



18300 Gridley Road Suites "I", Artesia, CA 90701 /25 yr + experience
Phone: (562) 809-2643 Fax: (562) 809-0644
Phone: (562) 809-2643 Fax: (562) 809-0644/ NMLS# 257-608/280-127
Email: Conditions@MGBFinancial.com/ Web: www.MGBFinancial.com

Thank you so much for your inquiry.

The MGB Financial Services, Inc is backed by over 25+ years of mortgage experiences. The company emphasizes on personal and professional approach to mortgage lending and provides customers with quick and easy home loans at the best available price.

With each customer's different circumstances, we offer various mortgage products designed to fulfill each customer's needs. To further assist customers, our staff is available on weeknights and weekends.

ITEMS NEEDED FOR LOAN APPLICATION:

1. Copy of Social Security Card and Picture I.D.
2. 1 Month- Current Paycheck stubs
3. W2 FOR ___ 2021 ___ 2020 ___ 2019
4. Personal Tax Returns ___ 2020 ___ 2019 ___ 2021
5. Last 4 months bank statements for checking and Savings accounts

For Self Employed Borrowers

1. ___ Two years of Business license
2. ___ If Corporation, LLC, Partnership--- ___ Article of Incorporation --
3. ___ Business Tax Returns ___ 2020 ___ 2019 ___ 2021
4. ___ Profit and Loss and balance sheet for 2022

If applicable

5. Copy of divorce decree (If applicable) and proof of child support
6. Final bankruptcy papers, including Discharge papers (if Applicable)

If you own any other property or for Refinance:

- ___ Mortgage Coupon
- ___ HOA Coupon ___ Solar coupon
- ___ Copy of the property Tax ___ Copy of the Insurance
- ___ Rental agreement

We are committed to help you as soon as reasonably possible, and thus please feel free to contact Kal or MGB Team at (562) 809-2643 to set up an appointment for pre-qualification, for more information, clarification, guidance, or assistance.

LOAN APPLICATION

BORROWER	CO-BORROWER
Name	Name
Home Phone Number	Home Phone Number
Email Address	Email Address
Date of Birth	Date of Birth
Social Security Number	Social Security Number
Mailing Address	Mailing Address
Occupation or Profession if Self Employed	Occupation or Profession if Self Employed
Current Employer	Current Employer
Business Phone Number	Business Phone Number
Employment Address	Employment Address
Years on this job	Years on this job
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Civil Union	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Civil Union
I (we) live in the property being pledged for the subject loan. <input type="checkbox"/> Y <input type="checkbox"/> N	I (we) live in the property being pledged for the subject loan. <input type="checkbox"/> Y <input type="checkbox"/> N
Have you filed for bankruptcy in the past 12 months? <input type="checkbox"/> Y <input type="checkbox"/> N	Have you filed for bankruptcy in the past 12 months? <input type="checkbox"/> Y <input type="checkbox"/> N
If YES, the bankruptcy has been discharged or dismissed. <input type="checkbox"/> Y <input type="checkbox"/> N	If YES, the bankruptcy has been discharged or dismissed. <input type="checkbox"/> Y <input type="checkbox"/> N

SOURCES OF INCOME (List and identify each source separately)	Monthly Amt	SOURCES OF INCOME (List and identify each source separately)	Monthly Amt
Gross Salary _____	_____	Gross Salary _____	_____
Interest _____	_____	Interest _____	_____
Dividends _____	_____	Dividends _____	_____
Gross Rental Income _____	_____	Gross Rental Income _____	_____
Miscellaneous Income _____	_____	Miscellaneous Income _____	_____
Total income Per Month _____	_____	Total income Per Month _____	_____

LOAN INFORMATION	
Loan Amount: \$ _____ Purpose of loan: <input type="checkbox"/> Purchase <input type="checkbox"/> Refinance Property will be: <input type="checkbox"/> Primary Residence <input type="checkbox"/> Secondary Residence <input type="checkbox"/> Investment Property Property Type: <input type="checkbox"/> Single Family Residence <input type="checkbox"/> Multi-Unit <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Land Property Address: _____	Borrower Complete Vesting: _____ _____ _____

INSURANCE INFORMATION	
Insurance Company _____	Insurance Agent Phone Number _____
Insurance Agent Name _____	Insurance Agent Fax Number or Email Address _____
Insurance Policy Number _____	

AUTHORIZATION TO OBTAIN CREDIT REPORT -MGB Financial Services, Inc/ Their Investor

In connection with the loan for which I am applying through ("COMPANY"), I do hereby authorize COMPANY to obtain a credit report from any credit reporting agency of its choice. Copies of the report may be given to the intended lender or lenders for the purpose of lender's or lenders' reliance when making the decision to fund the loan. Further credit reports may be obtained by COMPANY at any time during the loan term.

