



SBA 504 Loan Application

Alabama Small Business Capital

120 19th Street N. Suite 210

Birmingham, AL 35203

Document Instructions

Please see instructions below for the documents within this application:

- **SBA Form 1244 (*detailed instructions on first page of form*)**
 - Section Two (pages 4 & 5) must be completed by the Associates of the Applicant. If more than one Associate is required to complete this section, each person must separately complete and sign Section Two.
 - Section Three (Page 11) must be signed by the Applicant Representative and the Associate(s) who completed Section Two.
- **Management Resume**
 - Please complete and execute
 - If you currently have a resume in a different format, please execute the form and submit it in lieu of the attached management resume form.
- **Acknowledgment Form**
 - Please have executed by all individuals who will be guaranteeing the loan
- **Please provide a legible copy of a valid driver's license for all guarantors**

You may forward all completed documents to the applicable ASBC office for processing. Should you have any general questions, please do not hesitate to contact ASBC via info@asbc504.com



U.S. Small Business Administration
Application for Section 504 Loans
OMB Control No.: 3245-0071 (Expiration Date XX/XX/20XX)

Purpose of This Form

This form and exhibits are to be completed by the Small Business Applicant (“Applicant”) and the Certified Development Company (CDC). The information is used to review the Applicant’s eligibility for a loan, indebtedness, creditworthiness, and certain other disclosures. The Applicant submits the requested information to the CDC, which will then upload the information to the SBA’s E-Tran system. This form must be completed and uploaded by both PCLP and non-PCLP CDCs, including CDCs with ALP Express Loan authority.

Structure and Instructions for this Form

This form is divided into four sections:

Section One (Pages 2-3) is completed by the Applicant. This section requests information about the Applicant and its ownership structure. If there are Co-Applicants (*e.g.*, “Eligible Passive Company (EPC)” and “Operating Company (OC)”), both entities must submit the information requested on page 2 and enter ownership information in the relevant table on page 3. The CDC may provide guidance to the Applicant in filling out this section; however, the Applicant is responsible for, and certifies to, the accuracy of the information.

Section Two (Pages 4-5) is completed by the Associates of the Applicant, including:

- For a sole proprietorship, the sole proprietor;
- For a partnership, all general partners, and all limited partners owning 20% or more of the equity of the firm; or any partner that is involved in management of the Applicant;
- For a corporation, all owners of 20% or more of the corporation, and each officer and director;
- For limited liability companies, all members owning 20% or more of the company, each officer, director, and managing member;
- Any person or entity hired by the business to manage day-to-day operations (“key employee”); and
- Any Trustor (if the Applicant is owned by a trust).

All parties listed above are considered “Associates” of the Small Business Applicant (as defined in 13 C.F.R. § 120.10). If more than one person is required to complete this section, each person must separately complete and sign Section Two.

Section Three (Pages 6–11) contains the Statements Required by Law and Executive Order. These statements must be reviewed and signed by the Applicant representative and the Associates who completed section two.

Section Four (Pages 12–20) is completed by the CDC. This section contains fields for information regarding the CDC, the Third Party Lender and Interim Lender, the 504 Project, the Applicant, and potential conflicts of interest; identifies the exhibits required for a complete Application; and includes the CDC Agreements and Certifications that an authorized CDC official must sign on behalf of the CDC.

Application for Section 504 Loans

Section One: Business Information

Each Associate of the Applicant must separately complete and sign this Section. If the Applicant is operating under an EPC/OC structure, each of the EPC's and OC's Associates must complete and sign this section.

Name (Last, First, Middle)		Former Names and Dates Used	
U.S. Citizen?	USCIS Registration # (if Legal Permanent Resident)	If a non-US citizen or LPR, provide Country of Citizenship	
Yes <input type="checkbox"/> No <input type="checkbox"/>			
Place of Birth (City and State or Foreign Country)		SSN or IRS TIN	Date of Birth
Phone Number (Home or Cell)		Home Address (Street, City, State, Zip code)	

Answer the following Yes/No Questions and Initial to the Right of Each Answer

Initial

1. Do you have an ownership interest in any other entity that has existing SBA loans? ☐ Yes ☐ No _____

If yes, provide loan numbers and current status: _____

2. 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 _____

If yes, the Applicant is not eligible for SBA assistance

3. Have you been arrested in the last 6 months for any criminal offense? ☐ Yes ☐ No _____

If yes, please provide relevant documents as a part of Exhibit 28

4. For any criminal offense – other than a minor vehicle violation – have you ever: ☐ Yes ☐ No _____

1) been convicted; 2) pleaded guilty; 3) pleaded nolo contendere; 4) been placed on pretrial diversion; or 5) been placed on any form of parole or probation (including probation before judgment)? (If “Yes,” furnish the dates, locations, fines, sentences, level of charge (whether misdemeanor or felony), dates of parole/probation, unpaid fines or penalties, name(s) under which charged, and any other pertinent information as part of Exhibit 28)

