

# FRANCHISE FINANCE

Rick Anderson, General Manager, Franchising  
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Little Rock, AR 72212

(501) 228-4047 (501) 228-0708 FAX  
[www.Franchise-Finance.com](http://www.Franchise-Finance.com)

**\*\*Application includes 15 pages – please submit all**

**Please Check As Appropriate**

- New Business Start-up     Refinance
- Additional Location       Remodel/Acquisition
- Equipment Only             Resale
- Conversion                  Piggyback

1/01/05 Tracking # \_\_\_\_\_  
(internal use only)

Reference/Franchisor Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Is Franchisor on SBA registry ? Verify at [www.franchiseregistry.com](http://www.franchiseregistry.com)  
(Not a Requirement To Be Approved)

Date of Application: \_\_\_\_\_

## APPLICATION (SBA)

Applicant Name: \_\_\_\_\_ Franchise: \_\_\_\_\_

Amt. Requested: \$ \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_ Other: \_\_\_\_\_

### All applications must include the following:

- Cover letter generally explaining transaction
- Term requested: \*  5 year                       7 year                       10 year                       Other
- Personal financial statements for each principal owning 20% or more of the company (use attached form)
- 3 Years tax returns for each principal owning 20% or more of the company (**must be signed and dated**)
- Management Resume Form, one for each principal owning 20% or more of company (attached)
- Include a copy of the personal professional resume for each principal owning more than 20% of company
- 3 Years complete tax returns for any affiliated companies of the borrower (signed and dated)
- Include copies of Corporate, Partnership or LLC documents (if available)
- Completed SBA Form 4506-T and Form 912 for business entity (or individuals owning 20% or more of the company)
- Last 3 months Bank, Stock, or IRA account statements from which your cash injection is coming from
- Do you request fees, closing costs, appraisals, filing fees, any origination, documentation and SBA fees to be financed? Yes  No  (Estimate 5% to 6% of loan & add to loan request)
- Deposit of \$1200\*\* refunded if not pre-approved. Not refunded if Applicant cancels after pre-approval or approval. Once pre-approved, deposit becomes an application fee.
- Copy of Drivers License for all partners.
- Do not put this application package in binders. Please make copies for your records (this application will not be returned)**
- Do you own any franchises now: Name \_\_\_\_\_ How many \_\_\_\_\_ How long in operation \_\_\_\_\_
- Who will run location day-by-day \_\_\_\_\_
- Principals that will continue their present employment or current income:  
a) Name \_\_\_\_\_ Income yr \_\_\_\_\_ Type of proof provided \_\_\_\_\_

### New Business Start-Up

- Include Business plan with Budget for 1<sup>st</sup> 12months only. Also include assumptions on how you derived numbers. Business Plan can be brief explaining: your background, the business you are going into, why you are going into it, where location is, why you like it, show demographics, competition, and how you plan to market your location and services. (Please reference the Business Plan link on our website)
- Description of collateral/equipment list and Contractor's Detailed Bid on Leaseholds (if available)
- Copy of an executed lease agreement for your business location if available (not available check here \_\_\_\_\_ )  
If exact location is not available, pick a tentative location address, this will speed approval time (address can be changed at any time)

**\*\*If Franchise Finance has spent any actual costs, all actual costs will be deducted including credit reports and credit card fees for deposits/origination quotes\***  
**\*\*Rate subject to change until approved - deposit must be requested to be refunded within 30 days of decline. Allow four weeks for any refunds.\*\***

**Financing a franchised business? Also include the following:**

- Copy of an executed franchise agreement (if available) ( not available \_\_\_\_\_ )
- Recent UFOC on the franchisor (ask if we have one on file first)

**Financing the purchase of an existing business? Also include the following:**

- Copy of executed Purchase Agreement or draft copy (break out amounts for assets, inventory, goodwill etc...)
- Three years' business financial statements and tax returns and a recent interim financial statement on the business to be acquired, as well as an SBA form 4506 ( all signed and dated by seller )

**Expanding a business you own? Also include the following:**

- Completed Business Debt Schedule (as of date of interim statement provided)
- Accounts receivable & accounts payable aging (as of date of interim statement provided)
- Business financial statements and complete tax returns, last three years and interim (signed and dated)

**Refinancing Debt? Also include the following:**

- A copy of the loan documents on the debt to be refinanced and contact at lender
- three years' business financial statements, balance sheets, interim P&L's, signed and dated SBA Form 4506, and tax returns.

