

IMPERIAL COUNTY PUBLIC BENEFIT PROGRAM

Applicant	Borrower: _____	Business Phone #: _____
	Address: _____	Email address: _____
	Mailing Address: _____	Date Established: _____
	Primary Contact: _____	Current Management Since: _____
	Entity Type: (check one) Number of Employees: _____	Number of Employees: _____
	<input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> C-Corporation <input type="checkbox"/> S-Corporation <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Non Profit <input type="checkbox"/> Trust <input type="checkbox"/> Other _____	Primary contact #: _____ Federal Tax ID# _____

Request / Purpose	Product: <input type="checkbox"/> Commercial Real Estate <input type="checkbox"/> Equipment Loan <input type="checkbox"/> Other _____
	Loan amount: _____
	Purpose: _____
	Collateral Address: _____ Estimated Value: _____
	If real estate purchase: Source of injection: _____ Estimated escrow closing date: _____ Proposed vesting _____

Owner / Guarantor	Name	Title	% Ownership	Social Security Number	Date of Birth

*All loans are Full Recourse and require guarantees from all sponsors/owners.

Financial Institution	Financial Institution (Deposit Relationship)	Primary or Secondary	Estimated Balances

Business Debt*	Creditor	Original Amount	Present balance	Date Issued	Interest Rate	Maturity	Collateral	Current or Delinquent?

* Complete business debt if additional space is needed.

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Financial Summary	Last Year's financial information	Revenues	Net Income	Officer Compensation	Total Assets	Total Liabilities
	Year ending:					

Questions	Are you a U.S. Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please submit a copy of Alien Registration Card (both sides)		
	Are any assets held under a trust? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide a copy.		
	Have you ever been involved in bankruptcy or insolvency proceedings? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, furnish details in a separate exhibit. _____		
	Are you or your business involved in any pending or prior lawsuits? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, furnish details in a separate exhibit. _____		
	Have you ever received a GAFCU/Sun Community FCU loan? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide date & status. _____		
	Maintaining a deposit account is a condition of this loan --- is that acceptable? Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Does the borrower or owner/guarantor have any affiliates or additional entity? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provided		
	<u>Company</u>	<u>Owner</u>	<u>% of Ownership</u>
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

CREDIT REPORT AUTHORIZATION

I declare that the information provided in this application is true and correct. I hereby authorize the release of any and all credit report and other information required in the processing of my loan application and as required in the servicing and/or during the term of my loan. I further authorize Sun Community Federal Credit Union to release such information to any entity as required in the processing of my loan application.

Signatures	Applicant		Date
	Print Name: _____	Signature: _____	
	Print Name: _____	Signature: _____	
	Print Name: _____	Signature: _____	
	Print Name: _____	Signature: _____	
	Print Name: _____	Signature: _____	

Rev. Date:

Form: CRED - 010