



## RESOURCE CAPITAL

*Real Estate Financing for Growing Businesses*

Hello,

Attached is the deferment package. Please submit packages in an orderly fashion with complete documentation behind the specific tabs. Deferment requests will be swiftly processed if an organized and complete package is received by this office within 20 days of request.

### **Deferment requests will be swiftly rejected...**

1. If documents are not placed behind the corresponding tab.
2. If documents are incomplete and/or missing signatures where designated.
3. All Tax Returns must be signed.
4. If you refuse to fill out forms and instead provide your own customized forms.
5. If annualized projections do not reflect your business as viable at the end of the projection period.
6. If figures in the debt schedule do not match the profit and loss statement or any other financial documents.
7. If county property taxes are unpaid or you have not attached a written payment plan with this package.
8. If the detailed letter portion of the package is missing any answers to questions #1 through #5.
9. If a complete deferment package is not submitted within 30 days from your initial request.

Please understand that every piece of the deferment package must be submitted. If for some reason you do not have the correct document, please instead attach a page behind the specified tab explaining why the requested document could not be produced. If you have any questions, please do not hesitate to call.

Thank you,

REsource Capital  
Phone:916-962-3669  
1050 Iron Point Rd  
Folsom, Ca 95630

# SBA LOAN DEFERMENT CHECKLIST

Please submit **complete** package within 30 days of your request. **Note:** Incomplete packages will **NOT** be considered. **Completed packages received after the 10<sup>th</sup> day of the month will not be processed until the following month.**

1. \_\_\_\_ Job Report & Detailed letter from borrower(s) stating reason for deferment request and plan of action. Please include the following information:
  - How has your business been impacted by the current economic conditions?
  - What steps have you taken to mitigate the adverse effects this has had on your business?
  - When do you think your business will begin to recover?
  - How have your competitors dealt with the slowdown?
  - Detailed account of what assumptions were used to prepare your projection (as specified below).
2. \_\_\_\_ Personal Financial Statement of borrowers and guarantors (Form 770 attached).
3. \_\_\_\_ Personal Federal Tax Returns for the last two years, include copy of extension if requested (if previously provided, disregard). Complete copy.
4. \_\_\_\_ Interim Business Financial Statement (**if Fiscal Year End is more than 90 past**).
5. \_\_\_\_ Business Federal Tax Return for last two years include copy of extension if requested (if previously provided, disregard). Complete copy.
6. \_\_\_\_ Business Financial Statements FYE, including Profit & Loss Statement and Balance Sheet for FYE 2009.
7. \_\_\_\_ Schedule of Indebtedness for business (form attached). Information must match Interim Statement.
8. \_\_\_\_ Annualized projections with assumptions to include the following:
  - Explain, in detail, how increased revenue will be achieved (i.e. new customers, new contracts, new products, effect of season, etc.).
  - Explain how the following costs were determined:
    - Cost of Goods (if applicable)
    - Owner Salary
    - Employee Salaries
    - Depreciation/Amortization
    - Rent (if applicable)
9. \_\_\_\_ First mortgage lien holder information. (form attached) Include a copy of most recent statement.
10. \_\_\_\_ Are County property taxes current?      YES \_\_\_\_      NO \_\_\_\_      If no, please address in your deferment request letter.
11. \_\_\_\_ Are any parts of your Building occupied by a tenant? If yes, please provide copies of the lease agreement and rent roll.

Please note: A deferment will INCREASE your payment amount once the deferment period is completed. Please complete all documents accordingly and sign and date where required. **Please complete forms provided, substitutions will most likely result in delayed processing**

*Your written request for deferment should include but is not limited to the information requested above.*

Return **Completed** Packages to:  
Attention: Deferment Department  
1050 Iron Point Drive, Folsom, CA 95630

# 1. Detailed Letter

A) Job Report

B) Answer the following questions on a separate sheet. Do not answer on this tab.

