



CAPITAL

Commercial & Private Money Lender

Thank you for your interest in RGC Capital Inc. In order to submit the loan request for your SBA 504 loan, the following items are needed:

Completed Loan Submission Form (Attached)

SBA Form 413 (Attached)

SBA Form 912 (Attached)

Copy of borrower's last 3 years personal federal tax returns

Copy of borrower's last 3 years business federal tax returns, if applicable

Borrower's business debt schedule (Attached)

Borrower's business YTD Profit & Loss Statement and Balance Sheet

Credit Report (Experian Only)

Pictures of the subject property

Purchase Contract

Resume (Attached)

Business History & Description (Attached)



RGC CAPITAL
Commercial & Private Money Lender

LOAN SUBMISSION FORM

Should you have any questions, please contact RGC Capital at 877-238-3837

BROKER INFORMATION			
Company Name		Contact	
Street Address		City	State Zip
Business Phone	Cell Phone	Fax	
		E-mail Address	

PROPERTY INFORMATION			
Subject Property Address		City	State Zip
Property Type:	Industrial Office Retail Warehouse Mixed Use Automobile Dealerships Restaurant Funeral Home Assisted Living Day Care School Tire & Brake Center Other (please specify):		
Estimated Property Value	Broker Estimate	Borrower Estimate	Appraisal Sales Price

TRANSACTION INFORMATION			
<u>Purchase</u>		<u>Refinance</u>	
Escrow Closing Date:		Original Purchase Date:	
Purchase Price:	\$	Original Purchase Price:	\$
Down Payment:	\$	1 st Mortgage:	\$
Seller Financing:	\$	2 nd Mortgage:	\$
Terms of Seller Financing, if applicable:		Other: (tax liens etc.)	\$
		Cash Out:	\$

BORROWER INFORMATION	
Borrower Name	Co-Borrower Name
Borrowing Entity	<input type="checkbox"/> Individual(s) <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> LP/LLP <input type="checkbox"/> Other (please specify):
Name in which title is to be held:	
In order to expedite the process of this loan request, REM Capital Group, Inc. would like to communicate directly with the borrower. Is this acceptable? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Years of Business Experience:	Years of Investor Experience:

LOAN QUOTE SUMMARY

Loan Amount Requested:	\$
Rate:	<input type="checkbox"/> 1 Year Adjustable <input type="checkbox"/> 3 Year Adjustable <input type="checkbox"/> 5 Year Adjustable <input type="checkbox"/> Quarterly Adjustable <input type="checkbox"/> 10 Year Fixed
After fixed period loan will convert to one of the following:	<input type="checkbox"/> 1, 3 and 5 year adjustable rates are tied to the Libor Swaps + margin, adjusting every one, three or five years. The 10 year fixed will adjust every 5 years after the initial fixed period.
Property Type:	<input type="checkbox"/> Multi-Purpose <input type="checkbox"/> Limited-Use <input type="checkbox"/> Semi-Generic
Term Requested:	<input type="checkbox"/> 25/25 <input type="checkbox"/> 20/20 <input type="checkbox"/> 15/15
Purpose of Loan:	<input type="checkbox"/> Purchase <input type="checkbox"/> Refinance <input type="checkbox"/> Refinance / Cash Out <input type="checkbox"/> SBA 504
Requested Loan Origination Fee:	<input type="checkbox"/> .00 <input type="checkbox"/> .50 <input type="checkbox"/> .75 <input type="checkbox"/> 1.00 <input type="checkbox"/> 1.50 <input type="checkbox"/> 2.00
Additional Fees / Costs Requested:	\$
Requested Rebate: (Available on Owner Occupied Loans only)	<input type="checkbox"/> .00 <input type="checkbox"/> .50 <input type="checkbox"/> .75 <input type="checkbox"/> 1.00 <input type="checkbox"/> 1.50 <input type="checkbox"/> 2.00

Prepayment Penalty Options:

Prepayment Penalty Options:	<input type="checkbox"/> Declining 5%, 4%, 3%, 2%, 1% <input type="checkbox"/> Flat 5% for the first 5 years <input type="checkbox"/> Declining 7%, 6%, 5%, 4%, 3%, 2%, 1% <input type="checkbox"/> Flat 5% for years 1-6 and declining 4%, 3%, 2%, 1% for years 7-10 <input type="checkbox"/> Declining 10%, 9%, 8%, 7%, 6%, 5%, 4%, 3%, 2%, 1% <input type="checkbox"/> Flat 10% for the first 10 years
NOTE: Certain prepayment penalty options may result in an increase or decrease to the start rate. Please contact REM for more details.	

