies which are owned 20% or greater:
  - Prior three (3) years tax returns
  - Year to date interim financial statements
  - Explanation of current debt (if any)

DISCLAIMER: All information provided in this report is believed to be accurate and reliable; however, Hospitality Finance Solutions, Inc. assumes no responsibility for the use of this information. The material included in this report is based on information available at the current time and is information provided by third parties. Neither Hospitality Finance Solutions, Inc. nor its owners or agents make any representations or warranties concerning its accuracy. All purchasers shall rely on their own underwriting as to potential financial success. The financial statements provided are subject to errors, omissions and changes, which are or may be unknown to Hospitality Finance Solutions, Inc. The information provided is considered private and confidential and should not be shared outside of the requirements of this transaction.

Company Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

DBA: \_\_\_\_\_ Cell Number: \_\_\_\_\_

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

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

Year Built: \_\_\_\_\_ #of Rooms: \_\_\_\_\_ Flag: \_\_\_\_\_ Date Purchased: \_\_\_\_\_

Have you or any officer of your company ever been involved in bankruptcy or insolvency proceedings? Yes  No   
 Have you or any officer of your company ever defaulted on a government loan? Yes  No

**BREAKDOWN OF OWNERSHIP**

|       |       |         |
|-------|-------|---------|
| _____ | _____ | _____ % |
| _____ | _____ | _____ % |
| _____ | _____ | _____ % |
| _____ | _____ | _____ % |
| _____ | _____ | _____ % |

**ESTIMATED PROJECT COSTS**

|   |          |
|---|----------|
| Land Purchase:                          | \$ _____ |
| Real Estate Acquisition/Construction:   | \$ _____ |
| Debt to be Refinanced:                  | \$ _____ |
| Furniture, Fixture & Equipment:         | \$ _____ |
| Property Improvement Plan:              | \$ _____ |
| Working Capital:                        | \$ _____ |
| Closing Costs/SBA Fees:                 | \$ _____ |
| Franchise Fees:                         | \$ _____ |
| Closing Costs:                          | \$ _____ |
| <b>Total Estimated Project Costs</b>    | \$ _____ |
| <b>Equity Injection</b>                 | \$ _____ |
| <b>Total Loan Requested for Project</b> | \$ _____ |

**OWNERSHIP INTERESTS AND AFFILIATES**

| Company Name | Address | Property Type | Ownership % | SBA Loan |
|--------------|---------|---------------|-------------|----------|
|              |         |               |             |          |
|              |         |               |             |          |
|              |         |               |             |          |
|              |         |               |             |          |

Name:

SSN:

Date of Birth:

US Citizen:  Yes  No

Spouse's Name:

SSN:

Date of Birth:

US Citizen:  Yes  No

Present Home Address:

City:

State/ZIP:

From:

To:

Immediate Past Address:

City:

State/Zip:

From:

To:

**Prior Employment History**

**Employer:**

Location:

Position:

From:

To:

Responsibilities:

**Employer:**

Location:

Position:

From:

To:

Responsibilities:

**Employer:**

Location:

Position:

From:

To:

Responsibilities:

**Education/Military Service:**

High School:

Dates:

College:

Degree:

Dates:

US Military Veteran:  Yes

Rank:

Dates:

I confirm that the information provided is true and correct to the best of my knowledge.

Date:

Signature:





**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   |                 | LIABILITIES                             |                 |
|--|-----------------|---|-----------------|
|  | (Omit Cents)    |   | (Omit Cents)    |
| Cash on hand & in Banks .....                  | \$ _____        | Accounts Payable .....                  | \$ _____        |
| Savings Accounts .....                         | \$ _____        | Notes Payable to Banks and Others ..... | \$ _____        |
| IRA or Other Retirement Account .....          | \$ _____        | (Describe in Section 2)                 |                 |
| 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>                                   | <b>\$ _____</b> | Net Worth .....                         | <b>\$ _____</b> |
|  |                 | <b>Total</b>                            | <b>\$ _____</b> |

| Section 1. Source of Income          | Contingent Liabilities |
|--------------------------------------|------------------------|
| Salary .....                         | \$ _____               |
| Net Investment Income .....          | \$ _____               |
| Real Estate Income .....             | \$ _____               |
| Other Income (Describe below)* ..... | \$ _____               |
|                                      | \$ _____               |
|                                      | \$ _____               |

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.**