



FIRST FEDERAL BANK

BUSINESS LOAN PACKAGE



BUSINESS CREDIT APPLICATION

INFORMATION ABOUT THE APPLICANT:

Applicant is a: Borrower Guarantor Cosigner Other _____

Name of Applicant (Business Name or Last Name if Individual): _____

Applicant First Name (If Individual): _____

Legal Business Name: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Principal Office Address (if not listed above): _____

City: _____ State: _____ Zip: _____

Applicant is: Individual Sole Proprietorship Partnership
 C-Corp S-Corp LLC
 Association Trust Non-Profit
 Gov't Entity

Date Business was established _____

Date since current ownership _____

Gross annual revenues for prior fiscal year end
\$ _____

Projected revenues for current fiscal year
\$ _____

Business net income for prior fiscal year end

\$ _____

Business net worth \$ _____

Monthly business loan payments \$ _____

Tax ID Number or SSN: _____ Date of Birth: _____ Form of ID _____

Issuing State _____ ID Number _____ Exp. Date _____ Issue Date _____

Business Phone _____ Fax _____ Email _____

Nature of Business _____ Number of Employees _____

INFORMATION ABOUT THE CO-APPLICANT:

Co-Applicant is a: Borrower Guarantor Cosigner Other

Name of Applicant (Business Name or Last Name if Individual): _____

Applicant First Name (If Individual): _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Applicant is: Individual Sole Proprietorship Partnership C-Corp S-Corp
 LLC Association Trust Non-Profit Gov't Entity

Tax ID Number or SSN: _____ Date of Birth: _____ Form of ID _____

Issuing State _____ ID Number _____ Exp. Date _____ Issue Date _____

Phone _____ Email Address _____

INFORMATION ABOUT THE LOAN REQUEST:

Amount Requested \$ _____ New Loan Renewal / Annual Review

Type of Request *Revolving Line of Credit* *Term Loan* *Real Estate Loan*

Purpose of Credit *Purchase* *Refinance* *Consolidation* *Working Capital*

Proposed Collateral _____ Term Requested (in months) _____

Have you ever borrowed from us before? Yes No

Name of accountant or bookkeeping service _____ Phone # _____

Name of Insurance Agent _____ Phone # _____

SCHEDULE OF COLLATERAL OFFERED BY THIS APPLICANT: *(Collateral such as real estate, vehicles, equipment, securities, etc.)*

If additional space is needed, please attach a separate sheet.

Description	Value	Total Loans	Ownership Status	Creditor Name
	\$	\$	Purchase Currently Owned	
	\$	\$	Purchase Currently Owned	

INFORMATION ABOUT BUSINESS OWNERS (20% OR MORE) OR OTHER GUARANTORS: *(If additional space is needed, please attach a separate sheet)*

Name (First, M.I., Last)		Physical Address		
City	State & Zip Code	SSN (US Citizen)		
Date of Birth	Title	Form of ID		
Issuing State	ID Number	Exp. Date	Issue Date	
Passport Number/Country of Issuance (Non-US Citizen)				
ITIN (Non-US Citizen)(If applicable)				
Percentage of Ownership _____% Personal Net Worth \$_____ Annual Personal Income \$_____				
Pending or Unsettled Lawsuits, Judgements, or Liens? Yes No Bankruptcy Yes No				

INFORMATION ABOUT BUSINESS OWNERS (20% OR MORE) OR OTHER GUARANTORS: *(If additional space is needed, please attach a separate sheet)*

Name (First, M.I., Last)		Physical Address		
City	State & Zip Code	SSN (US Citizen)		
Date of Birth	Title	Form of ID		
Issuing State	ID Number	Exp. Date	Issue Date	
Passport Number/Country of Issuance (Non-US Citizen)				
ITIN (Non-US Citizen)(If applicable)				
Percentage of Ownership _____% Personal Net Worth \$_____ Annual Personal Income \$_____				
Pending or Unsettled Lawsuits, Judgements, or Liens? Yes No Bankruptcy Yes No				

INFORMATION ABOUT THE BUSINESS CONTROLLER/MANAGER:

Name _____	Title _____		
Physical Address _____			
City _____	State _____	Zip _____	SSN (US Citizen) _____
Date of Birth _____	Form of ID _____	Issuing State _____	
ID Number _____	Exp. Date _____	Issue Date _____	
Passport Number/Country of Issuance (Non-US Citizen) _____			
ITIN (Non-US Citizen)(if applicable) _____			

I, _____ (name of natural person), hereby certify, to the best of my knowledge, that the information provided above is completed and correct and agree to notify First Federal Bank of any changes in the ownership information provided above.

