

LOAN REQUEST / GENERAL INFORMATION

Application package



LOAN REQUEST / GENERAL INFORMATION

Applicant/Business Name _____	DBA (if applicable) _____
Business Site Address _____	City/State/Zip _____
Mailing Address (if different from above) _____	
County _____	Key Contact _____
Type of Business _____	Telephone _____
Tax ID Number _____	Fax _____
E-mail _____	
How is your Business Organized? <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> LLC <input type="checkbox"/> Other _____	
Year business was established: _____	Year you took control of business: _____

OWNERSHIP & MANAGEMENT

Provide information below on key people (proprietor, partners, officers, directors, key employees, and stockholders with 20% or more interest in the business). Also include persons or entities that will guarantee the loan. Please be sure to include position/ title of each individual. Attach additional page if necessary

NAME	POSITION/TITLE (Pres, Sec, Treas, Partner, Managing Partner)	SEX	% OF OWNERSHIP (100% of ownership must be shown)

AFFILIATE BUSINESSES

Do you own or control any other businesses? ☐ No ☐ Yes (please complete information below)

Company Name	Owner	% Of Ownership	Number of Employees

ADDITIONAL INFORMATION

(Provide details on separate sheet of paper, if needed)

- ☐ Yes ☐ No Have any owners or officers of this company, or the company itself, ever been involved in bankruptcy or insolvency proceedings? If so, please provide details.
- ☐ Yes ☐ No Have any owners or officers of this company, or the company itself, ever defaulted or compromised a government loan, or otherwise caused an Agency of the Government to sustain a loss?
- ☐ Yes ☐ No Are any of your business taxes past due?
- ☐ Yes ☐ No Is the Business involved in any pending lawsuits? If so, please provide details.
- ☐ Yes ☐ No Has the company itself, ever been debarred from doing business with the U.S. Government?
- ☐ Yes ☐ No Does your business buy from, sell to, or use the services of any concern in which someone in your company has a significant financial interest? If so, please provide details.
- ☐ Yes ☐ No Does your business presently engage in Export Trade?

ESTIMATED PROJECT COSTS

Land Acquisition\$ _____
New Building Construction\$ _____
Construction Contingency (5-10%)\$ _____
Business Acquisition\$ _____
Land and Building Acquisition\$ _____
Building or Leasehold Improvements/Repairs\$ _____
Acquisition of Machinery/Equipment\$ _____
Acquisition of Furniture/Fixtures\$ _____
Inventory Purchase\$ _____
Working Capital (including Accounts Payable)\$ _____
Refinance\$ _____
Closing Costs Including SBA Fees\$ _____
Other Cost (_____)\$ _____

TOTAL ESTIMATED PROJECT COSTS\$ _____
LESS OWNER'S EQUITY TO BE INJECTED\$ _____
LESS SELLER CARRY BACK (If Applicable)\$ _____
TOTAL LOAN REQUESTED FOR PROJECT\$ _____

EQUITY INJECTION

Amount of Capital Injection: \$ _____

Personal Sources

Cash/Savings: \$ _____
IRA Liquid Value, if any: \$ _____
Stocks (to be liquidated): \$ _____
Home Equity: \$ _____
Credit Card Advance: \$ _____
Loan from Relative or Others: \$ _____
Other (please name) _____ \$ _____
Other (please name) _____ \$ _____

Business Sources

Cash/Savings: \$ _____
Sale of Assets: \$ _____
Other (please name) _____ \$ _____
Other (please name) _____ \$ _____

TOTAL \$

BANK REFERENCE & PROFESSIONAL ASSISTANCE

Accountant's Name _____	Name of Business Bank _____
Firm _____	Address _____
Address _____	City, State, Zip _____
City, State, Zip _____	Telephone _____ Fax _____
Telephone _____ Fax _____	Contact _____

Are you using a Loan Broker for this deal? ☐ Yes ☐ No If 'Yes' fee amount: \$ _____
Name of Broker _____ Address _____
City, State, Zip _____ Telephone _____ Fax _____

Signature _____ Title _____ Date _____

SCHEDULE OF COLLATERAL

LIST ALL COLLATERAL TO BE USED AS SECURITY FOR THIS LOAN:

Section 1: Real Estate

Property Address	Property Description (residential/commercial)	Original cost & year acquired	Market value	Prior lien(s)	Name of lien holder(s)

Description of real estate: _____

Section 2: Equipment, Accounts, Inventory, Vehicles or other collateral (attach additional pages if necessary)

Description (list manufacturer, model and serial number)	Year acquired	Original cost	Market value	Current lien balance	Name of lien holder(s)

Description of equipment: _____

Description of inventory: _____

Accounts receivable: _____

Description of other collateral (patents, copyrights, stocks, bonds, life insurance, etc.):

Signature

Title

Date

HISTORY AND NATURE OF BUSINESS

DESCRIBE THE COMPANY/BUSINESS (Past and Present, history of profitability, wholesaler, retailer, manufacturer or service provider, key personnel, etc.)

