UNITY B•A•N•K

SBA LOAN APPLICATION

CORPORATE HEADQUARTERS
64 OLD HIGHWAY 22
CLINTON, N.J. 08809
(908) 730-7630
FAX (908) 730-9754

National SBA Preferred Lender

64 OLD HIGHWAY 22
CLINTON, N.J. 08809
(908) 730-7630 FAX (908) 730-9754

REQUIRED DOCUMENTS FOR SBA LOAN APPLICATION

Please gather the following:

- ☐ 1. **Full Unity Bank application (forms provided)**, consisting of: Loan Request Form, Personal Financial Statement (all owners), Resume (all owners), Personal History Statement (all owners), Debt Schedule, signature of all guarantors on Authorization to Release Information, History of Business Form, Form 4506 (for applicant company and/or company being acquired).
- ☐ 2. Copies of **bank statements** for the prior two months to verify the availability of your capital contribution.
- ☐ 3. Last 3 years **Business Tax Returns, federal** only, for applicant company. Please sign and date with original signatures. If you are purchasing an existing business, you must obtain the sellers tax returns.
- ☐ 4. Last 3 years **Financial Statements**, (if available) prepared by an accountant for applicant company. Please sign and date with original signatures.
- ☐ 5. Last 3 years **Business Tax Returns, federal** only, for any affiliate company owned 20% or more by principals. Please sign and date with original signatures.
- ☐ 6. **Business Interim Financial Statement**, consisting of Balance Sheet and Profit and Loss statement through the last quarter completed, for <u>all</u> businesses owned, and for any business being purchased. Please sign and date with original signatures.
- ☐ 7. Last 3 years **Personal Tax Returns**, federal only, for <u>all</u> principals and guarantors. Please sign and date with original signatures.
- ☐ 8. **Two Years of Projections**, (form provided) with detailed justification.
- ☐ 9. If a start-up business, you must submit a complete **Business Plan**, including monthly cash flow projections with assumptions.
- ☐ 10. **Executed Purchase Agreement** for Real Estate and/or Business Acquisitions. Real Estate transactions must include an environmental questionnaire.
- ☐ 11. If loan is for debt refinance, you must provide copies of <u>all</u> **notes to be refinanced** together with the most recent monthly statement.
- ☐ 12. Copy of any **leases**.
- ☐ 13. **Aging of Accounts Payable and Receivable**, if applicable.
- ☐ 14. If you are not a U.S. Citizen, provide a copy of the front and back of your **green card**.
- ☐ 15. If construction loan, provide a copy of **construction bid or contract, plans and specifications**.
- ☐ 16. If franchise, provide a copy of **UFOC with current Financial, Franchise Agreement, and Franchise Literature**.

*** Please be advised that all financial statements and tax returns must have original signatures and dates. After photocopying financial statements and tax returns, please sign again and affix current date.**

SMALL BUSINESS LOAN REQUEST FORM

APPLICANT COMPANY

Company Name____________________ Phone__________ Fax __________

Primary Contact ____________ Phone __________ E-Mail ______________

Address____________________ City____________ State_____ Zip________

Type of Business____________________ Date Established ____________

Business Structure: Proprietorship ○ Partnership ○ C-Corp ○ S-Corp ○ LLP ○ LLC ○

Tax ID# ____________________

Number of Employees: Existing ______________ After This Loan ______________

Bank Name ____________________________________

Contact Person ______________ E-Mail: ______________ Phone ______________

Accountant Name ______________ E-Mail: ______________ Phone ______________

Attorney Name______________ E-Mail: ______________ Phone ______________

Trade Reference ______________ E-Mail: ______________ Phone ______________

OWNERSHIP OF APPLICANT COMPANY *List all officers, directors, partners, owners & co-owners, and all stockholders*

NAME	TITLE	% OF OWNERSHIP	ANNUAL COMPENSATION

AFFILIATES *List **all** business concerns in which the applicant company or **any** of the individuals listed in the ownership section above have any ownership.*