Signature

Date

FinCEN's Customer Due Diligence Requirements for Financial Institutions (31 CFR Parts 1010, 1020, 1023, 1024, and 1026), requires all financial institutions to collect the beneficial ownership information for legal entities opening, modifying, and renewing accounts as of May 11, 2018. The Rule requires collection of beneficial owners and a control person for each legal entity. The Rule defines beneficial owners and the control person as the following:

- Beneficial Owners** - Each individual, if any, who, directly or indirectly, owns 25% or more of the equity interests of a legal entity customer (i.e., the ownership prong); and
- Control Person** - A single individual with significant responsibility to control, manage, or direct a legal entity customer, including an executive officer or senior manager (e.g., a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer); or any other individual who regularly performs similar functions (i.e., the control prong). This list of positions is illustrative, not exclusive, as there is significant diversity in how legal entities are structured.

For Credit Requests of \$150,000, or less, please supply the following financial information:

- The most recent year Federal Income Tax Returns for your business. (If requested)
- The most recent year Federal Income Tax Returns for each owner (greater than 20% ownership) of the business. (If requested)
- A Personal Financial Statement for each owner (greater than 20% ownership) of the business.
- A schedule of debts owed by the business. (If requested)

For Credit Requests of more than \$150,000, please supply the following financial information:

- The most recent two years Federal Income Tax Returns for your business. (If requested)
- The most recent two years Federal Income Tax Returns for each owner (greater than 20% ownership) of the business. (If requested)
- A Personal Financial Statement for each owner (greater than 20% ownership) of the business.
- A schedule of debts owed by the business. (If requested)

For Corporations:

- A copy of the Articles or Certificate of Organizations
- A copy of any Operating Agreements

For Partnerships:

- A copy of the Partnership Documents filed with the appropriate Security of State
- A copy of any Partnership Agreements (General Partnership, Limited Partnership, or any other type of partnership)

For Limited Liability Corporations:

- A copy of the Articles or Certificate of Organizations
- A copy of any Operating Agreements

I/We hereby apply for the loan or credit as described in this application. I/We certify that I/we made no misrepresentation in this loan application or any related documents, that all information is true and complete, and that I/we did not omit any important information. I/we agree to receive electronic documents for this transaction. Lender is authorized to verify with other parties and to make any investigation on my/our credit and history, either directly or through any agency employed by Lender for that purpose. Lender may disclose to any other interested parties information as to Lenders experiences or transactions with my/our account. I/We understand that the Lender will retain the application and any other credit information Lender receives, even if no loan or credit is granted. These representations and authorizations extend not only to Lender, but also to any insurer of the loan and to any investor to whom Lender may sell all or part of the loan. I/We further authorize Lender to provide to any such to any such insurer or investor any information and documentation that they may request with respect to my/our application, credit or loan. I/We fully understand that it is a federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements concerning any of the above facts on the application as applicable under the provisions of Title 18, United States Code, Section 10.14

Notice for All Business Applicants with Gross Revenues of \$1,000,000 or Less:

I/We understand that if this credit application is denied I/we may request a written statement of the specific reasons for the denial. To obtain the statement, I/we must contact First Federal Bank, P.O. Box 2029, Lake City, FL 32056 or call Loan Servicing at 386-755-0600 ext. 4159 within 60 days from the date I/we were notified of the decision. You will send me/us a written statement of reasons for the denial within 30 days of receiving my/ our request for the statement. The federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant’s income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is at the Office of the Comptroller of the Currency, P.O Box 53570, Houston, TX 77052.

We intend to apply for joint credit:

INITIALS: _____ INITIALS: _____

All applicants, owners and other principal representatives must sign this application. If there are more than four signors, please copy this application, complete and sign this section and attach a copy to this application. First Federal is FDIC Insured and Equal Housing Lender.

APPLICANT _____ DATE _____ APPLICANT _____ DATE _____

APPLICANT _____ DATE _____ APPLICANT _____ DATE _____

FOR INTERNAL BANK USE ONLY:

If a residential dwelling (1-4 unit, mobile home, condo, multifamily 5+ units) is used for collateral with a non-entity or non-guarantor applicant then demographic data must be collected for HMDA reporting.