Borrower/Applicant Signature Date

Borrower/Applicant Signature Date

ADDENDUM TO LOAN APPLICATION: CALIFORNIA

Broker Name: MGB Financial Services, Inc

Borrower Name: _____

Property Address: _____

Are you in a Registered Domestic Partnership with a person of the same gender? _____
Yes No

Are you in a Registered Domestic Partnership with a person of the opposite gender and one or both of you is over the age of 62?
_____ _____
Yes No

This Addendum has been prepared in response to the AB 205, the California Domestic Partner Rights and Responsibilities Act of 2003, effective January 1, 2005, which grants the same rights, protections and benefits to, and imposes the same responsibilities, obligations and duties on, persons who have registered as domestic partners as persons who are "spouses" under California law. As a result, all property acquired during a Registered Domestic Partnership, except property acquired by gift or inheritance, is presumed to be community property, and each registered domestic partner has equal management and control over such property.

Lender may require registered domestic partners to sign the security instrument to ensure the enforceability of the security instrument.

Borrower Signature: _____ Date: _____

Name	Business Phone
Home Address	Home Phone
City, State, & Zip Code	
Business Name of Applicant/Borrower	
Business Address (if different than home address)	
Business Type: <input type="checkbox"/> Corporation <input type="checkbox"/> S-Corp. <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor (does not apply to ODA applicant)	
This information is current as of [month/day/year] (within 90 days of submission for 7(a)/504/SBG/ODA/WOSB or within 30 days of submission for 8(a) BD)	
WOSB applicant only, Married <input type="checkbox"/> Yes <input type="checkbox"/> No	
ASSETS	LIABILITIES
(Omit Cents)	(Omit Cents)
Cash on Hand & in banks..... _____ Savings Accounts..... _____ IRA or Other Retirement Account..... _____ (Describe in Section 5) Accounts & Notes Receivable..... _____ (Describe in Section 5) Life Insurance – Cash Surrender Value Only..... _____ (Describe in Section 8) Stocks and Bonds..... _____ (Describe in Section 3) Real Estate..... _____ (Describe in Section 4) Automobiles..... _____ (Describe in Section 5, and include Year/Make/Model) Other Personal Property..... _____ (Describe in Section 5) Other Assets..... _____ (Describe in Section 5)	Accounts Payable..... _____ Notes Payable to Banks and Others..... _____ (Describe in Section 2) Installment Account (Auto)..... _____ Mo. Payments _____ Installment Account (Other)..... _____ Mo. Payments _____ Loan(s) Against Life Insurance..... _____ Mortgages on Real Estate..... _____ (Describe in Section 4) Unpaid Taxes..... _____ (Describe in Section 6) Other Liabilities..... _____ (Describe in Section 7) Total Liabilities..... \$ 0 Net Worth..... _____
Total \$ 0	Total \$ 0 Must equal total in assets column.
Section 1. Source of Income.	Contingent Liabilities
Salary..... _____ Net Investment Income..... _____ Real Estate Income..... _____ Other Income (Describe below)..... _____	As Endorser or Co-Maker..... _____ Legal Claims & Judgments..... _____ Provision for Federal Income Tax..... _____ Other Special Debt..... _____
Description of Other Income in Section 1 (Alimony or child support payments should not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income)	

Section 2. Notes Payable to Banks and Others. (Use attachments if necessary. Each attachment must be identified as part of this statement and signed.)

Names and Addresses 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 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 attachment if necessary. Each attachment must be identified as a part of this statement and signed.)

	Property A	Property B	Property C
Type of Real Estate (e.g. Primary Residence, Other Residence, Rental Property, Land, etc.)			
Address			
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.)