1. How has your business been impacted by the current economic conditions?
2. What steps have you taken to mitigate the adverse effects this has had on your business?
3. When do you think your business will begin to recover?
4. How have your competitors dealt with the slowdown?
5. Detailed account of what assumptions were used to prepare your projections?  
(detailed below)
  - Cost of Goods (If applicable)
  - Owner Salary
  - Employee Salaries
  - Depreciation/Amortization
  - Rent (if applicable)



**RESOURCE CAPITAL**  
*Real Estate Financing for Growing Businesses*

RE: **Job Information Request**  
**Number of individual jobs associated with your Company.**

One of the principal objectives of the 504 loan program is to foster economic development via job creation and retention. For reporting purposes, please count individuals working within your entire business, regardless of location.

Please take a moment to complete the information requested below and return with your request. Please note that the numbers set forth in your response will not affect outcome of your request, it is needed to

**Thank you in advance for your prompt attention to this matter.** If you have any questions, please feel free to contact us in our California office at #(916) 962-3669.

Sincerely,

REsource Capital  
Servicing Department

**JOB INFORMATION**

1. **Number of Full-Time Jobs** \_\_\_\_\_

2. **Number of Full-Time Equivalent Jobs\*** \_\_\_\_\_

**Total Jobs (Total of 1 + 2)** \_\_\_\_\_

**Verified by:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*\* If you have part-time jobs, or independents, please add up the total hours worked per week by all individuals and divide by 32 to arrive at the number of full-time equivalent jobs.*

## 2. Personal Financial Statements

1. Every Borrower and Guarantor must provide their own 'Financial Statement of Debtor' form. The form must be signed by all Obligors .



**FINANCIAL STATEMENT OF DEBTOR**

(INSERT THE WORD "NONE" WHERE APPLICABLE TO ANY OF THE FOLLOWING ITEMS)

1. NAME			2. DATE OF BIRTH (Month, Day and Year)		
3. ADDRESS (Include ZIP Code)			4. PHONE NO.	5. SOCIAL SEC. NO.	
6. OCCUPATION		SBA LOAN NUMBER		7. HOW LONG IN PRESENT EMPLOYMENT?	
8. EMPLOYER'S NAME		ADDRESS (Include ZIP Code)		PHONE NUMBER	
9. MONTHLY INCOME:		10. OTHER EMPLOYERS WITHIN LAST 3 YEARS			Dates of Employment
Salary or wages	\$	Name	Address		
Commissions	\$				
Other (state source)	\$				
Total	\$				
11. NAME OF SPOUSE			SOCIAL SEC. NO.	12. DATE OF BIRTH (Month, Day and Year)	
13. OCCUPATION			14. HOW LONG IN PRESENT EMPLOYMENT?		
15. SPOUSE'S EMPLOYER (Name)			ADDRESS (Include ZIP Code)		PHONE NUMBER
16. MONTHLY INCOME OF SPOUSE:		17. OTHER EMPLOYERS WITHIN LAST 3 YEARS (Of Spouse)			Dates of Employment
Salary or wages	\$	Name	Address		
Commissions	\$				
Other (state source)	\$				
Total	\$				
18. OTHER DEPENDENTS:			23. FIXED MONTHLY EXPENSES: (TO NEAREST DOLLAR)		
NUMBER			Rent or House Payment	\$	
Name	Relationship	Age	Utilities	\$	
			Food	\$	
			Interest	\$	
			Insurance	\$	
			Debt repayments:		
			Household furnishings	\$	
			Personal Loans	\$	
			Automobile	\$	
			Doctors and Dentist	\$	
			Other (Specify)	\$	
19. TOTAL MONTHLY INCOME OF DEPENDENTS (Except Spouse)			TOTAL FIXED MONTHLY EXPENSES \$		
\$					
20. FOR WHAT PERIOD DID YOU LAST FILE A FEDERAL INCOME TAX RETURN?					
21. WHERE WAS TAX RETURN FILED?					
22. AMOUNT OF GROSS INCOME REPORTED					
\$					
24. ASSETS: (Fair Market Value)		(SHOW AMOUNTS TO NEAREST DOLLAR)			
Cash		LIABILITIES			
Checking accounts: (Show location)		\$	Bills owed (grocery, doctor, lawyer, etc.)	\$	
Savings Accounts: (Show location)			Installment debt (car, furniture, clothing, etc.)		
Cash surrender value of life insurance			Taxes owed:		
Motor Vehicles:			Income		
Make	Year	License No.	Other: (Itemize)		
Debts owed to you: (Name of debtor)			Loans payable (to banks, finance companies, etc.)		
			Judgments you owe (Held by whom?)		
Stocks, bonds and other securities:			Small Business Administration		
			Loans on Life Insurance		
Household furniture and goods			Mortgages on Real Estate		
Items Used in Trade or Business			Margin Payable on Securities		
Other Personal Property; (Itemize)			Other debts: (Itemize)		
Real Estate: (Itemize)					
Other Assets: (Itemize)			Total Liabilities	\$	
			Net Worth		
TOTAL ASSETS:		\$	CONTINGENT LIABILITIES	\$	

