

## Required Document Checklist for Business and Personal Loan Applications

In order for Unity National Bank to provide the best service to our clients, and to expedite the process of reviewing your loan request, we respectfully require the following information from all applicants:

## Application—to be completed in full and signed:

### **Executive Summary:**

Brief summary of the applicant's business and loan request

### Legal Form of Borrowing Entity (if applicable):

Sole Proprietorship, LLC, Corporate Certificate, etc.

### **Business Financial Statement (if applicable):**

Tax Returns for last three (3) years

Income Statement for last three (3) years

Balance Sheet for last three (3) years

Projected Income Statement for the next twelve (12) months

### **Personal Financial Statements:**

Tax Returns for last three (3) years

Current Personal and Financial Statement

Monthly Income and Expense Statement

#### **Other Documents:**

Appraisals, Projected Construction Budget, Rent Roll, etc.

### Copy of Applicant and Guarantor's Government-Issued Identification/ Driver's License

## COMMERCIAL LOAN APPLICATION

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Do you primarily transact business in cash?

Do you engage in internet gambling?

Do you own, operate or lease ATMs?

Do you engage, directly or indirectly, in a marijuana-related business?

**IMPORTANT INFORMATION ABOUT OPENING A NEW ACCOUNT:** Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. When you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. In some cases, we may use outside sources to confirm the information. When you open an account, or apply for a new loan on or after May 11, 2018, we will be required to provide information about your beneficial owners. A beneficial owner is: (a) each individual who owns 25% or more of the company and/or (b) one individual who has significant managerial responsibility for the company. You will be required to provide the name(s), address(es), date(s) of birth and other identifying information for each beneficial owner. The information you provide will be kept confidential and secure.

BORROWING INTENT:						
	ced when each individual is applying idividuals are borrowing together). T				dividual is a co-	
Individual Credit: Relying solely	on my income. 🛛 In	dividual Credit: Relying	g on my income <u>a</u>	nd income	from other sources.	
□ Joint Credit: We intent to apply	/ for joint credit. Initials					
BORROWING ENTITY INI	FORMATION					
Type of Entity:		Corporation	n	🗆 Indiv	idual	
Check one		Partnership		□ Trust		
		Sole proprie	etorship	🗆 Asso	ciation	
				□ Non-Profit		
Legal Name:		-				
Tax Identification Number:		Year Establishe	ed:			
Street Address:		Mailing Addres	s:			
No P.O. Boxes						
City, State, ZIP		City, State, ZIP				
Check here if your street and m	nailing addresses are the same.					
Telephone Number:		Primary Contac	ct Name:			
Description of Business:						
ADDITIONAL BORROWER	R INFORMATION					
Co-Borrower #1:	Co-Borrower #2:		Co-Borrow		er #3:	
Name:	Name:		Name:			
Address:	Address:		Address:			
DOB:	DOB:		DOB:			
SSN/TIN:	SSN/TIN:		SSN/TIN:			
Telephone:	Telephone:		Telephone:			
BUSINESS ID INFORMATI	ON					
ID TYPE	ISSUE STAT	'E ISS	UE DATE		ID NUMBER	
□ Articles of Incorporation						
Certificate of Good Standing						
Partnership Agreement						
Trust Instrument						
Other						
BUSINESS OPERATIONS INQ	ĮUIRY					
Do you cash checks?				□ YE		
If you cash checks, do you cash more th						
Do you sell money orders?		□ YE				
Do you transmit money? (e.g. wire transfers, Western Union, virtual currency, cryptocurrency, etc.)				□ YE		
Do you exchange currency and/or bullic		□ YE	S 🗆 NO			

D NO

D NO

D NO

□ NO

□ YES

□ YES

□ YES

□ YES

# COMMERCIAL LOAN APPLICATION

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LOAN REQUEST								
Purpose:		Purchase Purchase/Rehab Refinance Cash-Out Refinance No Cash-Out	Purchase/Rehab C Refinance Cash-Out C		Improvement Construction Spec. Const. Development		<ul> <li>Equipment</li> <li>Line of Credit:</li> <li>Other:</li> </ul>	
Туре:					sted:	\$		
Term (In Months):		Balloon Loan	In	terest Rate:			%	
COLLATERAL				nerest nate.			70	
Collateral Description:								
Collateral Address, if Appl	icable:	_						
Lien Position:				Total Existi	ng Liens:			
Lienholder(s):								
Sales Price, if Applicable:				Estimated	/alue:			
Occupancy:		Secondary reside Investment prop	<ul> <li>Principal residence</li> <li>Secondary residence</li> <li>Investment property</li> <li>Non-owner occupied CRE</li> </ul>		Construction Method:		<ul> <li>Site-Built</li> <li>Manufactured Home</li> <li>Amortization period:</li> </ul>	
GUARANTOR INFO	RMATION			da				
Guarantor #1:		Guarantor #2;			Guarantor	#3:		
Name:		Name:			Name:			
Address:		Address:			Address:			
DOB:		DOB:		_	DOB:			
SSN/TIN:		SSN/TIN:			SSN/TIN:			
Telephone:		Telephone:			Telephone:			
<b>BENEFICIAL OWN</b> <b>OWNERSHIP PERC</b> List all individuals who	ENTAGE	directly, 25% of the com	npany applying for	this loan.				
Name		Address		I/TIN or er ID #1		e, Number ration Date	Ownership Percentage	
CONTROLLING MA	NAGER							
Name	DOB	Address		I/TIN or her ID #		e, Number ration Date	Title	
COMMUNITY DEVI	ELOPMENT CO	NSIDERATION						
Will the proceeds from	this loan support a	affordable housing for lo	ow- and moderate	e-income ind	ividuals?	YES	D NO	
Will the proceeds from this loan promote economic development?						□ YES	D NO	
Will the proceeds from disaster areas or distres			derate-income geo	ographies, d	esignated	□ YES	□ NO	
Will the proceeds from neighborhood program	s in low- or moder	ate-income areas?	jects or activities t	to revitalize	or support	□ YES	no No	
GROSS ANNUAL RE	VENUES (In pre	vious fiscal year)						
□ Over \$1 Million □ Under \$1 Million								