- Include form titled “Demographic Information of Applicant (s)”

Demographic Information of Applicant(s)

The purpose of collecting this information is to help ensure that all applicants are treated fairly and that the housing needs of communities and neighborhoods are being fulfilled. For residential mortgage lending, Federal law requires that we ask applicants for their demographic information (ethnicity, race, and sex) in order to monitor our compliance with equal credit opportunity, fair housing, and home mortgage disclosure laws. You are not required to provide this information, but are encouraged to do so. You may select one or more designations for "Ethnicity" and one or more designations for "Race". The law provides that we may not discriminate on the basis of this information, or on whether you choose to provide it. However, if you choose not to provide the information and you have made this application in person, Federal regulations require us to note your ethnicity, race, and sex on the basis of visual observation or surname. The law also provides that we may not discriminate on the basis of age or marital status information you provide in this application. If you do not wish to provide some or all of this information, please check below.

Applicant: _____

Co-Applicant: _____

Ethnicity – Check one or more

- Hispanic or Latino
 Mexican Puerto Rican Cuban
 Other Hispanic or Latino – Print origin: _____

Examples: *Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, etc.*

- Not Hispanic or Latino
 I do not wish to provide this information

Race – Check one or more

- American Indian or Alaska Native – Print name of enrolled or principal tribe: _____
- Asian
 Asian Indian Chinese Filipino
 Japanese Korean Vietnamese
 Other Asian - Print race: _____
 Examples: *Hmong, Laotian, Thai, Pakistani, Cambodian, etc.*
- Black or African American
 Native Hawaiian or Other Pacific Islander
 Native Hawaiian Guamanian or Chamorro Samoan
 Other Pacific Islander – Print race: _____

Examples: *Fijian, Tongan, etc.*

- White
 I do not wish to provide this information

Sex

- Female
 Male
 I do not wish to provide this information

Ethnicity - Check one or more

- Hispanic or Latino
 Mexican Puerto Rican Cuban
 Other Hispanic or Latino – Print origin: _____

Examples: *Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, etc.*

- Not Hispanic or Latino
 I do not wish to provide this information

Race – Check one or more

- American Indian or Alaska Native – Print name of enrolled or principal tribe: _____
- Asian
 Asian Indian Chinese Filipino
 Japanese Korean Vietnamese
 Other Asian- Print Race: _____
 Examples: *Hmong, Laotian, Thai, Pakistani, Cambodian, etc.*
- Black or African American
 Native Hawaiian or Other Pacific Islander
 Native Hawaiian Guamanian or Chamorro Samoan
 Other Pacific Islander – Print race: _____

Examples: *Fijian, Tongan, etc.*

- White
 I do not wish to provide this information

Sex

- Female
 Male
 I do not wish to provide this information

To Be Completed by Financial Institution (for an application taken in person):

- Was the ethnicity of the applicant(s) collected on the basis of visual observation or surname?
 Was the race of the applicant(s) collected on the basis of visual observation or surname?
 Was the sex of the applicant(s) collected on the basis of visual observation or surname?

Applicant

- No Yes
 No Yes
 No Yes

Co-Applicant

- No Yes
 No Yes
 No Yes

The Demographic Information of the Applicant(s) was provided through:

- Applicant:** Face-to-Face Telephone Fax or Mail Email or Internet
Co-Applicant: Face-to-Face Telephone Fax or Mail Email or Internet



FIRST FEDERAL BANK

TYPE OF CREDIT – CHECK THE APPROPRIATE BOX:

- Individual – If you check this box, provide Financial Information only about yourself.
- Joint, with _____ Relationship _____. If you check this box, provide Financial Information about yourself and the other person.

PERSONAL FINANCIAL STATEMENT OF

Name _____ Birth Date _____ Social Security No. _____
 Address _____ City _____ State/Zip _____
 Home Phone _____ Business or Occupation _____ Business Phone _____

STATEMENT OF FINANCIAL CONDITION AS OF _____, 20____:

Note: Complete all of section II BEFORE section I. Only some figures from section II will auto-fill to section I.

