

# Business/Commercial Loan Checklist

*BY SUBMITTING A COMPLETE LOAN PACKAGE,  
YOU WILL ENSURE THE FASTEST PROCESSING POSSIBLE.*

## EVIDENCE OF INCOME

### Individual and/or Sole Proprietor:

- \_\_\_\_\_ Personal Financial Statement
- \_\_\_\_\_ Copy of valid identification
- \_\_\_\_\_ Personal tax returns (Form 1040 or 1040A) for most recent three years. Please include the schedules with the tax returns.
- \_\_\_\_\_ Paystubs for most recent 30-day period (if applicable).

### Partnership, Limited Liability Company or Corporation:

- \_\_\_\_\_ Personal Financial Statement
- \_\_\_\_\_ Copy of valid identification
- \_\_\_\_\_ Personal tax returns for most recent three years. Please include the schedules with the tax returns.
- \_\_\_\_\_ Business tax returns (Form 1120, 1120S or 1065) for most recent three years. Please include the schedules with the tax return.
- \_\_\_\_\_ Paystubs for most recent 30-day period (if applicable).

## MISCELLANEOUS INFORMATION

- \_\_\_\_\_ Sales Contract for real estate purchases.
- \_\_\_\_\_ Plans, specs and detailed cost breakdown for real estate construction requests.
- \_\_\_\_\_ Buyers Order for automobile and/or equipment purchased from a dealer.
- \_\_\_\_\_ Declarations page of Insurance Policy

Return this application to the Business Services department at the Watson Branch. You may also return it to your nearest branch and it will be forwarded to the Business Services department. If you would like to mail your application, please do so by sending it to:

**Robins Financial Credit Union**  
**P.O. Box 6849**  
**Warner Robins, GA 31095**  
**Attn: Business Services**

If you have additional questions, please call the Business Services department at 478-923-3773 or 800-241-2405 and dial extension 2240.

In the event that additional information is necessary, a Business Services officer will contact you.

# COMMERCIAL LOAN APPLICATION

CREDIT REQUESTED				
Amount Requested	Term of Credit Requested	Loan Type	Credit Request <input type="checkbox"/> Applicant Only <input type="checkbox"/> Joint With Co-Applicant(s)	
Market Survey	Purpose of Credit Request	App #	We intend to apply for joint credit: Applicant _____ Co-Applicant _____	

**COMPLETION INSTRUCTIONS FOR APPLICANT**

Complete the Applicant information for the first Applicant. Mark the appropriate box to indicate whether the Applicant is applying as a Borrower, Guarantor, Cosigner, Grantor (of collateral), or Other for a different capacity. If the Applicant is a married individual, he or she may apply for individual credit. (Do Not complete Marital Status question below if application is for individual unsecured credit)

**APPLICANT INFORMATION:**

Applicant is a:  Borrower  Guarantor  Cosigner  Grantor  Other \_\_\_\_\_

Name of Applicant (Business Name or Last Name if Individual)	Applicant First Name (If individual)	SSN/TIN#
Assumed Business Names (If Any)	Filing Dates	Filing Locations
		DBA Name

<p>Check Appropriate Box</p> <p><input type="checkbox"/> If you are applying for individual credit and are relying on your own income or assets and not the income or assets of another person as the basis for repayment of the credit requested, do not complete the section for marital status.</p> <p><input type="checkbox"/> If you are applying for individual credit, but are relying on income from alimony, child support, or separate maintenance or on the income or assets of another person as the basis for repayment of the credit requested, complete all sections to the extent possible, providing information about the person whose alimony, support or maintenance payments or income or assets you are relying.</p> <p><input type="checkbox"/> If you are applying for joint credit with another applicant, complete all sections and attach joint application.</p>	<p>Marital Status (If Individual Borrower)</p> <p><input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated</p>
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Street Address	City	ST	Zip Code	Phone Number
Mailing Address	City	ST	Zip Code	
Principal Office Address (if not listed above)	City	ST	Zip Code	
State of Organization	Applicant is: <input type="checkbox"/> An Individual <input type="checkbox"/> A Proprietorship <input type="checkbox"/> A Partnership <input type="checkbox"/> A Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> An Association <input type="checkbox"/> A Trust <input type="checkbox"/> A Gov't Entity <input type="checkbox"/> A LLC			

SCHEDULE OF COLLATERAL OFFERED BY THIS APPLICANT				
Description	Value	Total Liens	Ownership Status for This Applicant	Creditor Name
		\$	<input type="checkbox"/> Purchase Money <input type="checkbox"/> Presently Owned	
		\$	<input type="checkbox"/> Purchase Money <input type="checkbox"/> Presently Owned	
		\$	<input type="checkbox"/> Purchase Money <input type="checkbox"/> Presently Owned	
		\$	<input type="checkbox"/> Purchase Money <input type="checkbox"/> Presently Owned	
		\$	<input type="checkbox"/> Purchase Money <input type="checkbox"/> Presently Owned	

Use Additional Sheet if Necessary

**FINANCIAL AND INCOME STATEMENT SUMMARY**

Alimony, Child Support or Separate Maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.