BROKER COMMENTS



PERSONAL FINANCIAL STATEMENT

U.S. SMALL BUSINESS ADMINISTRATION

As of _____, _____

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

Name	Business Phone
Residence Address	Residence Phone
City, State, & Zip Code	
Business Name of Applicant/Borrower	

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)	
Accounts & Notes Receivable	\$ _____	Installment Account (Auto)	\$ _____
Life Insurance-Cash Surrender Value Only	\$ _____	Mo. Payments \$ _____	
(Complete Section 8)		Installment Account (Other)	\$ _____
Stocks and Bonds	\$ _____	Mo. Payments \$ _____	
(Describe in Section 3)		Loan on Life Insurance	\$ _____
Real Estate	\$ _____	Mortgages on Real Estate	\$ _____
(Describe in Section 4)		(Describe in Section 4)	
Automobile-Present Value	\$ _____	Unpaid Taxes	\$ _____
Other Personal Property	\$ _____	(Describe in Section 6)	
(Describe in Section 5)		Other Liabilities	\$ _____
Other Assets	\$ _____	(Describe in Section 7)	
(Describe in Section 5)		Total Liabilities	\$ _____
Total	\$ _____	Net Worth	\$ _____
		Total	\$ _____

Section 1. Source of Income	Contingent Liabilities
Salary	\$ _____
Net Investment Income	\$ _____
Real Estate Income	\$ _____
Other Income (Describe below)*	\$ _____
	As Endorser or Co-Maker
	\$ _____
	Legal Claims & Judgments
	\$ _____
	Provision for Federal Income Tax
	\$ _____
	Other Special Debt
	\$ _____

Description of Other Income in Section 1.

*Alimony or child support payments need 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 a part of this statement and signed.)

Name and Address 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 a 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 Property			
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 SBA/Lender to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. I understand FALSE statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001).

Signature: _____ Date: _____ Social Security Number: _____

Signature: _____ Date: _____ Social Security Number: _____

PLEASE NOTE: 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, please contact Chief, Administrative Branch, U.S. Small Business Administration, Washington, D.C. 20416, and Clearance Officer, Paper Reduction Project (3245-0188), Office of Management and Budget, Washington, D.C. 20503. **PLEASE DO NOT SEND FORMS TO OMB.**



United States of America
SMALL BUSINESS ADMINISTRATION
STATEMENT OF PERSONAL HISTORY

Please Read Carefully: SBA uses Form 912 as one part of its assessment of program eligibility. Please reference SBA Regulations and Standard Operating Procedures if you have any questions about who must submit this form and where to submit it. For further information, please call SBA's Answer Desk at 1-800-U-ASK-SBA (1-800-827-5722), or check SBA's website at www.sba.gov.

Name and Address of Applicant (Firm Name)(Street, City, State, and ZIP Code)	SBA District/Disaster Area Office	
	Amount Applied for (when applicable)	File No. (if known)

1. Personal Statement of: (State name in full, if no middle name, state (NMN), or if initial only, indicate initial.) List all former names used, and dates each name was used. Use separate sheet if necessary. First _____ Middle _____ Last _____	2. Give the percentage of ownership or stock owned or to be owned in the small business or the development company	Social Security No.
	3. Date of Birth (Month, day, and year)	
	4. Place of Birth: (City & State or Foreign Country)	
	5. U.S. Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO INITIALS: _____ If No, are you a Lawful Permanent resident alien: <input type="checkbox"/> YES <input type="checkbox"/> NO If non- U.S. citizen provide alien registration number: _____	

Name and Address of participating lender or surety co. (when applicable and known)	6. Present residence address: From: _____ To: _____ Address: _____ Home Telephone No. (Include Area Code): _____ Business Telephone No. (Include Area Code): _____
--	---

Most recent prior address (omit if over 10 years ago): From: _____ To: _____ Address: _____
--

PLEASE SEE REVERSE SIDE FOR EXPLANATION REGARDING DISCLOSURE OF INFORMATION AND THE USES OF SUCH INFORMATION.

