

WELCOME.

Thank you for your interest in working with TMC Financing. For over 30 years, we've been dedicated to helping businesses like yours obtain affordable commercial real estate financing through the SBA 504 program.

Our loan process has been streamlined for maximum efficiency. You will be guided every step of the way by our TMC team of experts. To begin the process we've developed this Pre-Qualification Checklist. Once you've submitted the items listed in this letter, we will provide you a free pregualification within 48 hours.

Pre-Qualification Checklist:

- TMC Application & Personal Financial Statement (form enclosed)
 - (Include any person who has 20% or greater ownership of the company or real estate)
 - o Personal tax returns for the last 3 years complete with all schedules; Federal only

Business Information

- o Business tax returns for the last 3 years complete with all schedules; Federal only
- Year-to-date Profit & Loss and Balance Sheet
- Affiliate Information (only if applicable)
 - Business tax returns for the last 2 years for any other business in which you hold 20% or greater ownership; Federal only

Here are a few options on how to send your Pre-Qualification documents to TMC:

- o **Email:** Email completed forms and documents to applications@tmcfinancing.com
- Secure File Transfer Service: Upload your completed application to https://fts.tmcfinancing.com, Attn: New Loan Applications/Documents
- o Courtesy FedEx: Please call us to receive a label

If the required information above is not readily available to you, please contact us so we can help. We are always available to answer any questions you may have and we look forward to working with you.





| Busin | ess Information | | | | | | |
|------------------|-----------------------------------------------------------------------------------------------------------------------------------|---------------------|---------------|--|--|--|--|
| Comp | any Name: | Nature of business: | | | | | |
| Company Website: | | Owner Since: | | | | | |
| Compa | any Ownership: | | _ | | | | |
| | Name:Title: | | % Ownership: | | | | |
| | Name: Title: | | % Ownership: | | | | |
| | Name: Title: | | % Ownership | | | | |
| 1. | Does your company operate under a franchise or dealer agreement? (If yes please attach a copy of your current agreement) YES NO | | | | | | |
| 2. | Does one customer represent more than 50% of your total sa | les? | YES NO | | | | |
| Projec | t Information | | | | | | |
| Project | Address: | | | | | | |
| 1. | Estimated Costs - | | | | | | |
| | Building Purch. Price: Improvements: | | Other: | | | | |
| 2. | What is the square footage of the property to be acquired (if k | rnown)? | | | | | |
| 3. | What is the square footage your company will occupy? | | | | | | |
| 4. | How many locations do you currently have? | | | | | | |
| 5. | How many (if any) will be replaced by the new location? | | | | | | |
| 6. | 6. What is the current rent of the location(s) to be vacated and/or | | | | | | |
| | replaced by the building purchase? | | | | | | |
| 7. | How will you hold title to the new property? | | | | | | |
| | ☐ Individual(s) ☐ Corporation ☐ LLC ☐ | Partnership | Trust Unknown | | | | |
| | Entity Name (if known): | | | | | | |
| Busin | ess Information | | | | | | |
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All applicants with 20% ownership (and greater) of the company or real estate must complete this form.

| Pers | onal Information | | |
|-------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-------------------------------------|
| Nam | e: | | |
| Spou | ise Name: | | |
| Hom | e Address: | | |
| Emai | I: Phone: | | |
| | rou a veteran of the U.S. Armed Forces? YES NO (If yes, ask about our Vet Lo | oan Program) | |
| Discl | osures | YES NO | Spouse (If Applicable) YES NO |
| 1. | Are you a United States citizen? | | |
| | If you are NOT a citizen, are you a legal permanent resident? | | |
| 2. | Have you been arrested in the past six months for any criminal offense? | | |
| 3. | Are you presently on probation, subject to an indictment, criminal information, arraignment, or other means by which formal criminal charges are brought in any jurisdiction? | | |
| 4. | For any criminal offense – other than a minor vehicle violation – have you ever: a) been convicted; b) plead guilty; c) plead no contest; d) been placed on pretrial diversion; or e) been placed on any form of parole or probation (including probation before judgment). | | |
| 5. | Do you currently have any federal debt? (SBA loans, student loans, and/or disaster loans) | | |
| 6. | Have you or your company defaulted, settled or compromised a government loan, federal taxes, or otherwise caused an agency of the government to sustain a loss? | | |
| 7. | Have you been involved in bankruptcy or insolvency proceedings? | | |
| 8. | Are you or your business involved in any pending lawsuits? | | |
| 9. | Have you been 60+ days delinquent in court-ordered child support payments? | | |
| Sign | ature | | |
| deter | authorize TMC/SBA to make inquiries as necessary to verify the accuracy of these stater mine creditworthiness. I/We certify that the information provided is true and accurate as a statements are made for the purpose of obtaining a loan. | | late. |
| Signa | ature: | Date: | |
| Spor | use's Signature: | Date: | |

OMB Approval No. 3245-0188 EXPIRATION DATE: 01/31/2018



PERSONAL FINANCIAL STATEMENT 7(a) / 504 LOANS AND SURETY BONDS

U.S SMALL BUSINESS ADMINISTRATION

SBA uses the information required by this Form 413 as one of a number of data sources in analyzing the repayment ability and creditworthiness of an application for an SBA guaranteed 7(a) or 504 loan or a guaranteed surety.