COMPANY NAME	OWNER (APPLICANT COMPANY OR INDIVIDUALS)	% OF OWNERSHIP

ESTIMATED PROJECT COSTS

Land acquisition*	$
New building construction	$
Land and building acquisition*	$
Building improvements or repairs	$
Acquisition of machinery/equipment	$
Inventory purchase	$
Working capital (including accounts payable)	$
Acquisition of all or part of existing business	$
Payoff SBA loan	$
Payoff bank loan (non-SBA associated)	$
Other debt payment (non-SBA associated)	$
Closing costs	$
TOTAL ESTIMATED PROJECT AMOUNT	$
LESS DOWN PAYMENT, SELLER CARRY-BACK, ETC.	- $
EQUALS TOTAL ESTIMATED LOAN AMOUNT REQUESTED	= $

** How do you wish to take title to real estate being purchased?* ______________________

____

Signature(s) ______________________________ Date ______________

UNITY BANK

PERSONAL FINANCIAL STATEMENT

As of: ______________
Date

PERSONAL INFORMATION							
APPLICANT (NAME)				**CO-APPLICANT (NAME)**			
Employer				Employer			
Address of Employer				Address of Employer			
Business Phone No.	No. of Years with Employer	Title/Position		Business Phone No.	No. of Years with Employer	Title/Position	
Name of previous employer & position (if with current employer less than 3 years.)			No. of Yrs.	Name of previous employer & position (if with current employer less than 3 years.)			No. of Yrs.
Home Address				Home Address			
Home Phone No.	Social Security No.	Date of Birth		Home Phone No.	Social Security No.	Date of Birth	
Name, Phone No. of your Accountant				Name, Phone No. of your Accountant			
Name, Phone No. of your Attorney				Name, Phone No. of your Attorney			
Name, Phone No. of your Investment Advisor/Broker				Name, Phone No. of your Investment Advisor/Broker			
Name, Phone No. of your Insurance Advisor				Name, Phone No. of your Insurance Advisor			

Cash Income & Expenditures Statement For Year Ended ________________(Omit cents)

ANNUAL INCOME	AMOUNT(S)
Salary (applicant)	$
Salary (co-applicant)	
Bonuses & Commissions (applicant)	
Bonuses & Commissions (co-applicant)	
Rental Income	
Interest Income	
Dividend Income	
Capital Gains	
Partnership Income	
Other Investment Income	
Other Income (List)**	
TOTAL INCOME ⇨	$

ANNUAL EXPENDITURES		AMOUNT(S)
Federal Income and Other Taxes		$
State Income and Other Taxes		
Rental Payments, Co-op, or Condo Maintenance		
Mortgage Payments	Residential	
	Investment	
Property Taxes	Residential	
	Investment	
Interest & Principal Payments on Loan		
Insurance		
Investments (including tax shelters)		
Alimony/Child Support		
Tuition		
Other Living Expenses		
Medical Expenses		
Other Expenses (list)		
TOTAL EXPENDITURES ⇨		$

Any significant changes expected in the next 12 months? ◯Yes ◯No (if yes, attach information.)
** Income from alimony, child support, or separate maintenance income need not be revealed if the applicant or co-applicant does not wish to have it considered as a basis for repaying this obligation.

Balance Sheet as of _____________

ASSETS	AMOUNT(S)	LIABILITIES	AMOUNT(S)
Cash in Unity Bank		Notes Payable to this Bank	X X X
(including Checking, Savings, CDs)	$	Secured	$
Cash in Other Financial Institutions (List)		Unsecured	
(including Checking, Savings, CDs)		Notes Payable to Others (Schedule E)	X X X
		Secured	0
		Unsecured	0
		Accounts Payable (including credit cards)	
		Margin Accounts	
Readily Marketable Securities (Schedule A)		Notes Due: Partnership (Schedule D)	0
Non-Readily Marketable Securities (Schedule A)		Taxes Payable	
Accounts and Notes Receivable		Mortgage Debt (Schedule C)	
Net Cash Surrender Value of Life Insurance (Schedule B)		Life Insurance Loans (Schedule B)	
Residential Real Estate (Schedule C)		Other Liabilities (List):	
Real Estate Investments (Schedule C)			
Partnerships/PC Interests (Schedule D)	0		
IRA, Keogh, Profit-Sharing & Other Vested Retirement Accts.			
Deferred Income (number of years deferred ______)			
Personal Property			
Other Assets (List):			
		TOTAL LIABILITIES (B)	$ 0
		NET WORTH (A-B)	$ 0
TOTAL ASSETS (A)	$ 0	**TOTAL LIABILITIES + NET WORTH**	$ 0

