

**LENDER ADVANTAGE INITIATIVE**  
**LENDER'S APPLICATION FOR GUARANTY**

OMB Approval No.

Expiration Date

(Please print legibly or type. **ALL FIELD MUST BE COMPLETED.** Use "N/A," if blank is Not Applicable.)

**A. LENDER**

Name of Lender _____	Phone _____	Fax _____	E-Mail _____
Lender's Street Address _____	City _____	State _____	Zip _____
Applicant Business Name _____		Applicant NAICS Code _____	

**B. LOAN TERMS:**

SBA Guaranty _____ %	Loan Amount _____	No. of Mos. to Maturity _____	Payments: \$ _____	P & I _____	P + I _____	No. of Mos. Int. Only _____
Initial Interest Rate: Fixed _____ %		Variable _____ %	Initial spread over WSJ Prime _____ %	Adjustment Period: Mthly _____	Qtrly _____	Other _____
Life Ins. required? Yes _____ No _____		On Whom? _____	Amt \$ _____	Standby Agreement(s)? Yes _____ No _____	Amt(s) \$ _____	
Amount of Business Equity before any required injection or stand-by debt: \$ _____						
(Note: Equity in personally owned assets, such as real estate, is NOT considered equity in the business.)						
Amount of Applicant Injection : \$ _____			Source: _____			

**C. USE OF PROCEEDS AND COLLATERAL**

Use of Proceeds	Amount (\$)	Collateral:	Market	Existing Lien(s)		Liquidation
Purchase Land only		Type Description	Value (\$)	Lien Holder	Balance (\$)	Value (\$)
Purchase Land and Improvements		<u>BUSINESS</u>				
Purchase Improvements only		Accounts Receivable				
Construct a building		Inventory				
Add an Addition to an Existing Building		Machinery and Equipment				
Make Renovations to an Existing Building		Leasehold Improvements				
Pay off Interim Construction Loan		Furniture/Fixtures				
Pay off Lender's Interim Loan		Real Estate - Commercial				
Make Leasehold Improvements to an Existing Building		Other -				
Purchase Equipment		Other -				
Purchase Fixtures		Other -				
Purchase Inventory		<u>PERSONAL</u>				
Pay Trade or Accounts Payable		Certificates of Deposit				
Pay Notes Payable – not Same Institution Debt		Marketable Securities				
Pay Notes Payable – Same Institution Debt		Vehicles				
Purchase Business – Assets Purchase		Real Estate – Home				
Purchase Business – Stock Purchase		Real Estate – Second Home				
Refinance SBA Loan		Real Estate – Investment				
Working Capital		Other -				
SBA Guaranty Fee		Other -				
Other		Other -				
Total		Total				

**D. ELIGIBILITY QUESTIONNAIRE:** The Eligibility Questionnaire, Form 2301, Part C, must be completed and attached.

(Please note, by law SBA cannot guaranty an ineligible loan.)

**E. FINANCIAL STATEMENTS:** Lender is to obtain and retain the financial statements required by the instructions to SBA Form 2301.

Lender is to submit to the IRS a completed IRS 4506-T for each year-end business financial statement on which it based its credit decision. (No verification is required for year-end financial statements which are for a period which ends within 6 months of the submission to IRS.)

Complete the date of submission to IRS. Date \_\_\_\_\_ (Retain a copy of IRS 4506-T plus the verification in the Lender's file.)

(IRS 4506-T is available at [www.sba.gov/aboutsba/sbaprograms/elending/lpc/forms](http://www.sba.gov/aboutsba/sbaprograms/elending/lpc/forms))

**F. LENDERS COMMENTS:** Attach Lender's Credit Memorandum as described in the instructions to SBA Form 2301.

<p>I approve this application subject to SBA's approval and subject to the terms and conditions outlined in this application. Without the participation of SBA to the extent applied for, we would not be willing to make this loan, and in our opinion the financial assistance applied for is not otherwise available on reasonable terms. I certify that none of the Lender's employees, officers, directors, or substantial stockholders (more than 10%) has a financial interest in the applicant. I also certify that our institution has an executed SBA Form 750, "Loan Guaranty Agreement."</p>	
<p>Lender Signature: _____</p>	<p>Date _____</p>
<p>Name and Title (Print) _____</p>	

The estimated burden for completing this form is 2 hours. You will not be required to respond to any collection of information unless it displays a currently valid OMB Control Number. Comments on the burden should be sent to U. S. Small Business Administration (SBA), Chief, AIB, 409 3rd Street, SW, Washington, DC 20416 and Desk Officer for SBA, Office of Management and Budget, New Executive Office Building, Rom 10202, Washington, DC 20503. PLEASE DO NOT SEND FORMS TO OMB.