

### **PART 1. APPLICANT INFORMATION**

Complete Legal Name:			SSN/EIN:	
Organization Type (if applicable):	Sole Proprietor	Partnership	Corporation	
	OS Corp.	O Non-Profit	Trust	
Applicant Street Address:				
City:		State:	Zip:	
Subject Property Street Address:				
City:		State:	Zip:	
Subject Property APN (s):	Н	ow will title be ves	ted?	
Estimated Value of Property / Rece	nt Appraised Value:	\$		
Date Purchased: Pu	irchase Price:	Ov	vner Occupied?	Yes No
Primary Contact Name:		Phone Nur	nber:	
Primary Contact Email:				
PART 2: LOAN INFORMATION				
Type of Loan: OPurchase/Price:	\$	Construc	ction/Tenant Impro	ovements
SBA 7(a ) or SB	A 504 Refinance	ce Refinanc	e/Cash Out: \$	
Purpose of Cash Out:				
Requested Loan Maturity (months/	years): Re	equested Amortiza	ation (months/yea	rs):
PART 3: PROPERTY INFORMATIO	N			
Office Light Industrial	Multi-Family	🔵 Hospital	ity Reta	nil
Other:				
Building Size (sf): Lo	ot Size (sf):	Units/Tenants	s: Year E	Built:
Additional Relevant Details:				
Property/Casualty Insurance Co:				
Name of Agent:		Ag	ent's Phone:	
Preferred Title Co. Name:	Es	scrow Officer:		
Applications for construction or tenant	t improvement financir	ng will require addit	ional project and co	ntractor

information. An SCCCU Loan Officer will contact you to discuss this. Applications for SBA (7a) or SBA 504 loans are subject to eligibility requirements and additional information will be required. An SCCCU Loan Officer will contact you to discuss additional needs.



# **PART 4. OWNERS OF BUSINESS**

Owner Name:	Title:	
Physical Address:		
Social Security No:	% Ownership:	Authorized Signer? O Yes O No
Owner Name:	Title:	
Physical Address:		
Social Security No:	% Ownership:	Authorized Signer? 🗌 Yes 🗌 No
Owner Name:	Title:	
Physical Address:		
Social Security No:	% Ownership:	Authorized Signer? 🗌 Yes 🗌 No
PART 5: PLEASE ANSWER ALL QUESTIO	<b>NS</b> On behalf of all A	Applicants, Owners/Guarantors:
Have you ever declared bankruptcy? OYe	es 🔵 No	
Are you a party to any claim or lawsuit?	Yes No	
Are you current with all employee withholding	g and/or income taxes,	Federal and State? Yes No
Are there or have there been any satisfied or u	unsatisfied judgements	s against you? 🗌 Yes 🗌 No
Have you given a lender a deed in lieu of forec	losure or been involved	d in a loan default? OYes No
Are any assets on financial statements pledged	to secure indebtedne	ss other than liabilities listed? OYes No
Are any Owner/Guarantor assets held in perso	onal trusts? Yes	No
PART 6: OTHER		
How were you referred? Branch:	Santa Cruz 🔵 Soc	quel 🔵 Watsonville 💿 Advertisement
SCCCU Employee / Name:		
Auto Payment?		
Take Payment from SCCCU Account #:	·	
Take Payment from Other Institution A	ccount #:	



### **PART 7: AFFIRMATION & SIGNATURE**

I (we) hereby affirm that the foregoing information contained in this business loan application is presented for the purpose of obtaining credit as of the date indicated and is true, complete and correct. I understand that Santa Cruz Community Credit Union (SCCCU) is relying on this application in making loan(s) to me. SCCCU or its designee is authorized to make any investigation of the credit of the applicant(s), business owner(s) and/ or guarantor(s) either directly or through any agency employed by SCCCU for that purpose now and in the future. SCCCU may disclose to any other interested parties SCCCU's experience with this account. I agree to inform SCCCU immediately of any matter which will cause any material change to my financial condition. I understand that SCCCU will retain this business loan application whether or not the credit is granted.