SECTION I							
NOTE : Please check Box A if an asset or liability listed below is held by you individually. Check box B if an asset or liability listed below is held by the joint individual named above. Check both Box A and B if an asset or liability listed below is held by you jointly with another person.							
A (√)	B (√)	ASSETS	In Dollars (omit cents)	A (√)	B (√)	LIABILITIES	In Dollars (omit cents)
		Cash on hand and in banks (SEC II-A)	\$			Notes payable to banks – secured (SEC II-E)	\$
		Cash value life insurance (Sec II-B)	\$			Notes payable to banks – unsecured	\$
		U.S. Gov' t. & Marketable Securities (SEC II-C)	\$			Notes payable to others – secured (SEC II-F)	\$
		Other Marketable Securities (SEC II-C)	\$			Notes payable to others – unsecured (SEC II-F)	\$
		Notes and Accounts Receivable – Good	\$				
		Other Current Assets - Itemize	\$			Unpaid income tax ___Federal ___State	\$
			\$			Loans on Life Insurance Policies (SEC II-B)	\$
			\$			Cash Rent Owed	\$
		TOTAL CURRENT ASSETS	\$			TOTAL CURRENT LIABILITIES	\$
		Real estate owned (SEC II-D)	\$			Real estate mortgages payable (SEC II-D)	\$
		Mortgages & Contracts Owned	\$			Other debts – itemize:	
		Notes & Accounts Receivable – Doubtful	\$				
		Ownership Interest in Business(s)	\$				
		Other Securities – Not Readily Marketable	\$				
		Automobiles and other personal property	\$				
		Other assets – itemize:	\$			TOTAL LIABILITIES	\$
			\$			NET WORTH (Total Assets minus Total Liabilities)	\$
		TOTAL ASSETS	\$			TOTAL LIAB. AND NET WORTH	\$
SOURCES OF ANNUAL INCOME:				GENERAL INFORMATION:			
Salary		\$		Are you a Partner or Officer in any other business venture? If so, please name.			
Bonuses & Commissions		\$		Are any assets pledged other than as described on schedules? If so, describe.			
Real Estate Income		\$		Are you a defendant in any suits or legal actions?			
Other Income (Alimony, child support, or separate maintenance. Income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation)		\$		Have you ever been declared bankrupt? If so, describe.			
TOTAL		\$		Are you obligated to pay alimony, child support or separate maintenance payments: If so, describe.			
				Personal bank accounts carried at:			
CONTINGENT LIABILITIES:				Do you rent or own? If rent, please provide monthly rent expense.			

(COMPLETE SECTION II AND SIGN ON REVERSE SIDE)

SECTION II

A CASH ON HAND AND IN BANKS

Name of Bank	Type of Account	Type of Ownership	On Deposit
			\$
			\$
			\$
Cash On Hand			\$
TOTALS			\$

B LIFE INSURANCE (List only those Policies that you own)

Company	Face of Policy	Cash Surrender Value	Amount Pledged	Beneficiary
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
TOTALS	\$	\$	\$	

C SECURITIES OWNED (Including US Gov't Bonds and all other Stocks and Bonds)

Face Value – Bonds No. of Shares Stock	Description	Type of Ownership	Market Value US Gov't Sec.	Market Value Marketable Sec.	Market Value Not Readily marketable Sec.	Amount Pledged to Secure Loans
			\$	\$	\$	\$
			\$	\$	\$	\$
			\$	\$	\$	\$
			\$	\$	\$	\$
TOTALS			\$	\$	\$	\$

D REAL ESTATE OWNED

Title in Name Of	Address & Type of Property	% of Ownership	Date Acquired	Cost	Market Value	Mortgage Amount	Monthly Payment	Payable to Whom
Homestead				\$	\$	\$	\$	
				\$	\$	\$	\$	
				\$	\$	\$	\$	
				\$	\$	\$	\$	
TOTAL					\$	\$		

E PERSONAL PROPERTY

DESCRIPTION	Cost When New	Value Today	Loan Amount	Payment Amount	Payable to Whom
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
TOTAL		\$	\$		

F NOTES DUE TO OTHERS

Payable To	Type of Loan	Loan Amount	Monthly Payment	When Due	Collateral (if Any)
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		
TOTALS		\$	\$		

For the purpose of obtaining or maintaining credit from time to time, I/We furnish the foregoing as a true and accurate statement of my/our financial condition. Authorization is hereby given to the Lender to verify in any manner it deems appropriate any and all items indicated on this statement. In addition, each individual signing below authorizes the Lender to check their individual credit account and employment history and have a credit reporting agency prepare a consumer credit report on them. The undersigned also agrees to notify the Lender immediately in writing of any significant adverse change in such financial condition.

Signature (Individual) _____ Date Signed _____

Signature (Joint) _____ Date Signed _____

Certification of Financial Statement

To: First Federal Bank

Date: _____

_____ (“the undersigned”) hereby certifies and represents to First Federal Bank as follows: that the financial information set forth on the financial statement dated _____ is true, accurate and complete in all material respects; that First Federal Bank shall rely on such information in deciding to grant or continue to grant credit to the undersigned; that there are no undisclosed liens or encumbrances on the assets or any undisclosed liability of the undersigned; that all taxes owed by the undersigned have been fully paid and discharged, and that there are not pending claims, actions, proceedings, judgments or liens against the undersigned or any of the undersigned’s assets, except as fully disclosed in said statement. First Federal Bank is hereby authorized to make all inquiries it deems necessary or desirable to verify the accuracy of the statements made and to determine my (our) creditworthiness. First Federal Bank is also authorized to answer questions about its credit experience with me (us).