CONTINGENT LIABILITIES	YES	NO	AMOUNT
Are you a guarantor, or co-maker, or endorser for any debt of an individual, corporation, or partnership?	○	○	$ _______________
Do you have any outstanding letters of credit or surety bonds?	○	○	$ _______________
Are there any suits or legal actions pending against you?	○	○	$ _______________
Are you contingently liable on any lease or contract?	○	○	$ _______________
Are any of your tax obligations past due?	○	○	$ _______________
What would your total estimated tax liability if you were to sell your major assets?			$ _______________
If yes for any of the above, give details:			

Schedule A - All Securities (including non-money market mutual funds)

No. of Shares (Stock) or Face Value (Bonds)	DESCRIPTION	OWNER(S)	WHERE HELD	COST	CURRENT MARKET VALUE	PLEDGED YES	PLEDGED NO
READILY MARKETABLE SECURITIES (including U.S. Governments and Municipals)*							
						○	○
						○	○
						○	○
						○	○
						○	○
NON-READILY MARKETABLE SECURITIES (closely held, thinly traded or restricted stock)							
						○	○
						○	○

*If not enough space, attach schedule or brokerage statement and enter totals only.

Schedule B - Insurance

Life Insurance (use additional sheet if necessary)

Insurance Company	Face Amount of Policy	Type of Policy	Beneficiary	Cash Surrender Value	Amount Borrowed	Ownership

Disability Insurance	Applicant	Co-Applicant
Monthly Distribution if Disabled		
Number of Years Covered		

Schedule C - Personal Residence & Real Estate Investments, Mortgage Debt (majority ownership only)

Personal Residence Property Address	Legal Owner	Purchase Year Price	Market Value	Personal Loan Balance	Interest Rate	Loan Maturity Date	Monthly Payment	Lender
Investment Property Address	Legal Owner	Purchase Year Price	Market Value	Personal Loan Balance	Interest Rate	Loan Maturity Date	Monthly Payment	Lender

Schedule D - Partnerships (less than majority ownership for real estate partnerships)*

Type of Investment	Date of Initial Investment	Cost	Percent Owned	Current Market Value	Balance Due on Partnerships: Notes, Cash Call	Final Contribution Date
Business/Professional (name)						
Investments (including tax shelters)						

***Note:** For investments which represent a material portion of your total assets, please include the relevant financial statements or tax returns, or in the case of partnership investments or S-corporations, schedule K-1s.

Schedule E - Notes Payable

Due To	Type of Facility	Amount of Line	Secured		Collateral	Interest Rate	Maturity	Unpaid Balance
			Yes	No				
			○	○				
			○	○				
			○	○				
			○	○				

Please Answer The Following Questions:

1. Income tax returns filed through (date): ___________________________ Are there any returns being audited or contested? Yes ○ No ○
   If yes, what year(s)? ___________________________

2. Have (either of) you or any firm in which you were a major owner ever declared bankruptcy? Yes ○ No ○
   If yes, please provide details: ___________________________

3. Have you drawn a will? Yes ○ No ○
   If yes, please furnish the name of the executor(s) and the year the will was drawn: ___________________________

4. Number of dependents (excluding self) and relationship to applicant: ___________________________

5. Have you ever had a financial plan prepared for you? Yes ○ No ○

6. Did you include two years federal and state tax returns? Yes ○ No ○

7. Do (either of) you have a line of credit or unused credit facility at any other institution(s)? Yes ○ No ○
   If so, please indicate where, how much, and name of banker: ___________________________