25. LOANS PAYABLE: Owed To	Date of Loan	Original Amount	Present Balance	Terms of Repayments	How Secured
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	

26. REAL ESTATE OWNED: (Free & Address	How Owned (Jointly, individually, etc.)	Present Market
		\$

27. REAL ESTATE BEING PURCHASED ON CONTRACT OR MORTGAGE Address	Date acquired	Balance Owed
		\$
	Name of Seller or Mortgagor	
	Purchase Price	Date Next Cash Payment Due
	\$	
	Present Market Value	Amount of Next Cash Payment
	\$	\$

28. LIFE INSURANCE POLICIES: Company	Face Amount	Cash Surrender Value	Outstanding Loans
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

29. LIST ALL REAL AND PERSONAL PROPERTY OWNED BY SPOUSE AND DEPENDENTS VALUED IN EXCESS OF \$500:

30. LIST ALL TRANSFERS OF PROPERTY, INCLUDING CASH (BY LOAN, GIFT, SALE, ETC.), THAT YOU HAVE MADE WITHIN THE LAST THREE YEARS. (LIST ONLY TRANSFERS OF \$500 OR OVER.)			
Property Transferred	To Whom	Date	Amount
			\$
			\$
			\$

31. ARE YOU A CO-MAKER, GUARANTOR, OR A PARTY IN ANY LAW SUIT OR CLAIM NOW PENDING?  
 YES     NO    IF YES, GIVE DETAILS

32. ARE YOU A TRUSTEE, EXECUTOR, OR ADMINISTRATOR?     YES     NO    IF YES, GIVE DETAILS

33. ARE YOU A BENEFICIARY UNDER A PENDING, OR POSSIBLE, INHERITANCE OR TRUST, PENDING OR ESTABLISHED?    NO  YES   
 IF YES, GIVE DETAILS

34. WHEN DO YOU FEEL THAT YOU CAN START MAKING PAYMENTS ON YOUR SBA DEBT?	35. HOW MUCH DO YOU FEEL THAT YOU CAN PAY SBA ON A MONTHLY OR PERIODIC BASIS?
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With knowledge of the penalties for false statements provided by 18 United States Code 1001 (\$10,000 fine and/or five years imprisonment) and with knowledge that this financial statement is submitted by me to affect action by the Government, I certify that all the above statements, and all information submitted with this form, are true and correct and that it is a completed statement of all my income and assets, real and personal, whether held in my name or by another.

Under the provisions of the Privacy Act, loan applicants are not required to give their social security number. The Small Business Administration, however, uses the social security number to distinguish between people with a similar or the same name. Failure to provide this number may not affect any right, benefit or privilege to which an individual is entitled by law but having the number makes it easier for SBA to more accurately identify to whom adverse credit information applies and to keep accurate loan records.