X _____ X _____

X _____

(Signed by all persons whose assets or liabilities appear on the financial statement)



FIRST FEDERAL BANK

BUSINESS DEBT SCHEDULE

COMPANY NAME: _____ DATE: _____

SIGNATURE: _____

Indebtedness: Furnish the following information on all installment debts, contracts, notes and mortgages payable. Indicate by asterisk (*) items to be paid by loan proceeds and reason for paying same (present balance should agree with latest balance sheet submitted). Do not include accounts payable or accrued liabilities.

Creditor Name & Address	Original Date	Original Amount	Present Balance	Interest Rate	Monthly Payment	Maturity Date	Collateral / Security
Total Present Balance							

APPRAISAL NOTICE

App. Date	Application No.	Loan Amount	Dept.	Collateral	Officer	Init.
References in the boxes above are for Lender's use only and do not limit the applicability of this document to any particular loan or item.						

Applicant:

Lender:

**First Federal Bank
P.O. Box 2029
Lake City, FL 32055**

We may order an appraisal to determine the property's value and charge you for this appraisal. We will promptly give you a copy of any appraisal, even if your loan does not close.

You can pay for an additional appraisal for your own use at your own cost.

By signing below, you acknowledge receipt of this Appraisal notice.

APPLICANT:

X _____ X _____
Applicant Date Applicant Date

REAL ESTATE SECURED TRANSACTIONS

First Federal Bank has the following insurance requirements for your loan. Proof of coverage must be provided prior to closing.

- The hazard policy must provide at least fire and extended coverage. The insurance must not limit or exclude from coverage (in whole or in part) windstorm, hurricane, hail damages, or any other perils that are normally included under an extended coverage endorsement.
- Hazard and windstorm deductible not to exceed 5% of the face amount of the policy.
 - Flood Deductible-\$10,000 for Residential / \$25,000 for Condo & PUD
 - Commercial Hazard-\$10,000
 - Commercial Windstorm- 10%
 - Commercial Flood-\$10,000 non-residential (commercial)
- Coverage amount of the hazard insurance coverage must equal 100% of the insurable value of the improvements on the property as established by the property insurer (i.e. replacement cost value of the building (s) on the property).
- Business Income Insurance is required for certain loans with a 12 month loss of income.
- The mortgagee clause must read:
 - First Federal Bank
ISAOA/ATIMA
P.O. Box 5062
Troy, MI 48007-5062
Mortgage Loan #

EQUIPMENT SECURED TRANSACTIONS

- For auto/equipment policies both comprehensive and collision deductibles are required.
- Auto/Equipment Deductibles:
 - Comprehensive/Collision minimum deductible is \$1000
 - Commercial Comprehensive/Collision minimum deductible is \$2500
- Coverage amount of the auto insurance coverage must equal 100% of the insurable value of the auto.
- The loss payee clause must read:
 - First Federal Bank
ISAOA/ATIMA
P.O. Box 2029
Lake City, FL 32056
Loan #

OTHER INSURANCE

First Federal Bank does not require the following insurance, but we recommend you consider discussing with your insurance agent.

- E and O
- Umbrella policies
- Disability
- Keyman Insurance
- Life Insurance



FIRST FEDERAL BANK

Pandemic Business Plan Information Sheet

Date

Business Name

Owner/Principal Name

1. Did you obtain any SBA PPP loans in 2020 or 2021? If yes, please complete the following:

Origination Date	Amount	Due Date	Forgiven (Y/N)	Date Forgiven	Comments

2. Did you obtain any EIDL Advances during 2020 or 2021? If yes, please complete the following:

Origination Date	Amount	Due Date	Forgiven (Y/N)	Date Forgiven	Comments

3. Did you obtain any EIDL Loans during 2020 or 2021? If yes, please complete the following:

Origination Date	Amount	Interest Rate	First Payment Due Date	Repayment Terms	Maturity Date



Disclosure of Right to Request Specific Reasons for Credit Denial

First Federal Bank

4705 W Hwy 90
Lake City, FL 32055

If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact First Federal Bank, P.O. Box 2029, Lake City, FL 32056 or call Loan Servicing at 386-755-0600 ext. 4159 within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement.

Notice: The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The Federal agency that administers compliance with this law concerning this creditor is the Office of the Comptroller of the Currency-Customer Assistance Group, P.O. Box 53570, Houston, TX 77052.

*****Please Retain this Document for Reference*****