Total Assets: \$ \_\_\_\_\_ Total Annual Income: \$ \_\_\_\_\_

Total Liabilities: \$ \_\_\_\_\_ Total Annual Expenses: \$ \_\_\_\_\_

Net Worth: \$ \_\_\_\_\_ Net Annual Cash Flow: \$ \_\_\_\_\_

See Attached Financial statements.

**RELATIONSHIP INFORMATION - APPLICANT'S HISTORY WITH LENDER**

New Customer

Existing Customer

Customer Since(MM-YYYY): \_\_\_\_\_

Last Tax Return Date on File(YYYY): \_\_\_\_\_

Last Financial Statement Date(MM-DD-YYYY): \_\_\_\_\_

Last Credit Report Date(MM-DD-YYYY): \_\_\_\_\_

Last Credit Bureau: \_\_\_\_\_

**Liabilities with Lender**

Direct: \$ \_\_\_\_\_

Contingent: \$ \_\_\_\_\_

Total: \$ \_\_\_\_\_

**Deposits with Lender**

DDA Avg: \$ \_\_\_\_\_

Other Avg: \$ \_\_\_\_\_

Total Avg: \$ \_\_\_\_\_

**Total Credit With Lender**

New Credit: \$ \_\_\_\_\_

Proposed Total: \$ \_\_\_\_\_

**SIGNERS FOR THIS APPLICANT**

Name	Title	Authorized	SSN #
Street Address	City	ST	Zip Code Phone Number
Name	Title	Authorized	SSN #
Street Address	City	ST	Zip Code Phone Number
Name	Title	Authorized	SSN #
Street Address	City	ST	Zip Code Phone Number
Name	Title	Authorized	SSN #
Street Address	City	ST	Zip Code Phone Number

Use Additional Sheet If Necessary

**APPLICANT SIGNATURES**

I/We hereby apply for the loan or credit described in this application on behalf of the applicant business. I/We certify that I/we made no misrepresentation in this loan application or in any related documents, that all information is true and complete, and that I/we did not omit any important information. I/We agree that any property securing the loan or credit will not be used for any illegal or restricted purpose. Lender is authorized to verify with other parties and to make any investigation of my/our credit, either directly or through any agency employed by the Lender for that purpose. Lender may disclose to any other interested parties information as to Lender's experiences or transactions with my/our account. I/We understand that Lender will retain this application and any other credit information Lender receives, even if no loan or credit is granted. These representations and authorizations extend not only to Lender, but also to any insurer of the loan and to any investor to whom Lender may sell all or any part of the loan. I/We further authorize Lender to provide any such insurer or investor any information and documentation that they may request with respect to my/our application, credit or loan.

**APPLICANT:**

By: \_\_\_\_\_

By: \_\_\_\_\_

By: \_\_\_\_\_

By: \_\_\_\_\_

Use Additional Sheet If Necessary

**FOR LENDER'S USE ONLY**

Officer No. / Name	Approved By	Concurrence By (If Needed)	Committee Date	Decision Date
Department	Application Date	Application No.	Commitment No.	Loan No.

Decision and Comments:  Approved  Denied  Incomplete  Counteroffer  Conditional Approval  Withdrawal  Other: \_\_\_\_\_

# Robins Financial Credit Union

## Confidential Personal Financial Statement

Answer all questions using "no" or "none" where necessary. **Please begin by completing schedules on page 2.**

<b>Personal Information</b>		<b>Date of Statement:</b>	
Name (first, middle, last)		Birthdate	Social Security No.
Home Address (include apt.)		CITY, STATE, ZIP	Home Phone Number
Business/Employer		Title /Position	How Long
Business Address		CITY, STATE, ZIP	Work Phone Number
Do you have any dependents? If yes, list ages		Do you have a will? If yes, name of executor	
Have you ever filed bankruptcy? If yes, explain		Are you a defendant in any suits or legal actions?	
If joint statement, list names of individuals whose assets, liabilities and income are included			
Joint Applicant's Name:		Birthdate:	Social Security No.:
<b>Assets</b>		<b>Liabilities</b>	
Cash, on hand and unrestricted in banks From below		Notes payable to banks Schedule 1	
Accounts/Notes-receivable Schedule 2		Notes and accounts due others Schedule 1	
Cash surrender value life insurance. (Do not deduct loans) Schedule 3		Loan(s) against life insurance Schedule 3	
Stocks, bonds, US Govt. Securities Schedule 4		Brokers margin accounts	
Other stocks and bonds Schedule 4		Taxes accrued but unpaid	
Real estate at cost or market value Schedule 5		Mortgages payable on real estate Schedule 5	
Retirement (IRA's, 401k, TSP & Tax Deferred Accts)			
Other Personal Assets - Itemize		Other Unsecured Liabilities - Itemize	
<b>Total assets</b> =		<b>Total liabilities</b> =	
<b>Net Worth</b> (Subtract your total liabilities from total assets and enter figure to right) =			
<b>Contingent Liabilities</b> As guarantor or co-maker, Legal claims on leases or contracts			
<b>Income Information</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Annual Alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.		<b>Income taxes are settled through</b> Date:	
		<b>Banking Relationships</b>	
Salary (Gross)		Name and Address of Bank	Single (S) Joint (J) Trust (T)
Bonus and commissions, dividends, interest			Cash Balance
Rental income			
Other - itemize (attach a second page if needed)			
<b>Total Income</b>		<b>Total Cash (take to assets above)</b>	