If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact Santa Cruz Community Credit Union.

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The Federal agency that administers compliance with this law concerning this creditor is: Federal Trade Commission, 400 7th St., SW Washington, DC 20024, Telephone: (202) 326-2222.

Entity Name:	Entity Name:
By:	By:
Title:	Title:
Applicant Signature:	Applicant Signature:
Date:	Date:



Please complete this form for: (1) each proprietor, or (2) each partner who owns 20% or more interest, or (3) each stockholder owning 20% or more of voting stock, or (4) any person or entity providing a guaranty on the loan.

### **APPLICANT INFORMATION**

You may apply for credit or offer to guaranty a loan in your name without your spouse or any other persons, regardless of your marital status.

Business Name:		% Ownership:
Individual Name:		Date of Birth:
Member Number (if applicable):	Social Security Numb	per:
Driver's License Number:	Phone Number:	
Email Address:		
Address:		
City:	State:	Zip:
Employer:		Years Employed:
Title:	Work Phone Number	:
Marital Status: $\bigcirc$ Married $\bigcirc$ Separated $\bigcirc$ Un	married (single, divorc	ed, widowed)
Requesting Credit: Oseparately Jointly with	Spouse	

#### **PERSONAL BALANCE SHEET**

Only individually owned assets or assets held as community property should be included on the Personal Balance Sheet.

Financial Condition as of (date):

S	LIABILITIES	
in SCCCU	\$ Notes & Accounts Payable	\$
Other Financial Institutions	\$ Unpaid Income Tax	\$
s & Bonds (Schedule A)	\$ Real Estate Mortgages (Schedule B)	\$
ounts & Notes Receivable	\$ Vehicle Loan(s)	\$
Estate (Schedule B)	\$ Vehicle Loan(s)	\$
cles	\$ Credit Card(s)	\$
er Investments (Schedule A)	\$ Credit Card(s)	\$
er Assets (Please Itemize)	\$ Credit Card(s)	\$
al Assets	\$ Total Assets	\$



#### **SCHEDULE A: SECURITIES** – Stocks, bonds, and other investments

# Shares	Description	In Name Of	Cost	Cash or Market Value

#### **SCHEDULE B: REAL ESTATE**

Property A	ddress:		Property Type:		
Title in Name Of:			Date Acquired:		
Cost:	Present Value:	Mortgage Balance:			
Property A	ddress:		Property Type:		
Title in Nam	ne Of:		Date Acquired:		
Cost:	Present Value: Monthly Payment:		Mortgage Balance:		

## **MONTHLY INCOME & EXPENSES**

Alimony, child support or maintenance need not be shown if you do want us to consider it.

INCOME	EXPENSES	
Salary	\$ Mortgage or Rent	\$
Dividends & Interest	\$ Property Tax	\$
Rental Income	\$ Income Tax	\$
Other Income:	\$ Insurance	\$
Other Income:	\$ Alimony, Child Support, Mainte	enance \$
Other Income:	\$ Loan Payment(s) (First Creditor	rs) \$
Total Income	\$ Total Expenses	\$

I understand that Santa Cruz Community Credit Union (SCCCU) is relying on this information in this financial statement in deciding to give or continue the extension of credit I have requested or received. I promise that this is a true statement of my financial condition as of the date of valuations and you may rely on it being true and correct until I otherwise notify you in writing. SCCCU is authorized to make all inquiries deemed necessary to verify the accuracy of the information contained herein, to determine the credit worthiness of the undersigned and gather credit information of the undersigned. I authorize SCCCU to answer questions about the credit experience with the undersigned.

I have read, understand, and agree to make these representations and warranties.

Signature



#### **EFFECTIVE DATE:**

Creditor	Account Number	<b>Original Date</b>	<b>Original Amount</b>	Present Balance	Interest Rate	Monthly Payment	Maturity	Security	Payment Status