
Checklist of Items Needed for Deferral and Catch-Up



Please note: Deferred payments cannot be added to the end of the loan period. They must be "caught up" by increasing the loan payment at some point after the deferral period.

SBA Loan Name: _____ Loan #: _____

_____ Written plan of action. Specifically address how the COVID-19 situation is affecting your business. Include an estimated date you expect to resume making payments (within the next 6 months)

_____ Personal Financial Statement for each owner (SBA Form 770 attached) dated within 90 days

_____ Most Recent Two Years Personal Tax Return for each owner (full copies)

_____ Most Recent Year-End Business Financial Statements including Profit and Loss Statement for ALL entities.

_____ Most Recent Business Federal Tax Returns for ALL entities (full copies)

_____ Business Debt Schedule (form attached) for ALL entities

_____ Current balance, payment, term, and interest rate for any other loans on your building.

_____ Consent and Release Form for each Owner (form attached)

ALL ITEMS MUST BE SIGNED AND DATED, INCLUDING TAX RETURNS

Please Note: SBA 504 loan terms can not be extended. Any payments deferred must be caught up within a reasonable amount of time, determined on a case by case basis.

Return the items above via email, fax, or mail to:

ATTN: Caryl Eriksson • ceriksson@utahcdc.com
Utah CDC • 5333 S Adams Ave, Ste B • Ogden, UT 84405
Phone: 801-627-1333 • Fax: 801-627-6687

Occasionally, additional items may be needed based on your unique circumstance. Utah CDC must have all items above to prepare a request for the SBA. Once the request is submitted, the SBA has 15 business days to process the request.

Checklist Prepared On: March 17, 2020



U.S. Small Business Administration FINANCIAL STATEMENT OF DEBTOR

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

1. NAME		SBA LOAN NUMBER		2. DATE OF BIRTH (Month, Day and Year)	
3. ADDRESS (Include ZIP Code)			4. PHONE NO.		5. SOCIAL SEC. NO.
6. OCCUPATION			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			
Salary or wages	\$ _____	Name		Address	
Commissions	\$ _____			Dates of Employment	
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)			
Salary or wages	\$ _____	Name		Address	
Commissions	\$ _____			Dates of Employment	
Other (state source)	\$ _____				
Total	\$ _____				
18. OTHER DEPENDENTS: _____ NUMBER			23. FIXED MONTHLY EXPENSES: (TO NEAREST DOLLAR)		
Name		Relationship	Age	Rent or House Payment \$ _____	
				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 \$					

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

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24. ASSETS AND LIABILITIES (SHOW AMOUNTS TO THE NEAREST DOLLAR)					
ASSETS: (Fair Market Value)			LIABILITIES		
Cash			\$	Bills owed (grocery, doctor, lawyer, etc.)	\$
Checking Accounts: (Show location)				Installment debt (car, furniture, clothing, etc.)	\$
			\$	Taxes Owed:	
			\$	Income	\$
Savings Accounts: (Show location)				Other (itemize)	\$
			\$		\$
			\$	Loans payable (to banks, finance companies, etc.)	
Cash Surrender Value of Life Insurance			\$		\$
Motor Vehicles:					\$
Make	Year	License No.		Judgments you owe (Held by whom?)	
			\$		\$
			\$		\$
Debts owed to you: (Name of debtor)				Small Business Administration	\$
			\$	Loans of Life Insurance	\$
			\$	Mortgages of Real Estate	
Stocks, bonds, and other securities:					\$
			\$		\$
			\$		\$
Household furniture and goods			\$	Margin Payable on Securities	\$
Items Used in Trade or Business			\$	Other Debts (Itemize)	
Other Personal Property (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 & Clear): Address		How Owned (Jointly, individually, etc.)		Present Market Value	
				\$	
				\$	

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

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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? YES NO
 IF YES, GIVE DETAILS

34. WHEN DO YOU BELIEVE THAT YOU CAN START MAKING PAYMENTS ON YOUR SBA DEBT?	35. HOW MUCH DO YOU BELIEVE THAT YOU CAN PAY SBA ON A MONTHLY OR PERIODIC BASIS?
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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.

By signing below, I certify that all statements made in this form, and all information provided with this form, are true and correct, I understand that SBA and my lender are relying on this information, and that false statements can lead to criminal prosecution under 18 U.S.C. 1001 and other laws, with fines of up to \$500,000 and imprisonment up to 10 years, and civil fraud damages of three times the government's loss.

SIGNATURE	DATE
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Purpose: The primary purpose for collecting this information is to evaluate the debtor's financial capacity to repay the debt owed to the Agency and determine to what extent the Agency may compromise the debt, maximize recovery, and protect the interests of the Agency. Providing the requested information is voluntary. However, if the information is not provided, SBA has the right to pursue immediate and full payment of the debt. Routine uses of this information are established in SBA's Privacy Act System of Record, SBA 21, Loan System published on April 1, 2009, at 74FR 14890, as amended on October 9, 2012 at 77 FR 61467 and on March 16, 2012 at 77 FR 15830.

Instruction: Forms are to be completed and signed by the obligor and then submitted to the lender. Lenders are to submit the original copy (or scanned copy of the original) to the SBA servicing center handling the account. Retain a copy for your files. The servicing centers are the National Guaranty Purchase Center located at 1145 Herndon Parkway, Herndon, VA 20170, fax: 202-481-4674, email: SBApurchase@sba.gov; the SBA Commercial Loan Service Center East located at 2120 Riverfront Drive, Suite 100, Little Rock, AR 72202, fax: 202-292-3878, email: LRSC.expresspurchase@sba.gov; and the SBA Commercial Loan Servicing Center West located at 801 R Street, Suite 101, Fresno, CA 93721, fax: 202-481-0663, email: FSC.purchasing@sba.gov.

PLEASE NOTE: The estimated burden for completing this form is 1 hour. You are not required to respond to this or any collection of information unless it displays a currently valid OMB approval number. Questions or comments on the burden should be sent to U.S. Small Business Administration, Director, Records management Division, 409 Third Street, 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, DC 20503. OMB Approval 3245-0012. **PLEASE DO NOT SEND FORMS TO OMB.**

CONSENT AND AUTHORIZATION TO RELEASE INFORMATION

SBA Loan No.	
SBA Loan Name	

We, the undersigned Obligors and/or Guarantors on the above referenced SBA 504 loan, consent to the following requested servicing action: Payment Deferral as a result of economic downturn due to COVID-19 disaster.

We hereby authorize any financial institutions, insurance companies, investors, credit bureaus, employers, banks, etc., to release any and/or all information on our records and/or accounts to Utah Certified Development Company at their request.

We further authorize any information to be released by our original, photocopied, or scanned signature. (Add additional signature pages as needed.)

Date: _____

By: _____ (signature)

By: _____ (signature)

By: _____ (signature)

By: _____ (signature)