



Coastal Area District Development Authority

501 Gloucester St., Suite 201
Brunswick, GA 31520
912.264.7343

1 Bull St., Suite 301
Savannah, GA 31401
912.236.9566

CADDA COVID-19 EDA CARES ACT LOAN APPLICATION

Company Name

www.cadda-sba.org

Company Name _____

Address _____ City _____ State _____ Zip _____

Type of Business _____ Date established _____

Type of entity (check one) Sole Proprietor Partnership LLC Corporation _____ years business incorporated

Number of current employees _____ Estimated number of new employees/retained within the next two years as a result of this loan. _____

Company Ownership (Attach page with additional ownership names, if needed)

Name _____ Title _____ % of Ownership _____

Email _____ Cell Phone _____ Work Phone _____

Name _____ Title _____ % of Ownership _____

Email _____ Cell Phone _____ Work Phone _____

Name _____ Title _____ % of Ownership _____

Email _____ Cell Phone _____ Work Phone _____

Name _____ Title _____ % of Ownership _____

Email _____ Cell Phone _____ Work Phone _____

Existing Business Information

Street address of project _____

City _____ State _____ Zip _____ County _____

Checklist Please provide the following documents and information.

Business Information

<input type="checkbox"/>	Federal tax returns for the last 3 years for borrowing entity (2019 required)
<input type="checkbox"/>	Interim month-end financial statement dated within the last 2 months
<input type="checkbox"/>	Federal tax return for last 2 years for all affiliate businesses (2019 required)
<input type="checkbox"/>	Business debt schedule (see below) corresponding to interim financial statement
<input type="checkbox"/>	For LLC: Articles of Organization and Operating Agreement (if applicable)
<input type="checkbox"/>	For Corporation: Articles of Incorporation and Bylaws (if applicable)
<input type="checkbox"/>	For Partnerships: Partnership Agreement with all exhibits and State Registration (if applicable)
<input type="checkbox"/>	Franchise Agreement (if applicable)
<input type="checkbox"/>	Past 3 month's Bank Statements for borrowing entity

Personal information (for each individual with 20% or greater ownership)

<input type="checkbox"/>	Personal tax returns for last 3 years (2019 required)
<input type="checkbox"/>	Certification and Personal Profile Form (see below)
<input type="checkbox"/>	Personal financial statement (see below)

Financing Documents (If the request involves the following, please provide)

<input type="checkbox"/>	Real Estate Purchase Agreement and Escrow Instructions OR Escrow Closing Settlement Sheet and Grant Deed
<input type="checkbox"/>	Construction cost budget and/or furniture, fixtures, and equipment bids
<input type="checkbox"/>	Existing environmental report and/or appraisal (if available)

All funding is through Equal Opportunity Loan Programs.

Financing Requested

Renovation	\$ _____	Inventory	\$ _____
Furniture, Fixtures, and Equipment	\$ _____	Working Capital	\$ _____
Debt Refinance	\$ _____	Professional Fees	\$ _____

COVID Impact/Loan Benefit

What impact has the COVID-19 epidemic had on your business?

How will you recover?

How will this loan benefit your company?

A complete application and all checklist items must be received before loan can be processed.

You may submit a completed application by:

Mail: CADDА, АТТН: СARES, 501 Gloucester Street, Suite 201, Brunswick, GA 31520

E-mail: processing@cadda-sba.org

For more information:

Contact Bonnie Altman at (912) 261-2500 ext. 15

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Business Debt Schedule

Furnish the following information on all installment debts, contracts, notes, furniture, fixtures, equipment, and mortgages payable. Do not include accounts payable or accrued liabilities.

Date* _____

Creditor Name and Address	Original Amount	Original Date	Present Balance	Interest Rate	Maturity Date	Monthly Payment	Current or Delinquent?	Security/Collateral for Original Loan	Original use of Proceeds
Total Present Balance**				Total Monthly Payments**					

*Should be the same date as current financial statement.

**Total must agree with balance shown on current financial statement

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Coastal Area District Development Authority, Inc.

Certification and Personal Profile Form

(Must be completed by each principal with 20% or greater ownership.)

Declaration of Principal Owners, Officers, Directors

Please answer the following questions correctly. The fact you have an arrest or conviction record will not necessarily disqualify you; an incorrect answer will probably cause your application to be turned down. For each "yes", answer attached a separate exhibit providing a detailed explanation from the source.