8. Do you anticipate any substantial inheritances? Yes ○ No ○
   If yes, please explain: ___________________________

Representations and Warranties

The information contained in this statement is provided to induce you to extend or continue the extension of credit to the undersigned or to others upon the guarantee of the undersigned. The undersigned acknowledge and understand that you are relying on the information provided herein in deciding to grant or continue credit or to accept a guarantee thereof. Each of the undersigned represents, warrants and certifies that the information provided herein is true, correct and complete. Each of the undersigned agrees to notify you immediately and in writing of any change in name, address, or employment and of any material adverse change (1) in any of the information contained in this statement, or (2) in the financial condition of any of the undersigned, or (3) in the ability of any of the undersigned to perform its (or their) obligations to you. In the absence of such notice or a new and full written statement, this should be considered as a continuing statement and substantially correct. If the undersigned fail to notify you as required above, or if any of the information herein should prove to be inaccurate or incomplete in any material respect, you may declare the indebtedness of the undersigned or the indebtedness guaranteed by the undersigned, as case may be, immediately due and payable. You are authorized to make all inquiries you deem necessary to verify the accuracy of the information contained herein and to determine the credit-worthiness of the undersigned. The undersigned authorize any person or consumer reporting agency to give you any information it may have on the undersigned. Each of the undersigned authorizes you to answer questions about your credit experience with the undersigned. As long as any obligation or guarantee of the undersigned to you is outstanding, the undersigned shall supply annually an updated financial statement. This personal financial statement and any other financial or other information that the undersigned give you shall be your property.

___________________________ ___________________________
Date Your Signature

___________________________ ___________________________
Date Co-Applicant's Signature (if you are requesting the financial accommodation jointly)

MANAGEMENT RESUME

(additional forms available upon request)

Please fill in all spaces, use full first, middle and maiden names, no initials. If an item is not available, please indicate so. You may include additional relevant information on a separate exhibit. Sign and date where indicated.

Name ____ SS# ______________________
First Middle Maiden Last

Spouse's Name ______________________________________ SS# ______________________
First Middle Maiden Last

Are you or your spouse employed by the U.S. Government? Yes ○ No ○ If yes, give agency/position ______________

Are you or your business involved in any lawsuit at this time? Yes ○ No ○

Have you ever filed for personal or business Bankruptcy Protection? Yes ○ No ○ If yes, furnish details in a separate exhibit.

Have you ever obtained credit under any other name(s)? Yes ○ No ○ If yes, furnish details in a separate exhibit.

Veteran*: Non Veteran ○ Vietnam Era Veteran ○ Other Veteran ○

*** This data is collected for statistical purposes only. It has no bearing on the credit decision. Disclosure is voluntary.**

EDUCATION

College or Technical Training Name and Location	Dates Attended From/To	Major	Degree or Certificate

MILITARY SERVICE BACKGROUND

Branch ______________________ From_______ To_______ Honorable Discharge?______________

Rank at Discharge ______________________ Major assignment/accomplishment ______________________

WORK EXPERIENCE (List chronologically, beginning with present employment)

Company Name/Location ____

From______________ To ______________ Title ______________________

Duties ____

Company Name/Location ____

From______________ To ______________ Title ______________________

Duties ____

Company Name/Location ____

From______________ To ______________ Title ______________________

Duties ____

Signature ____ Date ______________

MANAGEMENT RESUME

(additional forms available upon request)

Please fill in all spaces, use full first, middle and maiden names, no initials. If an item is not available, please indicate so. You may include additional relevant information on a separate exhibit. Sign and date where indicated.

Name ______________________________ SS# ______________
First Middle Maiden Last

Spouse's Name ______________________________ SS# ______________
First Middle Maiden Last

Are you or your spouse employed by the U.S. Government? Yes ○ No ○ If yes, give agency/position ______________

Are you or your business involved in any lawsuit at this time? Yes ○ No ○

Have you ever filed for personal or business Bankruptcy Protection? Yes ○ No ○ If yes, furnish details in a separate exhibit.

Have you ever obtained credit under any other name(s)? Yes ○ No ○ If yes, furnish details in a separate exhibit.

Veteran*: Non Veteran ○ Vietnam Era Veteran ○ Other Veteran ○

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Branch ______________ From_______ To_______ Honorable Discharge?______________

Rank at Discharge ______________ Major assignment/accomplishment ______________

WORK EXPERIENCE (List chronologically, beginning with present employment)

Company Name/Location______________________________

From______________ To ______________ Title ______________

Duties ______________________________

Company Name/Location______________________________

From______________ To ______________ Title ______________

Duties ______________________________

Company Name/Location______________________________

From______________ To ______________ Title ______________

Duties ______________________________

Signature______________________________ Date ______________

OMB APPROVAL NO.3245-0178
Expiration Date: 2/28/2013

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)

Name and Address of participating lender or surety co. (when applicable and known)

5. U.S. Citizen? ☐ YES ☐ NO **INITIALS**: ____________
If No, are you a Lawful Permanent resident alien: ☐ YES ☐ NO
If non- U.S. citizen provide alien registration number: ____________

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. ☐ Fingerprints Waived ____________ Date Approving Authority

☐ Fingerprints Required ____________ Date Approving Authority

Date Sent to OIG ____________

12. ☐ Cleared for Processing ____________ Date Approving Authority

13. ☐ 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.