**Credit Questions**

- Do you have good credit? Yes  No  (If no, write brief explanation and include in packet)

Do you have a location yet ? Yes  No  if yes address :

If not, list tentative location: \_\_\_\_\_

**Credit Card Option for Deposit** : Type \_\_\_\_\_ CC# \_\_\_\_\_ Exp.Date \_\_\_\_\_  
 CVV2# (Security Code) \_\_\_\_\_ Drivers License # \_\_\_\_\_ State Issued \_\_\_\_\_  
 Name on card \_\_\_\_\_ Address if different \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_ (Amount charged will be \$1,260, \$60 not refundable)

**SBA QUESTION : SERVICES RENDERED IN CONNECTION WITH THIS APPLICATION**

Has anyone helped you with this application? Yes  
 How much was paid? \$ 1,200 deposit

How much do you owe? 2% of loan amt  
 (Part of 5-6% estimated fees requested to be financed.

To Who Was Deposit Paid?

Name: Franchise Finance  
 Address: 11324 Arcade Drive, #22  
 City, State, Zip: Little Rock, Arkansas 72212  
 Phone: 501-228-4047  
 Fax: 501-228-0708  
 Email Address: [rick@franchise-finance.com](mailto:rick@franchise-finance.com)

\*\*Other closing costs (part of 5-6%) include packaging fee, SBA guarantee fee, UCC filing fees, appraisals on collateral if needed, title fees, documentation fee, credit reports

\*\* I hereby certify to Lender that the above representation regarding fees paid in relation to this application is correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Please be aware that Lender may also pay a referral fee to a broker or other referral source.\*

## LOAN REQUEST FORM

**1. BUSINESS DESCRIPTION:**

Name of Borrower \_\_\_\_\_

Address \_\_\_\_\_  
Street City County State Zip

Operating Company \_\_\_\_\_ Franchise Name \_\_\_\_\_  
 Contact \_\_\_\_\_ Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Type of Business \_\_\_\_\_ Tax ID # \_\_\_\_\_ Date Established \_\_\_\_\_  
 Legal Entity Type \_\_\_\_\_

Sole Prop  S-Corp  C-Corp  LLC  Trust  Other Date Inc. \_\_\_\_\_ State \_\_\_\_\_

Will incorporate before funding \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Number of Employees Today \_\_\_\_\_ If Loan is Approved \_\_\_\_\_ Affiliates: \_\_\_\_\_

**\*\*Address of location** \_\_\_\_\_

**2. BORROWER OWNERSHIP (Must Total 100%);**

1) Name: \_\_\_\_\_ Title: \_\_\_\_\_ % Owner \_\_\_\_\_ SS # \_\_\_\_\_

2) Name: \_\_\_\_\_ Title: \_\_\_\_\_ % Owner \_\_\_\_\_ SS # \_\_\_\_\_

3) Name: \_\_\_\_\_ Title: \_\_\_\_\_ % Owner \_\_\_\_\_ SS # \_\_\_\_\_

4) Name: \_\_\_\_\_ Title: \_\_\_\_\_ % Owner \_\_\_\_\_ SS # \_\_\_\_\_

**3. AFFILIATED COMPANIES:**

(LIST ALL BUSINESS CONCERNS IN WHICH BORROWER OR ANY PRINCIPLES HAVE ANY INTEREST IN.)

Company: \_\_\_\_\_ Owner: \_\_\_\_\_ % Owned: \_\_\_\_\_  
 Company: \_\_\_\_\_ Owner: \_\_\_\_\_ % Owned: \_\_\_\_\_

**(ATTACH BRIEF COMPANY DESCRIPTION, RELATIONSHIP TO BORROWER, NUMBER OF EMPLOYEES, TAX RETURNS)**

	PROJECT COST (required to complete this section)	Paid
Franchise Fee	\$ _____	_____
Land Acquisition	_____	_____
Construction (Building Only)	_____	_____
Leasehold Improvements (inside)	_____	_____
Machinery & Equipment	_____	_____
Furniture & Fixtures & Signs	_____	_____
Inventory	_____	_____
Payoff Debt	_____	_____
Vehicle	_____	_____
Business Purchase	_____	_____
Closing Costs & SBA fees) (est. 5-6%)	_____	_____
**Other (Deposits,Permits)	_____	_____
Working Capital	_____	_____
<b>TOTAL PROJECT COST</b>	<b>\$ _____</b>	<b>Paid \$ _____</b>