YOU MUST INITIAL YOUR RESPONSES TO QUESTIONS 5,7,8 AND 9.

IF YOU ANSWER "YES" TO 7, 8, OR 9, FURNISH DETAILS ON A SEPARATE SHEET. INCLUDE DATES, LOCATION, FINES, SENTENCES, WHETHER MISDEMEANOR OR FELONY, DATES OF PAROLE/PROBATION, UNPAID FINES OR PENALTIES, NAME(S) UNDER WHICH CHARGED, AND ANY OTHER PERTINENT INFORMATION. AN ARREST OR CONVICTION RECORD WILL NOT NECESSARILY DISQUALIFY YOU; HOWEVER, UNTRUTHFUL ANSWER WILL CAUSE YOUR APPLICATION TO BE DENIED AND SUBJECT YOU TO OTHER PENALTIES AS NOTED BELOW.

7. Are you presently under indictment, on parole or probation? **INITIALS:** _____
 Yes No (If yes, indicate date parole or probation is to expire.)

8. Have you ever been charged with, and/or arrested for, any criminal offense other than a minor motor vehicle violation? Include offenses which have been dismissed, discharged, or not prosecuted. (All arrests and charges must be disclosed and explained on an attached sheet.)
 Yes No **INITIALS:** _____

9. Have you ever been convicted, placed on pretrial diversion, or placed on any form of probation, including adjudication withheld pending probation, for any criminal offense other than a minor vehicle violation?
 Yes No **INITIALS:** _____

10. I authorize the Small Business Administration Office of Inspector General to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for programs authorized by the Small Business Act, and the Small Business Investment Act.

CAUTION - PENALTIES 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, surety bond, or other program participation. A false statement is punishable under 18 USC 1001 and 3571 by imprisonment of not more than five years and/or a fine of up to \$250,000; under 15 USC 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, under 18 USC 1014 by imprisonment of not more than thirty years and/or a fine of not more than \$1,000,000.

Signature	Title	Date
-----------	-------	------

Agency Use Only 11. <input type="checkbox"/> Fingerprints Waived _____ Date _____ Approving Authority _____ <input type="checkbox"/> Fingerprints Required _____ Date _____ Approving Authority _____ Date Sent to OIG _____		12. <input type="checkbox"/> Cleared for Processing _____ Date _____ Approving Authority _____ 13. <input type="checkbox"/> Request a Character Evaluation _____ Date _____ Approving Authority _____ (Required whenever 7, 8 or 9 are answered "yes" even if cleared for processing.)
---	--	--

PLEASE NOTE: The estimated burden for completing this form is 15 minutes per response. You are not required to respond to any collection of information unless it displays a currently valid OMB approval number. Comments on the burden should be sent to U.S. Small Business Administration, Chief, AIB, 409 3rd St., S.W., Washington D.C. 20416 and Desk Officer for the Small Business Administration, Office of Management and Budget, New Executive Office Building, Room 10202, Washington, D.C. 20503. OMB Approval 3245-0178. **PLEASE DO NOT SEND FORMS TO OMB.**

NOTICES REQUIRED BY LAW

The following is a brief summary of the laws applicable to this solicitation of information.

Paperwork Reduction Act (44 U.S.C. Chapter 35)

SBA is collecting the information on this form to make a character and credit eligibility decision to fund or deny you a loan or other form of assistance. The information is required in order for SBA to have sufficient information to determine whether to provide you with the requested assistance. The information collected may be checked against criminal history indices of the Federal Bureau of Investigation.

Privacy Act (5 U.S.C. § 552a)

Any person can request to see or get copies of any personal information that SBA has in his or her file, when that file is retrieved by individual identifiers, such as name or social security numbers. Requests for information about another party may be denied unless SBA has the written permission of the individual to release the information to the requestor or unless the information is subject to disclosure under the Freedom of Information Act.