AUTHORIZATION TO RELEASE INFORMATION

I/We hereby authorize the release to Unity Bank of any and all information they may require at any time for any purpose related to our credit transaction with them. I/We further authorize Unity Bank to release such information to any entity they deem necessary for any purpose related to our credit transaction with them.

I/We hereby certify that the enclosed information (plus any attachments or exhibits) is valid and correct to the best of my/our knowledge.

I/We hereby acknowledge that all loan approvals will be in writing and subject to the terms and conditions set forth in a commitment letter signed by an officer of Unity Bank.

1. Signature ____ Date __________________
Print Name ____________________________________ Social Security number ____________
Home address __________________________________ Date of Birth ___________________

2. Signature ____ Date __________________
Print Name ____________________________________ Social Security number ____________
Home address __________________________________ Date of Birth ___________________

3. Signature ____ Date __________________
Print Name ____________________________________ Social Security number ____________
Home address __________________________________ Date of Birth ___________________

4. Signature ____ Date __________________
Print Name ____________________________________ Social Security number ____________
Home address __________________________________ Date of Birth ___________________

USA PATRIOT ACT NOTICE

IMPORTANT INFORMATION ABOUT PROCEDURES:

In accordance with Section 326 of the USA Patriot Act, Unity Bank is required to obtain a copy of documents in identifying our loan customers to help the government fight the funding of terrorism and money laundering activities. Unity Bank is required to obtain, verify, and record information that identifies each customer.

What this means for you: When you open an account or apply for a loan, we will ask for the name, address, Tax Identification Number, and other information that will allow Unity Bank to identify the business. To verify this information, we may obtain reports from third parties, such as credit reporting agencies. We will also ask to see organization documents for your business.

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When this information 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 56 Fed. Reg. 8020 (1991) for other published routine uses.

BUSINESS DEBT SCHEDULE

COMPANY NAME ____________________ **DATE:** ____________________
(Same as Interim Statement)

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

CREDITOR Name/Address	ORIGINAL DATE	ORIGINAL AMOUNT	PRESENT BALANCE	INTEREST RATE	MONTHLY PAYMENT	MATURITY DATE	COLLATERAL/SECURITY	CURRENT OR DELINQUENT	SBA LOAN YES OR NO
									☐
									☐
									☐
									☐
									☐
									☐
									☐
									☐
									☐
									☐
TOTAL PRESENT BALANCE*									

*Total must agree with balance shown on Interim Balance Sheet.

Signature ____________________ Date __________

TWO YEARS PROJECTION OF REVENUES AND EXPENSES

	First Year	Second Year
Estimated Gross Sales (Must include a breakdown, on a separate sheet, as to how this volume will be attained.)	$ ________	$ ________
Less: Cost of Goods Sold:		
Opening Inventory	________	________
Materials	________	________
Direct Labor	________	________
Subcontract Costs	________	________
Purchases	________	________
Overhead	________	________
Less Ending Inventory	________	________
Total Cost of Goods Sold	$ ________	$ ________
Estimated Gross Profit	$ ________	$ ________
Estimated Operating Expenses:		
Officer's Salaries (if Corporation)	________	________
Employee Wages	________	________
Outside Services	________	________
Accounting & Legal Fees	________	________
Rent	________	________
Equipment Leases	________	________
Depreciation	________	________
Supplies	________	________
Utilities	________	________
Telephone	________	________
Proposed Interest	________	________
Other Interest	________	________
Repairs	________	________
Taxes-Payroll	________	________
Taxes-Real Estate	________	________
Insurance	________	________
Advertising	________	________
Bad Debts	________	________
Car, Delivery, Travel	________	________
Miscellaneous (Postage, etc.)	________	________
Total Estimated Expenses	$ ________	$ ________
Net Profit	$ ________	$ ________
Less: Income Taxes	________	________
Net Profit After Taxes	________	________
Less Withdrawals (if Proprietorship/Partnership)	________	________
Net Profit	________	________