**\*\*Other Expenses (See above): Please break down figures:**

Permits: \_\_\_\_\_ Deposits: \_\_\_\_\_ Insurance: \_\_\_\_\_ Other: \_\_\_\_\_ Other: \_\_\_\_\_

LOAN REQUEST \$ \_\_\_\_\_ % BORROWER INJECTION \$ \_\_\_\_\_ %

Cash Injection coming from where: \_\_\_\_\_

**5. BORROWER KEY CONTACTS:**

Accountant: \_\_\_\_\_ Telephone # \_\_\_\_\_ Address: \_\_\_\_\_

Attorney: \_\_\_\_\_ Telephone # \_\_\_\_\_ Address: \_\_\_\_\_

# 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 and each corporate officer and director, or (4) any other 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	(Omit Cents)	LIABILITIES	(Omit Cents)
Cash on hands & 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	_____	Total	_____

Section 1. Source of Income**Contingent Liabilities**

Salary	_____	As Endorser or Co-Maker	_____
Net Investment Income	_____	Legal Claims & Judgments	_____
Real Estate Income	_____	Provision for Federal Income Tax	_____
Other Income (Describe below)*	_____	Other Special Debt	_____

Description of Other Income in Section 1.

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\*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 Bank 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 attachments if necessary. Each attachment must be identified as a part of this statement and signed)

	Property A	Property B	Property C
Type of Property			
Name & Address of Property			
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 credit worthiness. I certify the above and the statements contained in the attachment 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: \_\_\_\_\_





**PERSONAL INCOME AND EXPENSE ANALYSIS**

NAME \_\_\_\_\_

<b>INCOME</b>		<b>MONTHLY</b>	<b>ANNUAL</b>
AVAILABLE DRAW (NP + Dep)	Leave Blank for Start-up	_____	_____
GROSS SALARY from Business	(PRINCIPAL)	_____	_____
GROSS SALARY	(SPOUSE)	_____	_____
RENTAL INCOME	(GROSS)	_____	_____
INTEREST INCOME	(RECURRING)	_____	_____
ALIMONY*		_____	_____
OTHER INCOME	(RECURRING)	_____	_____
<b>TOTAL INCOME</b>		_____	_____

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

<b>EXPENSES</b>		<b>MONTHLY</b>	<b>ANNUAL</b>
MORTGAGE EXPENSE	(P&I)	_____	_____
RENTAL EXPENSE		_____	_____
RESIDENCE EXPENSES	(CASH EXP. Less P&I)	_____	_____
AUTO LOANS	(ALL)	_____	_____
INSTALLMENT LOANS	(ALL)	_____	_____
REVOLVING CREDIT	(5% of ALL BALANCES)	_____	_____
UTILITIES/PHONE	(ESTIMATE)	_____	_____
INSURANCES	(ALL PERSONAL)	_____	_____
FOOD	(ESTIMATE)	_____	_____
CLOTHING	(ESTIMATE)	_____	_____
MEDICAL EXPENSES	(3 YR. AVERAGE)	_____	_____
INCOME TAXES	(HISTORICAL RATE)	_____	_____
PROPERTY TAXES	(HISTORICAL RATE)	_____	_____
ALIMONY	(IF APPLICABLE)	_____	_____
CHILD CARE	(IF APPLICABLE)	_____	_____
OTHER EXPENSES	(_____)	_____	_____
MISCELLANEOUS		_____	_____
(typical range is 5% - 10% of total income)			
<b>TOTAL EXPENSES</b>		_____	_____

**NET DISCRETIONARY INCOME** \_\_\_\_\_**COVERAGE RATION (income ÷ expense)**  
(Should be at least 1.25) \_\_\_\_\_Principal  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Spouse  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**MANAGEMENT RESUME:** All owners, partners, directors, stockholders, and key managers should complete this form. Please fill in all spaces, use full first, middle, maiden, and last names. Please indicate if an item is not applicable

Name \_\_\_\_\_  
 \_\_\_\_\_  
 First Middle Maiden Last

**EDUCATION**

Type of Degree \_\_\_\_\_  
 Name & Location of Institution \_\_\_\_\_  
 Dates From/To \_\_\_\_\_  
 Major \_\_\_\_\_  
 Did You Graduate? \_\_\_\_\_