5. Are you presently suspended, debarred, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal Department or agency? ☐ Yes ☐ No _____

If yes, the Applicant is not eligible for SBA assistance



Application for Section 504 Loans

Section Two: Information Required to be Submitted by each Associate of the Applicant

6. If you are a 50% or more owner of the Applicant, are you more than 60 days delinquent on any obligation to pay child support arising under an administrative order, court order, repayment agreement between the holder and a custodial parent, or repayment agreement between the holder and a state agency providing child support enforcement services? **If yes, the Applicant is not eligible for SBA assistance** ☐ Yes ☐ No _____
7. Have you ever declared bankruptcy? ☐ Yes ☐ No _____
If yes, please provide relevant documents as a part of Exhibit 27
8. Are you currently the subject of any pending lawsuits (including divorce)? ☐ Yes ☐ No _____
If yes, please provide relevant documents as a part of Exhibit 27
9. Has the Applicant or any affiliated company of the Applicant as well as any Associate of the Applicant received any previous government financing? ☐ Yes ☐ No _____
If yes, please provide relevant documents as a part of Exhibit 9

Veteran/Gender/Race/Ethnicity Information

This data is collected for program reporting purposes only. Disclosure is voluntary and has no bearing on the credit decision.

Categories	Category Codes	Response
Veteran	1=Non-Veteran; 2=Veteran; 3=Service-Disabled Veteran; 4=Spouse of Veteran; X=Not Disclosed	
Gender	M=Male; F=Female; X=Not Disclosed	
Race	1=American Indian or Alaska Native; 2=Asian; 3=Black or African American; 4=Native Hawaiian or Pacific Islander; 5=White; X=Not Disclosed	
Ethnicity	H=Hispanic or Latino; N=Not Hispanic or Latino; X=Not Disclosed	

Criminal Penalties for False Statements – The undersigned certifies that all information provided in this Section Two is true and complete to the best of his or her knowledge. The undersigned acknowledges that whoever makes any false statement or report, or willfully overvalues any land property or security for the purpose of influencing in any way the action of the SBA under the Small Business Investment Act, as amended, may be fined up to \$250,000 and/or be put in jail for up to 5 years under 18 U.S.C. § 1001; may be fined not more than \$5,000 and/or put in jail for not more than 2 years under 15 U.S.C. § 645; and if false statements are submitted to a Federally insured institution, may be punished by a fine of not more than \$1,000,000 or by imprisonment for up to 30 years, or both, pursuant to 18 U.S.C. § 1014. The undersigned further acknowledges that, in connection with a 504 loan, submission of any false statement to the CDC or SBA or submission of any record to the CDC or SBA omitting material information can result in civil money penalties and additional monetary liability up to three times the amount of damages which the Government sustains because of the false statement under the False Claims Act, 31 U.S.C. § 3729.

Signature: _____ Date: _____

Print Name: _____

Signer's Relationship with Applicant Business: _____



Application for Section 504 Loans

Section Three: Statements Required by Law and Executive Order and Certifications (Signed by the Applicant and Associates)

undersigned further acknowledges that, in connection with a 504 loan, submission of any false statement to the CDC or SBA or submission of any record to the CDC or SBA omitting material information can result in civil money penalties and additional monetary liability up to three times the amount of damages which the Government sustains because of the false statement under the False Claims Act, 31 U.S.C. § 3729.

The Applicant's authorized representative must sign below. If the project involves an EPC/OC structure, an authorized representative for each co-borrower must sign. Attach additional signature pages if needed.

Legal Name of Applicant Business: _____ EPC or OC: _____

DBA/Trade Name (if applicable): _____

Authorized Signature: _____ Date: _____

Print Name of Authorized Representative: _____ Title: _____

Attested By: _____ (seal, if required)

Legal Name of Business: _____ EPC or OC: _____

DBA/Trade Name (if applicable): _____

Authorized Signature: _____ Date: _____

Print Name of Authorized Representative: _____ Title: _____

Attested By: _____ (seal, if required)

Each Associate of the Applicant must sign below. Each individual should only sign once. Attach additional signature pages if needed.

Signature: _____ Date: _____

Print Name: _____

Signature: _____ Date: _____

Print Name: _____

Signature: _____ Date: _____

Print Name: _____

Signature: _____ Date: _____

Print Name: _____

Signature: _____ Date: _____

Print Name: _____



MANAGEMENT RESUME

Please fill in ALL BLANKS. If an item is not applicable, please indicate as such. You may include additional relevant information on a separate exhibit. SIGN/DATE where indicated.