<sup>&</sup>lt;sup>1</sup> For U.S. Persons: Social Security Number or TIN. For Non-U.S. Persons: Passport number and country of issuance, or similar identification number

#### NOTICES and DISCLOSURES

**Credit** Authorization: I/We authorize the Bank (Lender) to obtain a consumer report, and to obtain and exchange information from and with other credit grantors and consumer reporting agencies. I/We authorize Lender to retain all information and reports for the Lender's files.

True and Correct: I/We certify that all statements made in this application are true and correct and that I/We have withheld nothing that would, if disclosed, unfavorably affect this application. The furnishing of false information for the purpose of influencing the Lender's loan decision violates Federal Criminal laws and may subject the violator to fine, imprisonment or both.

**Beneficial Ownership:** I/We certify to the best of my/our knowledge that the beneficial ownership information provided here is complete and current. I/We agree to notify the lender of any changes in beneficial ownership for as long as this extension of credit is outstanding.

For Loans Secured by a 1<sup>st</sup> Lien on a Dwelling: We may order an appraisal or valuation to determine the property's value and charge you for this appraisal or valuation. We will provide you copies of the appraisal or valuation promptly upon completed or at least three (3) days prior to closing, whichever is earlier. You may waive this 3-day timeframe by checking this box:  $\Box$ . If you waive this timing requirement, we will provide you copies of your appraisal or valuation even if your loan does not close. You can pay for an additional appraisal for your own use at your own cost.

**Credit Denial Notice:** If your gross revenues were \$1,000,000 or less in your previous fiscal year, or you are requesting trade credit, a factoring agreement or similar types of business credit in this Commercial Loan Application, and if your application for credit is denied, you have the right to a written statement of the specific reasons for denial. To obtain this statement, please contact [insert address] within 60 days of the date you were denied. We will send you a written statement of reasons for the denial within 30 days of receiving your request. The notice that follows describes additional protections extended to you.

Equal Credit Opportunity Act: 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 (providing the applicant has the legal capacity to enter into a binding contract), because all or part of the applicant's income is derived from any public assistance program or because the applicant, in good faith, has exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning the Bank is:

Office of the Comptroller of the Currency, Customer Assistance Group, P.O. Box 53570, Houston, TX 77052

SIGNATURES		
Signature	Printed Name	Application Date
Signature	Printed Name	Application Date
Signature	Printed Name	Application Date
Signature	Printed Name	Application Date

## Schedule of Fixed Debts

Customer Name:		
Date of Interim Balance Shee	t:	



This schedule should list loans, contracts, capital leases and notes payable, not accounts payable or accrued liabilities. It should correspond to the balances on the company's interim balance sheet date shown above. It should list BUSINESS DEBTS ONLY. If no debt, fill out the top portion and write "NONE" on the first line.

	Original	Original	Maturity	Present	Interest	Monthly		
Creditor	Date	Amount	Date	Balance	Rate	Payment	Collateral	Original Purpose of Loan
Totals		\$-		\$-		\$ -		



## Personal Cash Flow

(Annual

<i>Basis)</i> N	ames:
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As of:

Income		
Salary	\$	-
Salary	\$	-
Rents Received		
Dividends		
Interest Income		
Sale of Assets		
Royalties		
Distributions from Business Partnerships		
Other		
Total Annual	\$	-
Income		
Expenses		
Mortgage or Rent Payments	\$	-
Real Estate Taxes		
Income Taxes	\$	-
Auto Loan Payments		
Installment Loan Payments		
Credit Card Payments	\$	-
Utilities (Water, Electric, Gas,	\$	-
Phone) Insurances	\$	_
Food	\$	_
Clothing	\$	_
Childcare	\$	_
Other	\$ \$ \$ \$ \$ \$	_
Other	\$	_
Other	\$	
Other Total Annual	\$	
Expenses	ې	_
Net Personal Cash	Ś	
		-

I hereby certify that the above information is valid and correct to the best of my knowledge.

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Sign

Date