Type of Degree \_\_\_\_\_  
 Name & Location of Institution \_\_\_\_\_  
 Dates From/To \_\_\_\_\_  
 Major \_\_\_\_\_  
 Did You Graduate? \_\_\_\_\_

Type of Degree \_\_\_\_\_  
 Name & Location of Institution \_\_\_\_\_  
 Dates From/To \_\_\_\_\_  
 Major \_\_\_\_\_  
 Did You Graduate? \_\_\_\_\_

**MILITARY SERVICE BACKGROUND**

Branch \_\_\_\_\_  
 From \_\_\_\_\_ To \_\_\_\_\_  
 Honorable Discharge? \_\_\_\_\_  
 Rank at Discharge \_\_\_\_\_  
 Grade \_\_\_\_\_

**WORK EXPERIENCE**

Are you employed by the U.S. Government?  Yes  No  
 Agency/Position \_\_\_\_\_  
 Grade \_\_\_\_\_  
 From \_\_\_\_\_ To \_\_\_\_\_  
 Title \_\_\_\_\_  
 Duties \_\_\_\_\_

Title \_\_\_\_\_  
 Duties \_\_\_\_\_  
 Company Name/Location \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_  
 Title \_\_\_\_\_  
 Duties \_\_\_\_\_  
 Company Name/Location \_\_\_\_\_

**PREVIOUS SBA OR OTHER FEDERAL GOVERNMENT DEBT**

Complete the following if you or any principals or affiliates have

- 1) ever requested Government Financing or
- 2) are delinquent on the repayment of any Federal Debt

Name of Agency	Original Amount of Loan	Date of Request	Approved or Declined	Balance	Current or Past Due

- Have you or any officer of your company ever been involved in bankruptcy or insolvency proceedings? If yes, please furnish details in a separate exhibit.  Yes  No
- Are you or your business involved in any pending lawsuits? If yes, furnish details in a separate exhibit.  Yes  No
- Do you or your spouse or any member of your household, or anyone who owns, manages or directs your business, or their spouses or members of their households, work for the Small Business Administration, Small Business Advisory Council, SCORE, ACE, or a Federal Agency, or the participating lender? If yes, please provide the name and address of the person and the office where employed in a separate exhibit.  Yes  No
- Have you ever been disbarred from doing business with the U.S. Government?  Yes  No
- Are all your business and personal taxes current?  Yes  No
- Does your business currently engage in Export Trade?  Yes  No
- Do you plan to begin exporting as a result of this loan?  Yes  No

Date \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

**PROFIT AND LOSS PROJECTION**

Company Name: \_\_\_\_\_

MONTH	1	2	3	4	5	6	7	8	9	10	11	12	TOTAL
Sales: Cash													
Credit													
Total Sales													
Cost of Sales													
Gross Profit													
Officer Salary(ies)													
Wages													
Rent - Property													
Rent - Equipment													
Auto/Truck Expenses													
Office Supplies													
Advertising													
Telephone & Utilities													
Bad Debts													
Taxes/Licenses													
Depreciation													
Repairs/Maintenance													
Accounting/Legal													
Interest													
Insurance (all)													
Office Expenses													
Royalties													
Miscellaneous													
Other													
Total Expenses													
Net Profit													

**Please attach assumptions to this projection.**

If applicable, please indicate seasonality during the year.

Signature \_\_\_\_\_

Date \_\_\_\_\_

## Budget Assumptions

**Sales:** Sales projections are based upon sales for this type and size of store in similar demographic areas. A number of \_\_\_\_\_ franchisees were surveyed for sales of their stores and for validation to the reasonableness of these projections. Median sales for all \_\_\_\_\_ stores are about \$\_\_\_\_\_ per year. Note that \_\_\_\_\_ franchisees tend to have sales above the \_\_\_\_\_ average benchmarks.

**Cost of Goods Sold:** These figures are based upon surveys of \_\_\_\_\_ franchisees and of another national franchise. While the franchisees believe it does not take long to maintain a ratio in the \$\_\_\_\_\_, for conservative purposes, it is assumed the average will be \_\_\_\_% over the first year. Most franchisees feel it can reasonably be expected to be lower than this.