________________________ NAME ________________________ TITLE ________________ DATE

JUSTIFICATION FOR PROJECTIONS

HISTORY OF BUSINESS

(Use Separate Attachments To Answer Questions If Necessary)

NATURE OF BUSINESS

TYPES OF PRODUCTS/SERVICES

CUSTOMER PROFILE

LIST KEY CUSTOMERS

LIST MAJOR COMPETITORS

MANAGEMENT STRUCTURE AND EXPERIENCE

FACILITY AND LOCATION DESCRIPTION

MAJOR PAST ACCOMPLISHMENTS

FUTURE PLANS FOR GROWTH/EXPANSION

HOW WILL THIS LOAN BENEFIT YOUR COMPANY?

WILL THE FUNDING OF THIS LOAN CREATE NEW EMPLOYMENT OPPORTUNITIES? ____________ IF SO, STATE HOW ____________

Form **4506-T**

(Rev. January 2010)

Department of the Treasury
Internal Revenue Service

Request for Transcript of Tax Return

► **Request may be rejected if the form is incomplete or illegible.**

OMB No. 1545-1872

Tip. Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can also call 1-800-829-1040 to order a transcript. If you need a copy of your return, use **Form 4506, Request for Copy of Tax Return.** There is a fee to get a copy of your return.

1a Name shown on tax return. If a joint return, enter the name shown first.

1b First social security number on tax return or employer identification number (see instructions)

2a If a joint return, enter spouse's name shown on tax return.

2b Second social security number if joint tax return

3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code

4 Previous address shown on the last return filed if different from line 3

5 If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information.

Caution. *If the transcript is being mailed to a third party, ensure that you have filled in line 6 and line 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy.*

6 **Transcript requested.** Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ► ____________

a **Return Transcript,** which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120A, Form 1120H, Form 1120L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days . . . . ☐

b **Account Transcript,** which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 30 calendar days. . ☐

c **Record of Account,** which is a combination of line item information and later adjustments to the account. Available for current year and 3 prior tax years. Most requests will be processed within 30 calendar days . . . . ☐

7 **Verification of Nonfiling,** which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days . . ☐

8 **Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2007, filed in 2008, will not be available from the IRS until 2009. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 45 days . . . ☐

Caution. *If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.*

9 **Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

____________ ____________ ____________ ____________

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, **either** husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note.** *For transcripts being sent to a third party, this form must be received within 120 days of signature date.*

Telephone number of taxpayer on line 1a or 2a

Sign Here

Signature (see instructions) Date

Title (if line 1a above is a corporation, partnership, estate, or trust)

Spouse's signature Date

General Instructions

Purpose of form. Use Form 4506-T to request tax return information. You can also designate a third party to receive the information. See line 5.

Tip. Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

Where to file. Mail or fax Form 4506-T to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

If you are requesting more than one transcript or other product and the chart below shows two different RAIVS teams, send your request to the team based on the address of your most recent return.

Automated transcript request. You can call 1-800-829-1040 to order a transcript through the automated self-help system. Follow prompts for "questions about your tax account" to order a tax return transcript.

Chart for individual transcripts (Form 1040 series and Form W-2)

If you filed an individual return and lived in:	Mail or fax to the "Internal Revenue Service" at:
Florida, Georgia, North Carolina, South Carolina	RAIVS Team P.O. Box 47-421 Stop 91 Doraville, GA 30362 770-455-2335
Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team Stop 6716 AUSC Austin, TX 73301 512-460-2272
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	RAIVS Team Stop 37106 Fresno, CA 93888 559-456-5876
Arkansas, Connecticut, Delaware, District of Columbia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, Ohio, Pennsylvania, Rhode Island, Vermont, Virginia, West Virginia	RAIVS Team Stop 6705 P-6 Kansas City, MO 64999 816-292-6102

Chart for all other transcripts

If you lived in or your business was in:	Mail or fax to the "Internal Revenue Service" at:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Tennessee, Texas, Utah, Washington, Wyoming, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409 801-620-6922
Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia, Wisconsin	RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250 859-669-3592

Line 1b. Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

Line 6. Enter only one tax form number per request.