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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 the SBA/Lender/MGB Financial Services, Inc Company to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness.

CERTIFICATION: (to be completed by each person submitting the information requested on this form and the spouse of any 20% or more owner when spousal assets are included)

By signing this form, I certify under penalty of criminal prosecution that all information on this form and any additional supporting information submitted with this form is true and complete to the best of my knowledge. I understand that SBA or its participating Lenders or Certified Development Companies or MGB Financial Services, Inc will rely on this information when making decisions regarding an application for a loan, surety bond, or participation in the WOSB or 8(a) BD program. I further certify that I have read the attached statements required by law and executive order.-

Signature _____

Date _____

Print Name _____

Social Security No. _____

Signature _____

Date _____

Print Name _____

Social Security No. _____

NOTICE TO 7(a) LOAN, 504 LOAN AND SURETY BOND APPLICANTS: CRIMINAL PENALTIES AND ADMINISTRATIVE REMEDIES FOR FALSE STATEMENTS:

Knowingly making a false statement on this form is a violation of Federal law and could result in criminal prosecution, significant civil penalties, and a denial of your loan or surety bond application. A false statement is punishable under 18 U.S.C. §§ 1001 and 3571 by imprisonment of not more than five years and/or a fine of up to \$250,000; under 15 U.S.C. § 645 by imprisonment of not more than two years and/or a fine of not more than \$5,000; and, if submitted to a Federally-insured institution, a false statement is punishable under 18 U.S.C. § 1014 by imprisonment of not more than thirty years and/or a fine of not more than \$1,000,000. Additionally, false statements can lead to treble damages and civil penalties under the False Claims Act, 31 U.S.C. § 3729, and other administrative remedies including suspension and debarment.

NOTICE TO DISASTER BUSINESS LOAN APPLICANTS: CRIMINAL PENALTIES AND ADMINISTRATIVE REMEDIES FOR FALSE STATEMENTS:

Whoever wrongfully misapplies the proceeds of an SBA disaster loan shall be civilly liable to the Administrator in an amount equal to one-and-one half times the original principal amount of the loan under 15 U.S.C. § 636(b). In addition, any false statement or misrepresentation to SBA may result in criminal, civil or administrative sanctions including, but not limited to: 1) fines and imprisonment, or both, under 15 U.S.C. § 645, 18 U.S.C. § 1001, 18 U.S.C. § 1014, 18 U.S.C. § 1040, 18 U.S.C. § 3571, and any other applicable laws; 2) treble damages and civil penalties under the False Claims Act, 31 U.S.C. § 3729; 3) double damages and civil penalties under the Program Fraud Civil Remedies Act, 31 U.S.C. § 3802; and 4) suspension and/or debarment from all Federal procurement and non-procurement transactions. Statutory fines may increase if amended by the Federal Civil Penalties Inflation Adjustment Act Improvements Act of 2015.

NOTICE TO APPLICANTS OR PARTICIPANTS IN THE WOSB FEDERAL CONTRACTING PROGRAM: CRIMINAL PENALTIES AND ADMINISTRATIVE REMEDIES FOR FALSE STATEMENTS:

Any person who misrepresents a business concern's status as a WOSB or EDWOSB, or makes any other false statement in order to influence the WOSB Program eligibility determination or other review process in any way (e.g., protest), shall be: (1) subject to fines and imprisonment of up to 5 years, or both, as stated in Title 18 U.S.C. § 1001; (2) subject to fines of up to \$500,000 or imprisonment of up to 10 years, or both, as stated in Title 15 U.S.C. § 645; (3) subject to civil and administrative remedies, including suspension and debarment; and (4) ineligible for participation in programs conducted under the authority of the Small Business Act.

NOTICE TO APPLICANTS OR PARTICIPANTS IN THE 8(a) BUSINESS DEVELOPMENT PROGRAM: CRIMINAL PENALTIES AND ADMINISTRATIVE REMEDIES FOR FALSE STATEMENTS:

Any person who misrepresents a business concern's status as an 8(a) BD Program participant or SDB concern, or makes any other false statement in order to influence the 8(a) certification or other review process in any way (e.g., annual review, eligibility review), shall be: (1) subject to fines and imprisonment of up to 5 years, or both, as stated in Title 18 U.S.C. § 1001; (2) subject to fines of up to \$500,000 or imprisonment of up to 10 years, or both, as stated in Title 15 U.S.C. § 645; (3) subject to treble damages and civil penalties under the False Claims Act, 31 U.S.C. § 3729; (4) subject to administrative remedies, including suspension and debarment; and (5) ineligible for participation in programs conducted under the authority of the Small Business Act.