- Are any involved in any claim(s) or lawsuit(s)? Yes No
- Have any ever been charged with or arrested for any criminal offense other than a minor motor vehicle violation? Yes No
- Are any presently under indictment, parole or probation? Yes No
- Have any ever been involved in bankruptcy or insolvency proceedings? Yes No
- Are any liable under any contingency agreements? Yes No
- Are any federal, state, or local taxes delinquent? Yes No
- Do any have outstanding judgments? Yes No
- Are any delinquent for child support payments? Yes No
- Have any ever had property foreclosed upon or given title or deed in lieu of foreclosure? Yes No
- Have any ever requested or received government financing before? (student loans, SBA, FHA, VA, EDA, SBA, etc.) Yes No
- Are any a borrower, guarantor, or owner in a business that has received financial assistance from the US Small Business Administration? (date of loan, loan amount, borrower, loan number, outstanding loan balance) Yes No
- Do you or your spouse or any member of any member household, or anyone who owns, manages, or directs your Business or their spouses or members of their households work for the Small Business Administration, Small Business Advisory Council, SCORE, ACE, any Federal Agency, or the participating lender? (name, address, of person, and office where employed) Yes No
- Do any buy from, sell to, or use the services of any concern in which someone in your company has a significant financial interest? Yes No
- Does your business presently engage in export trade or plan to engage in export trade as a result of this loan? Yes No
- Are any NOT citizens of the United States? Yes No
- Is this loan request under consideration at any other financial institution at this time? Yes No

Self-Identification

The following information is requested in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in the program. You are not required to furnish this information, but are encouraged to do so. This information is not used in evaluating your application or to, in any way, discriminates against you. However, if you choose not to furnish it, we are required to note the race, ethnicity, and sex of individual applicants based on visual observation or surname.

- Gender Female Male Not Available
- Ethnicity Hispanic or Latino Not Hispanic or Latino Unknown
- Race African American American Indian or Alaskan Native I do not wish to self-identify.
Asian Native Hawaiian/Pacific Islander
White Not Available

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Personal Information

Name _____ Social Security # _____
 Date of Birth _____ Place of Birth _____
 Home Phone _____ Cell Phone _____ Business Phone _____
 Current Address _____
 From _____ To Present Date _____
 Previous Address _____
 From _____ To Present Date _____
 Spouse Name _____ Social Security # _____
 Are you employed by the U.S. Government? Yes No If yes, Agency/Position _____
 Are you a U.S. Citizen? Yes No If no, give alien registration number and copy of card _____

Education

College/Technical Training – Name/Location _____ Dates Attended _____
 Major _____ Degree/Certificate _____

Military Service Background

Branch of Service _____ Dates of Service _____

Work Experience

(List chronologically beginning with present employment from age 18)

Company Name/Location _____
 From _____ To _____ Title _____
 Duties _____
 Company Name/Location _____
 From _____ To _____ Title _____
 Duties _____
 Company Name/Location _____
 From _____ To _____ Title _____
 Duties _____

Credit Report Authorization and Application Certification

I declare that the information provided in this application is true and correct. I hereby authorize the release of any and all credit reports and other information required in the processing of my loan application and as required in the servicing and/or during the term of my loan. I further authorize Coastal Area District Development Authority, Inc. and its successor to release such information to any entity as required in the processing of my loan application. I/We hereby certify that the enclosed information, including any attachments or exhibits provided here within or at a later date is valid and correct to the best of my/our knowledge.

Signature _____ **Date** _____

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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, with respect to a surety bond, to assist in recovery in the event that the contractor defaults on the contract. Submission of this information is required as part of your application for assistance. Failure to provide the information would impact the agency's decision on your application.

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	
Home Address		Home Phone	
City, State, & Zip Code			
Business Name of Applicant			
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)	
(Describe in Section 5)		Installment Account (Auto).....\$ _____	
Accounts & Notes Receivable.....\$ _____		Mo. Payments \$ _____	
(Describe in Section 5)		Installment Account (Other).....\$ _____	
Life Insurance – Cash Surrender Value Only.....\$ _____		Mo. Payments \$ _____	
(Describe in Section 8)		Loan(s) Against Life Insurance.....\$ _____	
Stocks and Bonds.....\$ _____		Mortgages on Real Estate.....\$ _____	
(Describe in Section 3)		(Describe in Section 4)	
Real Estate.....\$ _____		Unpaid Taxes.....\$ _____	
(Describe in Section 4)		(Describe in Section 6)	
Automobiles.....\$ _____		Other Liabilities.....\$ _____	
(Describe in Section 5, and include Year/Make/Model)		(Describe in Section 7)	
Other Personal Property.....\$ _____		Total Liabilities.....\$ _____	
(Describe in Section 5)		Net Worth.....\$ _____	
Other Assets.....\$ _____		Total \$ _____	
(Describe in Section 5)		*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 and the spouse of any 20% or more owner when spousal assets are included)

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: According to the Paperwork Reduction Act, you are not required to respond to this request for information unless it displays a valid OMB Control Number. 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 collection, please contact: Director, Records Management Division, Small Business Administration, 409 Third Street SW, Washington, D.C. 20416, and SBA Desk Officer, Office of Management and Budget, New Executive Office Building, Room 10202, Washington, D.C. 20503. PLEASE DO NOT SEND COMPLETED FORMS TO OMB.