Complete this form for: (1) each proprietor; (2) general partner; (3) managing member of a limited liability company (LLC); (4) each owner of 20% or more of the equity of the Applicant (including the assets of the owner's spouse and any minor children); and (5) any person providing a guaranty on the loan

Return completed form to:

For 7(a) loans: the lender processing the application for SBA guaranty

For 504 loans: the Certified Development Company (CDC) processing the application for SBA guaranty For Surety Bonds: the Surety Company or Agent processing the application for surety bond guaranty

| Name | | Business Phone | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|--------------------------|--|--|--|--|--|
| Home Address | | Home Phone | | | | | |
| City, State, & Zip Code | | | | | | | |
| Business Name of Applicant | | | | | | | |
| ASSETS | (Omit Cents) | LIABILITIES (Omit Cents) | | | | | |
| Cash on hand & in Banks Savings Accounts IRA or Other Retirement Account (Complete Section 5) Accounts & Notes Receivable. (Complete Section 5) Life Insurance-Cash Surrender Value Only (Complete Section 8) Stocks and Bonds (Describe in Section 3) Real Estate (Describe in Section 4) Automobile (Describe in Section 5, and include Year/Make/Model) Other Personal Property (Describe in Section 5) Other Assets (Describe in Section 5) Total | \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ | Accounts Payable | | | | | |
| Section 1. Source of Income | | Contingent Liabilities | | | | | |
| Salary | • | As Endorser or Co-Maker | | | | | |
| | | | | | | | |

*Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.

SBA Form 413 (7a/504/SBG) (09-14) Previous Editions Obsolete

| Section 2. Notes Paya | ible to Bank and | Others. (Use | | f necessary. E nt and signed) | | hmer | nt must be identifie | ed as a part of | |
|-----------------------------------------------------------------------|-------------------------------|---------------------|----------------------------|----------------------------------|------------|--------|----------------------------------|----------------------------|-----------------|
| Name and Address of Natabaldara (a) Orig | | Original Balance | Current Balance | Paym Amo | | | How Secured Type of C | | |
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| ection 3. Stocks an | d Bonds. (Use a | ttachments if | necessary. I | Each attachm | nent mus | | | rt of this statement an | d signed). |
| Number of Shares | Name o | of Securities | | Cost | | | larket Value station/Exchange | Date of Quotation/Exchange | Total Value |
| | | | | | | Ċ | | | |
| | | | | | | | | | |
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| | | | | | | | | | |
| ection 4. Real Esta | te Owned. (Lis | t each parcel | separately. U | Jse attachme | nts if nec | essa | ry. Each attachm | nent must be identified | |
| | as | a part of this | statement ar Property A | nd signed). | | Pro | operty B | Proj | perty C |
| ype of Real Estate (e esidence, Other Resi roperty, Land, etc.) | .g. Primary idence, Rental | | | | | | | | |
| ddress | | | | | | | | | |
| | | | | | | | | | |
| ate Purchased | | | | | | | | | |
| riginal Cost | | | | | | | | | |
| resent Market Value | | | | | | | | | |
| Name & .ddress of Mortgage H | Holder | | | | | | | | |
| lortgage Account Nun | mber | | | | | | | | |
| lortgage Balance | | | | | | | | | |
| Amount of Payment per Month/Year | | | | | | | | | |
| tatus of Mortgage | | | | | | | | | |
| Section 5. Other Pers | sonal Property a | nd Other Ass | ets. (De | escribe, and if | any is ple | edgec | d as security, state | name and address of li | en holder, |
| | | | am | nount of lien, t | erms of p | ayme | nt, and if delinque | nt, describe delinquenc | y). |
| | | | | | | | | | |
| | | | | | | | | | |
| ection 6. Unpaid Ta | ixes. (Des | cribe in detail, | as to type, to | whom payabl | e, when c | due, a | mount, and to wh | at property, if any, a tax | lien attaches). |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| ection 7. Other Lia | bilities. (Des | cribe in detail) | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| Section 8. Life Insurance Held. (Give face amount and cash su | urrender value of policies - name of insurance company and beneficiaries) |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | |
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| | |
| | |
| Lauthanian the CDA/Lander/Suraty Company to make inquiries on no | |
| I authorize the SBA/Lender/Surety Company to make inquiries as ne determine my creditworthiness. | ecessary to verify the accuracy of the statements made and to |
| CERTIFICATION: (to be completed by each person submitting the inform | mation requested on this form) |
| By signing this form, I certify under penalty of criminal prosecution that | |
| information submitted with this form is true and complete to the best of | my knowledge. I understand that SBA or its participating |
| Lenders or Certified Development Companies or Surety Companies will application for a loan or a surety bond. I further certify that I have read t | |
| | |
| Signature | Date: |
| | |
| Print Name | Social Security Number: |
| | |
| | _ |
| Signature | Date: |
| | |
| Print Name | Social Security Number: |
| | |
| | PENALITIES AND ADMINISTRATIVE REMEDIES FOR FALSE STATEMENTS: |
| Knowingly making a false statement on this form is a violation of Federa penalties, and a denial of your loan or surety bond application. A false s | statement is punishable under 18 U.S.C. §§ 1001 and 3571 by |
| imprisonment of not more than five years and/or a fine of up to \$250,00 two years and/or a fine of not more than \$5,000; and, if submitted to a F | 0; under 15 U.S.C. § 645 by imprisonment of not more than Federally-insured institution, a false statement is punishable |
| under 18 U.S.C. § 1014 by imprisonment of not more than thirty years a statements can lead to treble damages and civil penalties under the Fal | and/or a fine of not more than \$1,000,000. Additionally, false |
| remedies including suspension and debarment. | So diamino, idi, o'i c.e.e. 3 o'i 2e, and other administrative |
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| PLEASE NOTE: | |
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| | response. If you have questions or comments concerning this estimate or any other aspect of nistration, Washington, D.C. 20416, and Clearance officer, paper Reduction Project (3245-0188), |