PLEASE NOTE: According to the Paperwork Reduction Act, you are not required to respond to this request for information unless it displays a valid OMB Control Number. The estimated average burden hours for the completion of this form is 1.5 hour per response. If you have questions or comments concerning this estimate or any other aspect of this information collection, please contact: Director, Records Management Division, Small Business Administration, 409 Third Street SW, Washington, D.C. 20416, and SBA Desk Officer, Office of Management and Budget, New Executive Office Building, Room 10202, Washington, D.C. 20503. PLEASE DO NOT SEND COMPLETED FORMS TO OMB.

PLEASE READ, DETACH, AND RETAIN FOR YOUR RECORDS

Privacy Act (5 U.S.C. 552a) and Debt Collection Improvement Act (31 U.S.C. 7701)

Authorities and Purpose for Collecting Information: SBA is collecting the information on this form, including social security numbers and other personal information, to make a character and credit or other eligibility decision in connection with you or your company's application for SBA assistance. SBA may also use social security numbers for the purpose of collecting and reporting on any delinquent fees or other amounts owed SBA, where applicable.

For purposes of SBA's financial assistance programs, 31 U.S.C. 7701 requires loan applicants and guarantors, or any indemnitor of a surety bond to provide their social security numbers, or other taxpayer identification numbers. Failure to provide this information would affect your ability to obtain an SBA loan or bond. For other individuals signing this form, the submission of the social security number is voluntary and failure to provide your social security number may not affect any right, benefit or privilege to which you are entitled. However, your social security number or other taxpayer identification number helps SBA to distinguish you from other individuals with the same or similar name or other personal identifier. This use is permitted under Executive Order 9397. Personal information collected is protected to the extent permitted by law, including the Freedom Information Act, 5 U.S.C. 552, and the Privacy Act 5 U.S.C. 552. Such information is maintained pursuant to SBA's Privacy Act System of Records at <https://www.sba.gov/sites/default/files/2020-01/sba-sorns.pdf>.

Right to Financial Privacy Act of 1978 (12 U.S.C. 3401) -- This is notice to you as required by the Right to Financial Privacy Act of 1978, of SBA's access rights to financial records held by financial institutions that are or have been doing business with you or your business, including any financial institutions participating in a loan or loan guaranty. The law provides that SBA shall have a right of access to your financial records in connection with its consideration or administration of assistance to you in the form of a Government guaranteed loan or guaranteed bond. SBA is required to provide a certificate of its compliance with the Act to a financial institution in connection with its first request for access to your financial records, after which no further certification is required for subsequent accesses. The law also provides that SBA's access rights continue for the term of any approved loan guaranty agreement or any approved bond agreement. No further notice to you of SBA's access rights is required during the term of any such agreement. The law also authorizes SBA to transfer to another Government authority any financial records included in an application for a loan or bond guarantee, or concerning an approved loan or loan guaranty or bond guaranty, as necessary to process, service or foreclose on a loan guaranty or collect on a defaulted loan guaranty, or to process or service the bond guaranty. No other transfer of your financial records to another Government authority will be permitted by SBA except as required or permitted by law.

Freedom of Information Act (5 U.S.C. 552)

This law provides, with some exceptions, that SBA must supply information contained in agency files and records to a person requesting it. Information about approved loans that will be automatically released includes, among other things, statistics on our loan programs (individual borrowers are not identified in the statistics), and other information such as the names of the borrowers (and their officers, directors, stockholders or partners), the collateral pledged to secure the loan, the amount of the loan, its purpose in general terms, and the maturity. With respect to SBA's bond guarantee program, SBA will release, among other things, statistics on the Surety Bond Guarantee (SBG) programs and other information such as the names of small businesses (and their officers, directors, stockholders or partners) and the amount of the bond guarantees. Proprietary data on a borrower would not routinely be made available to third parties. All requests under this Act are to be addressed to the nearest SBA office and be identified as a Freedom of Information request.