I warrant that there is no judgment against me, nor lien unsatisfied upon my property except as shown, nor prior suit pending against me in any court, that no bad or doubtful assets are listed herein, that no assets are pledged in any manner not shown herein, and that this statement is true and complete and is offered for the purpose of obtaining and maintaining credit. Signer(s) are aware that willful false statements about their financial condition and income are a violation of federal law 18 U.S.C sec 1014. With joint credit, all applicants must sign.

Date \_\_\_\_\_ Signature \_\_\_\_\_ (Seal) \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_ (Seal) \_\_\_\_\_

Please Complete Schedules on Reverse Side.

# Robins Financial Credit Union

**Supplementary Schedules (Take totals to front)** Attach additional pages if necessary

## Schedule 1 Debts/Credit Lines (Include home equity and any other open-end revolving credit, even if unused)

Name and Address of Bank	Security given or collateral (describe)	Credit Line	Original Amount	Unpaid Balance	Monthly Payment
<b>Total</b>					

## Schedule 2 Accounts, Loans, and Notes Receivable

Name and address of debtor	Maturity Date	Description or nature of debt	Description of security held	Repayment terms	Amount owing
<b>Total</b>					

## Schedule 3 Life Insurance

Name of insured	Beneficiary	Insurance co.	Type of policy	Is policy assigned?	Face amount of policy	Cash Surrender value	Loans against policy	Yearly premium
<b>Total</b>								

## Schedule 4 Stocks, Bonds and US Government Securities

Description of Security	Registered in Name of	Pledged Yes/No	No. of Shares	Market Value/Share	Total Market Value
<b>Total</b>					

## Schedule 5 Real Estate

Description or address (include city and state)	Title in Name of	Date Acquired	Cost	Market Value	Tax Value	Original Amount	Unpaid Balance	Monthly Payment
<b>Total</b>								

## Other Credit References

(Give names of banks, finance companies or other concerns where credit has been obtained) Name and address	Date	Account Number	Type of Account	High Credit

\_\_\_\_\_  
Date Signature

\_\_\_\_\_  
Date Signature



P.O. Box 6849 Warner Robins, GA 31095

**Request for Information/Documentation**

1. Three most recent years' complete business tax returns (i.e., returns and all supporting schedules), or CPA-audited, -reviewed, or -compiled statements and accompanying CPA notes/comments.
  - a. In addition to the most recent business tax returns or CPA financial statements, please provide your company's most recent interim ("year-to-date") balance sheet and income statement. The interim statements can be self-prepared if CPA-prepared interim statements aren't available.
  - b. For companies which derive any income from rental properties: please provide the most recent year-end and interim ("year-to-date") rent rolls.
  - c. Schedule of company liabilities, including name of financial institution, current balance, interest rate, payment terms, and brief description of collateral.
  
2. Updated (within last six months) "Robins Financial Credit Union" Personal Financial Statement ("PFS"), signed and dated, from all guarantor(s), including a schedule of contingent debt (loans for which the person serves as co-signer, guarantor, etc.), including repayment terms, rates, current balance, etc.
  
3. Three most recent years' complete personal tax returns (i.e., returns and all supporting schedules) from all guarantor(s) associated with the company, to include the following:
  - a. All pass-through entity tax returns (including C-Corps).
  - b. All K-1s in relation to their pass-through entities.
  - c. For guarantor(s) for "related" companies (that is, in addition to ownership in the company which is seeking financing, the guarantor(s) may also own other such companies) which derive any income from rental property: the most recent year-end and interim rent rolls.

To our member:

I hereby agree to allow my Robins Financial Credit Union Officer/or Credit Analyst to contact me or my CPA/accountant, in the event that any questions related to my request should arise.

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

Title: \_\_\_\_\_

Company Name: \_\_\_\_\_

My Contact Information: Phone-- \_\_\_\_\_

Email-- \_\_\_\_\_

CPA/Accountant: \_\_\_\_\_

Contact Information: Phone-- \_\_\_\_\_

Email-- \_\_\_\_\_

Signature/Date: \_\_\_\_\_

***Your Robins Financial Credit Union Officer will review this information with you to ensure its accuracy. Should you ever have any questions, please don't hesitate to contact your Account Officer or any Credit Analyst. Rest assured that Robins Financial Credit Union will treat this information and the answers to any questions we may have in the strictest of confidence.***

Please return the requested information to:

**Robins Financial Credit Union  
Business Services  
Phone 478-923-3773 ext. 2240  
Fax 478-322-7320  
BusinessServices@robinsfcu.org**