Under the provisions of the Privacy Act, you are not required to provide your social security number. Failure to provide your social security number may not affect any right, benefit or privilege to which you are entitled. Disclosures of name and other personal identifiers are, however, required for a benefit, as SBA requires an individual seeking assistance from SBA to provide it with sufficient information for it to make a character determination. In determining whether an individual is of good character, SBA considers the person's integrity, candor, and disposition toward criminal actions. In making loans pursuant to section 7(a)(6) the Small Business Act (the Act), 15 USC § 636 (a)(6), SBA is required to have reasonable assurance that the loan is of sound value and will be repaid or that it is in the best interest of the Government to grant the assistance requested. Additionally, SBA is specifically authorized to verify your criminal history, or lack thereof, pursuant to section 7(a)(1)(B), 15 USC § 636(a)(1)(B). Further, for all forms of assistance, SBA is authorized to make all investigations necessary to ensure that a person has not engaged in acts that violate or will violate the Act or the Small Business Investment Act, 15 USC §§ 634(b)(11) and 687b(a). For these purposes, you are asked to voluntarily provide your social security number to assist SBA in making a character determination and to distinguish you from other individuals with the same or similar name or other personal identifier.

When the information collected on this form indicates a violation or potential violation of law, whether civil, criminal, or administrative in nature, SBA may refer it to the appropriate agency, whether Federal, State, local, or foreign, charged with responsibility for or otherwise involved in investigation, prosecution, enforcement or prevention of such violations. See 74 Fed. Reg. 14890 (2009) for other published routine uses.



CAPITAL

Commercial & Private Money Lender

BUSINESS DEBT SCHEDULE

Company Name: _____ Date: _____

This schedule should contain loans for contracts and notes payable; not accounts payable or accrued liabilities.

CREDITOR	ORIGINAL DATE	ORIGINAL AMOUNT	PRESENT BALANCE	INTEREST RATE	MONTHLY PAYMENT	MATURITY DATE	COLLATERAL & SECURITY
TOTAL PRESENT BALANCE:							

MANAGEMENT RESUME

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

Personal information:

Name _____ SS# _____

Date of Birth _____ Place of Birth _____

Residence Telephone _____ Business Telephone _____

Residence Address _____

From _____ To Present Date

Previous Address _____

From _____ To _____

Spouse's Name _____ SS# _____

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	Major	Degree/Certificate
---	----------------	-------	--------------------

_____	_____	_____	_____
-------	-------	-------	-------

_____	_____	_____	_____
-------	-------	-------	-------

_____	_____	_____	_____
-------	-------	-------	-------

Military Service Background:

Branch of Service _____ Dates of Service _____

Work Experience:

 List chronologically, starting with present employment.

Company Name/Location _____

From _____ To _____

Duties _____

Company Name/Location _____

From _____ To _____

Duties _____

Company Name/Location _____

From _____ To _____

Duties _____



CAPITAL
Commercial & Private Money Lender

Business History

Please write about each of the business elements listed below. Include any brochures, advertising materials or printed history of the business if available. (Use separate attachments if necessary.)

Business Name: _____

Date Business Started: _____ Number of Employees _____

What Kind of business is it? (construction, manufacturing, retail, services, ect.) _____

Date Business originally acquired by the seller and reason for selling: _____

Description of Business Activity, Products or Service: _____

Sales/ Marketing Activity: (Who do you sell to? Retailers, Wholesalers, Public) _____

List your Key Customers: _____

How are Sales Made? _____

Who are your suppliers and what are their credit sales terms? _____

How do you determine the price of your products or services? _____

How will or do you advertise? What promotional activities will you or do you conduct to generate sales? _____

Competition: Briefly list and describe your major competitors. _____

What advantage will or does your business have over your competitor's operation? _____

What is the approximate distance of your competitors, relative to your current/ proposed location? _____

Location: if a retail business, describe the area and customer base. _____

Describe your business locations' advantages and disadvantages _____

Facilities: Describe the type and condition of the building, if applicable _____

What improvements are needed, if any? _____