DESCRIBE YOUR PRODUCTS OR SERVICES
(What is your trade area? Are your sales seasonal?)

DESCRIBE YOUR CUSTOMER
(Who? Market Segment? Key Customers?)

LIST KEY SUPPLIERS
(What would you do if you lost a key supplier?)

LIST AT LEAST THREE MAJOR COMPETITORS
(How does your business differ from theirs?)

HOW DO YOU MARKET YOUR PRODUCTS OR SERVICES? (Types of advertising, direct mail, outside sales, etc.)

BUSINESS LOCATION

(What is the size (sf) of your current facility and lot?)

Is the business now (or to be) located in leased or owned space?

Leased: ☐ Now ☐ Will be leased

Owned: ☐ Now ☐ Will be owned

If leased, when does the lease expire? _____

If moving to a new location, describe the affect on your business.
(size, access, competition)

HOW WILL THIS LOAN AFFECT YOUR COMPANY?
(Credit not otherwise available? Terms not otherwise available?)

JOB CREATION (If any)

What is the current number of
full-time employees? _____ part-time employees? _____

After the loan, what will be the number of
full-time employees? _____ part-time employees? _____

FUTURE EXPANSION

(Does your company have plans for future expansion? Please describe)

NOTE: We need a business plan for start-up and turn around/change situations

Signature

Title

Date

Form

4506-T**Request for Transcript of Tax Return**

OMB No. 1545-1872

(Rev. April 2006)

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

Tip: Use 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.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return	2b Second social security number if joint tax return <div style="text-align: center;"> : : : : : : </div>
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code	
4 Previous address shown on the last return filed if different from line 3	
5 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: If a third party requires you to complete Form 4506-T, **do not** sign Form 4506-T if lines 6 and 9 are blank.

- 6 Transcript requested.** Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶ _____
- a Return Transcript**, which includes most of the line items of a tax return as filed with the IRS. Transcripts are only 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. Most requests will be processed within 10 business days ☐
- 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. Most requests will be processed within 30 calendar days ☐
- 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. Most requests will be processed within 30 calendar days ☐
- 7 Verification of Nonfiling**, which is proof from the IRS that you **did not** file a return for the year. Most requests will be processed within 10 business days ☐
- 8 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. Most requests will be processed within 45 days ☐

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.

- 9 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. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

____ / ____ / ____ ____ / ____ / ____ ____ / ____ / ____ ____ / ____ / ____

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.

Sign Here	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

General Instructions

Purpose of form. Use Form 4506-T to request tax return information. You can also designate a third party to receive the information. See line 5.

Tip. Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

Where to file. Mail or fax Form 4506-T to the address below for the state you lived in when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

Note. If you are requesting more than one transcript or other product and the chart below shows two different service centers, mail your request to the service center based on the address of your most recent return.

Chart for individual transcripts (Form 1040 series and Form W-2)

If you filed an individual return and lived in:	Mail or fax to the "Internal Revenue Service" at:
District of Columbia, Maine, Maryland, Massachusetts, New Hampshire, New York, Vermont	RAIVS Team Stop 679 Andover, MA 05501 978-247-9255
Alabama, Delaware, Florida, Georgia, North Carolina, Rhode Island, South Carolina, Virginia	RAIVS Team P.O. Box 47-421 Stop 91 Doraville, GA 30362 678-530-5326
Arkansas, Kansas, Kentucky, Louisiana, Mississippi, Oklahoma, Tennessee, Texas, West Virginia	RAIVS Team Stop 6716 AUSC Austin, TX 73301 512-460-2272
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nebraska, Nevada, New Mexico, Oregon, South Dakota, Utah, Washington, Wyoming	RAIVS Team Stop 38101 Fresno, CA 93888 559-253-4990
Connecticut, Illinois, Indiana, Iowa, Michigan, Minnesota, Missouri, North Dakota, Ohio, Wisconsin	RAIVS Team Stop 6705-B41 Kansas City, MO 64999 816-823-7667
New Jersey, Pennsylvania, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team DP 135SE Philadelphia, PA 19255-0695 215-516-2931

Chart for all other transcripts

If you lived in or your business was in:	Mail or fax to the "Internal Revenue Service" at:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Georgia, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Tennessee, Texas, Utah, Washington, Wyoming	RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409 801-620-6922
Connecticut, Delaware, District of Columbia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia, Wisconsin	RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250 859-669-3592
A foreign country, or A.P.O. or F.P.O. address	RAIVS Team DP 135SE Philadelphia, PA 19255-0695 215-516-2931

Line 1b. Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

Line 6. Enter only one tax form number per request.