**Rent:** For these projections, rent is estimated based on \_\_\_\_\_ square feet at \$\_\_\_\_\_ base per square foot yearly, plus \$\_\_\_\_\_ CAM, taxes, merchant association fees and all other rent related costs. This reflects the actual asking cost of the center.

**Royalties:** The contractual payment to the franchisor is \_\_\_\_% of sales.

**Advertising Fee:** The contractual payment to the franchisor is \_\_\_\_% of sales

### Payroll Costs:

**Hourly Wages:** Initially, volume requirements will require only part-time help. The budget calls for two part-time employees who work a total of \_\_\_\_\_ hours each week at an hourly rate of \$\_\_\_\_\_.

**Owner's Salary:** A managerial salary of \$\_\_\_\_\_ is projected. The managerial function will be performed by \_\_\_\_\_.

**Marketing:** Additional marketing for promotions and direct mail campaigns have been calculated at \_\_\_\_% of revenues.

**Insurance, Utilities & Office supplies:** All estimates are based upon interviews with existing franchises and their actual costs.

**Professional Fees:** These fees are estimated to be \$\_\_\_\_\_/month for accounting and legal advice.

**Loan Payment:** The loan payment is calculated on a loan amount of \$\_\_\_\_\_ over 10 years at 7.75% interest rate.

# ENVIRONMENTAL QUESTIONNAIRE

SUBMITTED BY: \_\_\_\_\_ (“Applicant”)

This questionnaire is for the Lender’s information and your protection. We suggest that you review the entire form before beginning to complete it. If you should need additional space to complete any question, please attach a sheet and number your responses corresponding to the question number on this form. PLEASE PRINT CLEARLY.

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## GENERAL INFORMATION

A. Business Address of subject property (the “property”):

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B. Name of current property owner(s) and operator(s):

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C. Describe the type(s) of business(es) operated and to be operated by Applicant and all tenants on the property.

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D. Describe the type(s) of business(es) operated and to be operated on the property if Applicant is not the only operator and/or tenant.

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E. To the best of your knowledge, describe the past use(s) of, or businesses operated on, the property.

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F. Did or does Applicant, current owner or any tenant have in the past, now have or plan to obtain, an environmental permit?

- Yes     No     Unknown

If “F” is answered “Yes”, list type of permits and expiration date(s) below and attach copies of such permits. If any such permit has expired or is otherwise no longer in effect, also indicate below the reason(s) why.

G. Are you aware of any citations, claims, complaints, notices of violations, correspondence with governmental agencies, or internal correspondence regarding or relating to the release, threatened release, or cleanup of hazardous substances or any other environmental violation or problem at this property by the previous or current owners or tenants?

- Yes     No     Unknown as to previous owners/tenants

If “G” is answered “Yes”, please explain in detail your knowledge of such notices and/or correspondence.

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H. Describe the type of business(es) currently operating on all properties adjacent to this property.

North: \_\_\_\_\_

South: \_\_\_\_\_

East: \_\_\_\_\_

West: \_\_\_\_\_

---

I. To the best of your knowledge, describe the past use(s) and any planned use(s) of all adjacent properties.

North: \_\_\_\_\_

South: \_\_\_\_\_

East: \_\_\_\_\_

West: \_\_\_\_\_

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## TRANSACTION SCREEN INFORMATION

J. Are there currently or have there been previously stored on the property, or otherwise used in connection with the property, any (check applicable boxes)

- industrial drums
- chemicals, or sacks or other containers of chemicals
- underground storage tanks
- above ground storage tanks
- asbestos or lead based paints or coating

Currently:             Yes     No     Unknown

If “Yes”, identify.

---

Previously:             Yes     No     Unknown

If "Yes", identify.

Yes  No  Unknown

N. Are you aware of any environmental litigation, administrative action or environmental clean up or remediation action related to a release or threatened release of any chemicals, hazardous substance or petroleum product or other environmental problem or issue involving the property or an adjacent property?

Currently:  Yes  No  Unknown

If "Yes", identify.

K. Is there currently, or has there been previously, any of the following on or emanating from the property: (i) stains or discoloration on or around soil, concrete, flooring, walls or drains, (ii) oily films on standing water, (iii) stressed vegetation, (iv) unusual odors, or (v) evidence of the presence of Radon gas?

Currently:  Yes  No  Unknown

If "Yes", identify.

Previously:  Yes  No  Unknown

If "Yes", identify.

Previously:  Yes  No  Unknown

If "Yes", identify.