Signature and date. Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the information be sent to a third party, the IRS must receive Form 4506-T within 120 days of the date signed by the taxpayer or it will be rejected.

Individuals. Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Corporations. Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer.

Partnerships. Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

All others. See Internal Revenue Code section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

Documentation. For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the Letters Testamentary authorizing an individual to act for an estate.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. You are not required to request any transcript; if you do request a transcript, sections 6103 and 6109 and their regulations require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form,** 10 min.; **Preparing the form,** 12 min.; and **Copying, assembling, and sending the form to the IRS,** 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224. Do not send the form to this address. Instead, see *Where to file* on this page.

U.S. Department of Justice
Immigration and Naturalization Service

Document Verification Request Supplement

TO BE COMPLETED BY THE SUBMITTING AGENCY

To: Immigration and Naturalization Service **Date:** ____________________________________

____
Applicant's Name (Last, First, Middle)

____
Social Security Number

____
Alien Registration Number or I-94 Number

____
FROM: Typed or Stamped Name and Address of Submitting Agency **Telephone (_______)** __________________________

Complete the following items: ☐ **#1** ☐ **#2** ☐ **#3** ☐ **#4** ☐ **#5** ☐ **#6** ☐ **#7**
***For SSA Use Only*:** ☐ **Show 8/22/96 status in #1.J. Alleged 8/22/96 status:** ___________________________

TO BE COMPLETED BY INS

1. IMMIGRATION STATUS (Check all that apply):
From the document or information submitted and/or a review of our records, we find that the person identified is a/an:

☐ a. Lawful Permanent Resident alien of the United States.
(Complete b, c, d, g, h, or i if alien adjusted to LPR status from one of those statuses in the past 7 years.)
☐ b Refugee admitted to the United States under Section 207 of the INA. (**Complete Item 2 below.)**
☐ c. Asylee under Section 208 of the INA. **(Complete Item 3 below.)**
☐ d. Alien whose deportation has been withheld under section 243(h) of the INA (as in effect prior to April 1, 1997) or whose removal has been withheld under section 241(b)(3).
Date deportation or removal ordered withheld: ______________________________________
☐ e. Alien paroled into the United States under Section 212(d)(5) of the INA for a period of at least 1 year.
(Complete Items 3 and 4 below.)
☐ f. Conditional Entrant pursuant to Section 203(a)(7) of the INA in effect prior to April 1, 1980.
☐ g. American Indian born in Canada to whom the provisions of Section 289 of the INA apply.
☐ h. Cuban/Haitian Entrant as defined in Section 501(e) of the Refugee Education Assistance Act of 1980.
(Complete Item 3 below.)
☐ i. Amerasian immigrant pursuant to Section 584 of the Foreign Operations, Export Financing, and Related Programs Appropriations Act of 1988. **(Complete Item 2 below.)**
☐ j. Other (indicate status): ____

2. Date alien entered the United States: ____

3. Date status was granted: ____

4. Date status expires: ____

5. CITIZEN STATUS:
☐ This document appears valid and relates to a United States citizen.

6. SPECIAL BENEFIT PROVISIONS FOR CERTAIN VICTIMS OF ABUSE:
☐ a. This alien obtained Lawful Permanent (or Conditional) Resident Status as the spouse, child, or widow(er) of a U.S. citizen.
☐ b. This alien obtained Lawful Permanent (or Conditional) Resident Status as the spouse, child, or unmarried son or daughter of a lawful permanent resident alien.
☐ c. This alien did not obtain status as described in (a) or (b).

TO BE COMPLETED BY INS

7. AFFIDAVIT OF SUPPORT

☐ a. This alien was sponsored on Form I-864, Affidavit of Support, under Section 213A of the INA.
Service receipt date ____________________. **(Complete Item 3 on page 1.)**

☐ b. This alien was not sponsored on Form I-864.

Name of Sponsor	**Name of Joint Sponsor (s)** ***(if any)***
______________________________	______________________________
Sponsor's Social Security Number	**Joint Sponsor's Social Security Number**
___ ___ ___ - ___ ___ - ___ ___ ___ ___	___ ___ ___ - ___ ___ - ___ ___ ___ ___
Sponsor's Address	**Joint Sponsor's Address**
______________________________	______________________________
______________________________	______________________________
______________________________	______________________________
______________________________	______________________________
	☐ See attached for information on additional joint sponsor(s).