PERSONAL INFORMATION:

NAME _____ SSN _____ - _____ - _____

DATE OF BIRTH _____ PLACE OF BIRTH _____
(City, State)

RESIDENCE PHONE (____) _____ - _____ BUSINESS TELEPHONE (____) _____ - _____

EMAIL ADDRESS _____

RESIDENCE ADDRESS _____
(Street Name) (City) (State) (ZIP)

LIVED AT RESIDENCE FROM _____ TO PRESENT DATE _____
(Month/Year)

PREVIOUS ADDRESS _____
(Street Name) (City) (State) (ZIP)

LIVED AT RESIDENCE FROM _____ TO _____
(Month/Year) (Month/Year)

SPOUSE'S NAME _____ SSN _____ - _____ - _____

ARE YOU EMPLOYED BY THE U.S. GOVERNMENT? ☐ Yes ☐ No AGENCY/POSITION _____

ARE YOU A U.S. CITIZEN? ☐ Yes ☐ No IF NO, GIVE ALIEN REGISTRATION NUMBER _____

EDUCATION:

High School/College/Technical-Name/Location	Dates Attended	Degree/Certificate	Major
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

MILITARY SERVICE BACKGROUND:

Branch of Service _____ Dates of Service _____ to _____

WORK EXPERIENCE: List chronologically, beginning with present employment

Company Name _____ Location (City/State) _____

From _____ To _____ Job Title _____

Duties _____

Company Name _____ Location (City/State) _____

From _____ To _____ Job Title _____

Duties _____

Company Name _____ Location (City/State) _____

From _____ To _____ Job Title _____

Duties _____

Signature

Date (Month/Day/Year)



ACKNOWLEDGEMENT FOR SECTION 504 LOAN (v 5.2022)

Name of Borrower: _____

Name of Small Business Concern (SBC) (if different): _____

#	Question	Yes	No
1	Is any associate (an Associate of a small business is an officer, director, owner of more than 20 percent of the equity, or key employee) including a Household Member of such individual, an employee of another Department or Agency of the Federal Government (Executive Branch) in a grade of at least GS-13 (or its equivalent) or higher?	<input type="checkbox"/>	<input type="checkbox"/>
2	The applicant authorizes FBDC to order credit reports and background checks for the applicant, its owner(s), and affiliates who are guarantors at application and during the life of the loan, if approved.	<input type="checkbox"/>	<input type="checkbox"/>
3	The applicant and guarantors (corporate and personal) understand that a Credit Alert Verification Reporting System (CAIVRS) report will be acquired prior to approval to determine eligibility for SBA financing. We also understand that a default and loss to SBA will result in the names of the applicant and guarantors being referred for listing in the CAIVRS database (a Federal government database of delinquent Federal debtors) which may impact their eligibility for further financial assistance from SBA or other Federal Agencies or departments.	<input type="checkbox"/>	<input type="checkbox"/>
4	The applicant understands the SBA does not require the use of an agent or representative (including the SBA Lender) to assist with the SBA loan application including packaging or referring a loan to SBA. Has the applicant elected to use an agent? If 'Yes,' the applicant is required to disclose this to FBDC at the time of application.	<input type="checkbox"/>	<input type="checkbox"/>
5	The applicant understands that the SBA loan will be paid by an automatic debit of a checking account designated by the applicant; financial documentation will be required periodically, and the project property will always be insured.	<input type="checkbox"/>	<input type="checkbox"/>
6	Is the applicant engaged in illegal activity under Federal, State or Local Law, including but not limited to, Marijuana-Related Business?	<input type="checkbox"/>	<input type="checkbox"/>
7	During the term of the SBA loan, the senior lien holder is authorized to provide Florida Business Development Corporation (loan servicer for the U.S. Small Business Administration) with mortgage information such as status, balance, etc. throughout the time the SBA Loan remains outstanding.	<input type="checkbox"/>	<input type="checkbox"/>
8	During the term of the SBA loan, our CPA is authorized to provide Florida Business Development Corporation (loan servicer for the U.S. Small Business Administration) with financial information such as tax returns, financial statements, etc. throughout the time the SBA Loan remains outstanding.	<input type="checkbox"/>	<input type="checkbox"/>
9	The applicant understands, acknowledges, and agrees that FBDC and Other Loan Participants can obtain, use and share tax return information for purposes of (i) providing an offer; (ii) originating, maintaining, managing, monitoring, servicing, selling, insuring and securitizing a loan; (iii) marketing; or (iv) as otherwise permitted by applicable laws, including state and federal privacy and data security laws. FBDC includes its affiliates, agents, service providers and any of aforementioned parties, successors and assigns. The Other Loan Participants include any actual or potential owners of a loan resulting from your loan application, or acquirers of any beneficial or other interest in the loan, any mortgage insurer, guarantor, any servicers or service providers for these parties and any of aforementioned parties' successors and assigns.	<input type="checkbox"/>	<input type="checkbox"/>

Acknowledged by Applicant (each Proprietor, General Partner, Limited Partner or Stockholder owning 20% or more, and each Guarantor must sign once)

Signature: _____ Date: _____

Acknowledged by Guarantors

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____