L. Are there currently or have there been previously, any groundwater monitoring wells, wetlands or areas of fill material on the property?

Currently:  Yes  No  Unknown

If "Yes", identify.

O. Are there any septic systems, dry wells, leach fields or wastewater pits, ponds or lagoons on the property?

Yes  No  Unknown

Which:  Septic  Dry Well

Leach Field  Pits/ponds/lagoons

If O is answered "Yes",

O1. Have chemicals, hazardous substances or petroleum products ever been discharged into these systems?

Yes  No  Unknown

P. Have any demolition debris, hazardous substances, petroleum products, unidentified waste materials or waste piles, automotive or industrial batteries, tires, trash or refuse been dumped, buried and/or burned on the property?

Yes  No  Unknown

If "Yes", identify.

Previously:  Yes  No  Unknown

If "Yes", identify.

M. Has an environmental assessment ever been performed on the property?

Yes  No  Unknown

If "Yes", please attach a copy.

If M is answered "Yes":

M1. Did the environmental assessment indicate the presence of any potential contamination?

Yes  No  Unknown

If M1 is answered "Yes":

M2. Was the contamination cleaned up?

Q. Is there a transformer, capacitor or any hydraulic equipment on the property?

Yes  No  Unknown

If Q is answered "Yes",

Q1. Do records indicate the presence of PCBs?

Yes  No  Unknown

BY: \_\_\_\_\_

DATE \_\_\_\_\_

SIGNATURE OF APPLICANT \_\_\_\_\_

PRINTED TITLE OF APPLICANT

BY:

DATE

SIGNATURE OF APPLICANT

PRINTED NAME OF APPLICANT

PRINTED TITLE OF APPLICANT

**ACKNOWLEDGEMENT OF OWNER/OPERATOR (IF NOT THE APPLICANT)**

Each of the undersigned, as a current owner or operator of the subject property described in the attached Environmental Questionnaire agrees that, to my knowledge, the information set forth in such Environmental Questionnaire is materially true, accurate and complete.

BY:

DATE

SIGNATURE OF CURRENT OWNER/OPERATOR

PRINTED NAME OF CURRENT OWNER/OPERATOR

PRINTED TITLE OF CURRENT OWNER/OPERATOR

BY:

DATE

SIGNATURE OF CURRENT OWNER/OPERATOR

PRINTED NAME OF CURRENT OWNER/OPERATOR

PRINTED TITLE OF CURRENT OWNER/OPERATOR

## Request for Transcript of Tax Return

▶ **Do not sign this form unless all applicable parts have been completed.**  
**Read the instructions on page 2.**  
 ▶ **Request may be rejected if the form is incomplete, illegible, or any required part was blank at the time of signature**



TIP: Use new 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.

<b>1a</b> Name shown on tax return. If a joint return, enter the name shown first.	<b>1b</b> First social security number on tax return or employer identification number (see instructions)
<b>2a</b> If a joint return, enter spouse's name shown on tax return	<b>2b</b> Second social security number if joint tax return
<b>3</b> Current name, address (including apt., room, or suite no.), city, state, and ZIP code	
<b>4</b> Address, (including apt., room, or suite no.), city, state, and ZIP code shown on the last return filed if different from line 3	
<b>5</b> 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:** Lines 6 and 7 must be completed if the third party requires you to complete Form 4506-T. **Do not sign Form 4506-T if the third party requests that you sign Form 4506-T and lines 6 and 7 are blank.**

- 6 Product requested.** Most requests will be processed within 10 business days. If the product requested relates to information from a return filed more than 4 years ago, it may take up to 30 days. Enter the return number here and check the box below. ▶
- a Return Transcript**, which includes most of the line items of a tax return as filed with the IRS. Transcripts are generally 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 \_\_\_\_\_
  - 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. \_\_\_\_\_
  - 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. \_\_\_\_\_
  - d Verification of Nonfiling**, which is proof from the IRS that you did not file a return for the year. \_\_\_\_\_
  - e 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 2003, filed in 2004, will not be available from the IRS until 2005. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. \_\_\_\_\_

**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.

**7 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.

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**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.

▶ Signature (see instructions)	Date	Telephone number of taxpayer on line 1a or 2a (     )     -     _____
▶ Title (if line 1a above is a corporation, partnership, estate, or trust)		
▶ Spouse's signature	Date	

**Sign Here**

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