INS Stamp

* *This supplement may be used in conjunction with Form G-845 to request verification; it cannot be used alone. It reflects information that may be relevant to eligibility for Federal, State, and local public benefits under the* ***Personal Responsibility and Work Opportunity Reconciliation Act of 1996, P.L. 104-193.***

IF LOAN APPLICATION IS APPROVED, THE FOLLOWING INFORMATION MAY ALSO BE REQUIRED AS APPLICABLE:

1. Life Insurance on the principals for the amount of the loan with a collateral assignment to Unity Bank.

2. Hazard Insurance on all collateral securing loan naming Unity Bank as loss payee.

3. Flood Insurance (if property is located in a flood zone).

4. Copy of business license.

5. If borrower is a corporation, provide:

    a. Certificate of Incorporation

    b. Articles of Incorporation

    c. Bylaws

6. If borrower is a partnership, provide:

    a. Partnership Agreement

7. If borrower is an LLC, provide:

    a. Operating Agreement

    b. Certificate of Formation

8. Alternate Name Registration.

9. If loan is for Construction, provide:

    a. Construction Contract

    b. Plans and Specifications

10. Leases or subleases on premises.

11. Copies of prior mortgages on any real estate collateral.

12. Other information as required by the SBA and/or Unity Bank.

Notice to Borrowers

If the collateral which will secure this loan is a 1-4 family residence, you have the right to a copy of the appraisal used in connection with your application for credit. If you wish to have a copy, please write us at the following mailing address: Unity Bank, 64 Old Highway 22, Clinton, New Jersey 08809 ATTN: Loan Servicing Department. We must hear from you no later than ninety (90) days after we notify you about the action taken on your credit application or no later than ninety (90) days after you withdraw your application. Your written request must contain: Applicant's Name, Property Address, Branch Name/Loan Officer's name who serviced you, Application date, and mailing instructions for the copy.

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 the Federal Deposit Insurance Corporation, Consumer Response Center, 2345 Grand Boulevard, Suite 100, Kansas City, Missouri 64101.

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 the Loan Servicing area of Unity Bank at 1-800-618-2265 or send your request in writing to Unity Bank, 64 Old Highway 22, Clinton, NJ 08809, ATTN: Loan Servicing. This request must be received within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement.

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

DO NOT COMPLETE THIS SECTION UNLESS THE LOAN IS TO BE USED TO PURCHASE, IMPROVE OR REFINANCE RESIDENTIAL PROPERTY OR TO REFINANCE A MANUFACTURED OR MOBILE HOME. DO NOT COMPLETE FOR CREDIT LINES.

The following information is requested by the federal government for certain types of loans related to a dwelling in order to monitor the lender's compliance with Equal Credit Opportunity, Fair Housing and Home Mortgage Disclosure laws. You are not required to furnish this information, but are encouraged to do so. **You may select one or more designation for "Race."** The law provides that a Lender may not discriminate on the basis of the information, or on whether you choose to furnish it. **However, if you choose not to furnish the information and you have made this application in person, under federal regulations, the Lender is required to note ethnicity, race and sex on the basis of visual observation or surname.** If you do not wish to furnish the information, please check below.

APPLICANT:

☐ I do not wish to furnish this information. ☐ Mail/Phone/Fax Application

Applicant Ethnicity (Check One)
- ○ Hispanic or Latino
- ○ Not Hispanic or Latino

Sex:
- ○ Female
- ○ Male

Applicant Race (Check Box(es)
- ☐ American Indian or Alaskan Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White

CO-APPLICANT:

☐ I do not wish to furnish this information. ☐ Mail/Phone/Fax Application

Co-Applicant Ethnicity (Check One)
- ○ Hispanic or Latino
- ○ Not Hispanic or Latino

Sex:
- ○ Female
- ○ Male

Co-Applicant Race (Check Box(es)
- ☐ American Indian or Alaskan Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White

UNITY BANK

Corporate Headquarters
64 Old Highway 22, Clinton, NJ 08809

800.618.BANK
unitybank.com