PERSONAL FINANCIAL STATEMENT

U.S. SMALL BUSINESS ADMINISTRATION

The purpose of this form is to collect information about the Business Applicant and its owners' financial condition. SBA uses the information required by this Form 413 as one of a number of data sources in analyzing the repayment ability and creditworthiness of an applicant for an SBA loan or, with respect to a surety bond, to assist in recovery in the event that the contractor defaults on the contract. SBA also uses the information to assess whether an individual meets the economic disadvantage threshold for the Women-Owned Small Business (WOSB) Program and the 8(a) Business Development (BD) Program. Submission of this information is required as part of your application for assistance. Failure to provide the information would impact the agency's decision on your application.

To complete this form

- 1) Check all that apply.
- 2) Complete the form in its entirety (attached a separate sheet, if necessary)
- 3) Review the applicable certifications and sign (spousal signature, if required)

<input type="checkbox"/> 7(a) loan / 504 loan / Surety Bonds Complete this form for: (1) each proprietor; (2) general partner; (3) managing member of a limited liability company (LLC); (4) each owner of 20% or more of the equity of the Applicant; and (5) any person providing a guaranty on the loan (including the assets and liabilities of the owner's spouse and any minor children). Return completed form to: For 7(a) loans: the Lender processing the application for SBA guaranty For 504 loans: the Certified Development Company (CDC) processing the application for SBA guaranty For Surety Bonds: the Surety Company or Agent processing the application for surety bond guarantee
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<input type="checkbox"/> Disaster Business Loan Application (Excluding Sole Proprietorships) Complete this form for: (1) each applicant; (2) each general partner; (3) each managing member of a limited liability company (LLC); (4) each owner of 20% or more of the equity of the Applicant business; and (5) any person providing an unlimited guaranty on the loan. Return completed form to: Disaster Processing and Disbursement Center at 14925 Kingsport Road, Fort Worth, TX 76155-2243 or FAX to 1-202-481-1505 or disasterloans@sba.gov
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<input type="checkbox"/> Women Owned Small Business (WOSB) Federal Contracting Program This form must be completed by each individual claiming economic disadvantage in connection with the SBA's Women-Owned Small Business (WOSB) Federal Contracting Program. A separate form must be completed by the individual's spouse, unless the individual and the spouse are legally separated. Use attachments if necessary. Each attachment must be identified as a part of this statement and signed. In addition, each individual claiming economic disadvantage must update the form as changes arise, but at least annually, to ensure the information is current, accurate and complete. SBA's regulations state that to be considered economically disadvantaged for purposes of the WOSB Program, a woman must have an adjusted gross income averaged over the three prior fiscal years of \$350,000 or less; less than \$6 million in the fair market value of all her assets (to include her primary residence and value of the business concern); and less than \$750,000 in personal net worth (excluding equity interest in her personal residence and ownership interest in the business, and funds invested in a retirement account that are unavailable until retirement age). 13 C.F.R. §127.203. The information contained in this form must be submitted and certified through beta.certify.sba.gov

<input type="checkbox"/> 8(a) Business Development Program 8(a) applicants must show that 51% of the firm is owned by one or more individuals determined by the SBA to be socially and economically disadvantaged. The information contained in this form must be submitted by each socially and economically disadvantaged individual using their one time 8(a) eligibility to qualify this firm for 8(a) certification. If married, the spouse must complete a separate SBA Form 413, except when the individual and the spouse are legally separated. If separated, provide copy of separation document. SBA's regulations state that to be considered economically disadvantaged for purposes of the 8(a) Business Development Program, an individual must have an adjusted gross income averaged over the three prior fiscal years of \$350,000 or less; less than \$6 million in the fair market value of all assets (to include primary residence and value of the business concern); and less than \$750,000 in personal net worth (excluding equity interest in the personal residence and ownership interest in the business, and funds invested in a retirement account that are unavailable until retirement age). 13 C.F.R. §124.104. Note: Please complete this form with Personal Information not Business Information and divide all jointly owned assets and liabilities, as appropriate with spouse or others. The information contained in this form must be submitted and certified through certify.sba.gov . For additional information go to: http://www.sba.gov/8abd