Any Person concerned with the collection of this information, its voluntariness, disclosure or routine use under the Privacy Act may contact the Freedom of Information/Privacy Acts Office, Small Business Administration, 409 3rd St., S.W., Washington, D.C. 20416

SIGNATURE	DATE
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NOTE: USE ADDITIONAL SHEETS WHERE SPACE ON THIS FORM IS INSUFFICIENT.

**PLEASE NOTE:** The estimated burden for completing this form is 1 Hour 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, 405 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 (3245-0012). **PLEASE DO NOT SEND FORMS TO OMB.**

SBA FORM 770 (10-08) SOP 50.51 PREVIOUS EDITION OBSOLETE

# 3. Personal Tax Returns

1. Year 2009
2. Year 2010 (or copy of extension)

**\*All Tax Returns Must be signed**

# 4. Interim Business Financial Statements

If Fiscal Year End (FYE) is more than 90 days

# 5. Business Tax Returns

1. Year 2009
2. Year 2010 (or copy of extension)

**\*All Tax Returns Must be signed**

# 6. Business Financial Statements

Fiscal Year End 2010 (FYE)

## 7. Schedule of Indebtedness

**Business Debt Schedule**

Indebtedness: Furnish the following information on all installment debts, contracts, notes, and mortgages payable. Figures must coincide with the current Balance Sheet provided. Do not include accounts payable or accrued liabilities.

Company Name \_\_\_\_\_ Date \_\_\_\_\_

(Date should be same date as current financial statement)

Creditor Name/address	Original amount	Original date	Present balance	Interest rate	Maturity date	Monthly payment	Security	Current or delinquent
<b>Total present balance*</b>				<b>Total monthly payment</b>				

\*Total present balance must coincide with Balance Sheet provided

# 8. Annualized Projections

1. Must use the attached form.

## Annualized Projections

Name of Business:

Start Date of Projections: \_\_\_\_\_

Year 2011 Annualized Projection	Year_2012 Annualized Projection	Year_2013 Annualized Projection
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Projected Income and Expenses:

Sales		
Cost of Goods Sold/Material Used		
Gross Profit		

**Expenses:**

Salaries and wages		
Guaranteed payments to partners		
Repairs and maintenance		
Bad debts		
Rent		
Taxes and licenses		
Interest		
Depreciation		
Depletion		
Retirement Plans, etc		
Equipment		
Employee benefits		
Other- (specify)		
Total Expenses:		
Net Profit:		

**Disbursements**

Current Loan Payments		
Owners Draw		
Income Remaining:		

\*\* Please include what assumptions you have made regarding operational changes that you have made (or that you will make) in the overall business operations.

# 9. First Mortgage Lien Holder Information

\*Must Include a copy of most recent statement

## First Mortgage Lien Holder Information

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Lender's Name: \_\_\_\_\_

Lender's Address: \_\_\_\_\_

Lender's Loan Number: \_\_\_\_\_

Original Loan Amount: \_\_\_\_\_

Current Principal Loan Balance: \_\_\_\_\_

Current Interest Rate: \_\_\_\_\_ Default Rate? Yes  or No

If yes, Regular Interest Rate: \_\_\_\_\_

Monthly Payment Amount: \_\_\_\_\_

Last Payment Date: \_\_\_\_\_

Next Payment Date: \_\_\_\_\_

Final Payment Date: \_\_\_\_\_

Please Provide a Prepayment Estimate with a Breakdown of Figures.

### **Lender Contact Information:**

Lender Contact Name: \_\_\_\_\_

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

Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**\*\*Please attach a copy of your most recent statement.\*\***

# 10. County Property Taxes

Are all County Property Taxes current?

YES: \_\_\_\_\_

NO: \_\_\_\_\_

If “No”, please provide an explanation and payment plan on a separate page behind this tab.

# 11. Leases

Is any part of your building occupied by a tenant?

YES: \_\_\_\_\_

NO: \_\_\_\_\_

If “Yes”, please provide the corresponding leases behind this tab. We do perform site visits.