Signature and date. Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the information be sent to a third party, the IRS must receive Form 4506-T within 60 days of the date signed by the taxpayer or it will be rejected.

Individuals. Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Corporations. Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer.

Partnerships. Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

All others. See Internal Revenue Code section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

Documentation. For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the Letters Testamentary authorizing an individual to act for an estate.

Privacy Act and Paperwork Reduction Act Notice

We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. Sections 6103 and 6109 require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form**, 10 min.; **Preparing the form**, 12 min.; and **Copying, assembling, and sending the form to the IRS**, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6406, Washington, DC 20224. Do not send the form to this address. Instead, see *Where to file* on this page.

PERSONAL FINANCIAL STATEMENT

As of _____, 20____

Complete this form for each owner of 20% or more of the business, all guarantors, and all officers of the business.

Name	Business Phone ()
Residence Address	Residence Phone ()
City, State, Zip	
Business Name of Applicant/Borrower	

ASSETS	(Omit Cents)	LIABILITIES & NET WORTH	(Omit Cents)
Cash on hand & in Banks	\$	Accounts Payable	\$
Savings Accounts	\$	Notes Payable to Bank and Others	\$
IRA or Other Retirement Account.....	\$	(Describe in Section 2)	
Accounts & Notes Receivable	\$	Installment Account (Auto)	\$
Life Insurance-Cash Surrender Value <u>Only</u>	\$	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	\$
0.00		Net Worth (Total Assets minus Total Liabilities)	\$
Total	\$ 	Total	\$

Section I. Source of Income (Alimony & child support payments need not be disclosed unless it is desired to have such payments counted toward the total income.)

Salary:	\$
Net Investment Income (describe):	\$
Real Estate Income (describe):	\$
Other Income (describe):	\$

Contingent Liabilities

As Endorser or Co-Maker (describe):	\$
As Endorser or Co-Maker (describe):	\$
Legal Claims & Judgments (describe):	\$
Provisions for Federal Income Tax (describe):	\$

Section 2. Credit Cards and 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

NOTE: Complete reverse side

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
					0
					0
					0
					0

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 Title Holder			
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 collateral, 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.)

Previous Federal Government Debt: If you or any principals or affiliates have (1) ever requested Government Financing or (2) are delinquent on the repayment of any Federal Debt, complete the following:						
Name of Agency	Original Amount of Loan	Date of Request	Approved or Declined	Balance	Current or Past Due	

I authorize this finance company or its affiliates, partners or banks 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 attachments 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 US Attorney General.		
Signature:	Date:	Social Security Number:
Signature:	Date:	Social Security Number:

PERSONAL INCOME/EXPENSE ANALYSIS

(Please complete this form for each proprietor or owner of 20% or more of the business, or any guarantor of the loan)

NAME(S): _____

INCOME	MONTHLY
GROSS SALARY (Principal)	\$ _____
GROSS SALARY (Spouse)	\$ _____
RENTAL INCOME (Gross)	\$ _____
INTEREST INCOME (Recurring)	\$ _____
OTHER INCOME* (_____)	\$ _____
TOTAL INCOME	\$ _____

* If the source is alimony or child support payments, that income need not be disclosed unless you desire to have it counted toward total income.

EXPENSES	MONTHLY
MORTGAGE PAYMENT (or Rent)	\$ _____
2 ND MORTGAGE	\$ _____
AUTO LOANS (including Leases)	\$ _____
INSTALLMENT LOANS	\$ _____
CREDIT CARD DEBT (5% of Balances)	\$ _____
UTILITIES/PHONE (Estimate)	\$ _____
INSURANCES (all Personal)	\$ _____
FOOD (Estimate)	\$ _____
CLOTHING (Estimate)	\$ _____
MEDICAL EXPENSES (Average)	\$ _____
INCOME TAXES (Historical)	\$ _____
PROPERTY TAXES (Historical)	\$ _____
ALIMONY (if applicable)	\$ _____
CHILD CARE (if applicable)	\$ _____
OTHER EXPENSES (_____)	\$ _____
MISCELLANEOUS (5% -10% of income)	\$ _____
TOTAL EXPENSES	\$ _____
TOTAL INCOME LESS TOTAL EXPENSES	\$ _____

Signature

Date

MANAGEMENT / OWNERSHIP INFORMATION

To be completed by each owner of 20% or more of the business and all key employees.
If an item is not applicable, please indicate so.

PERSONAL INFORMATION:

*Name _____ SSN# _____

First Middle Last
*State name in full. If no middle name, state NMN or if initial only, please indicate initial.)

Have you ever been known by any other name(s)? List all former names (including maiden name) and dates they were used.

Spouse's name _____ SSN# _____

Home phone number: _____ Work phone number: _____

Mobile phone number: _____ Fax number: _____

EDUCATION:

College/Technical Training – Name-Location	Dates Attended	Major	Degree/Certification
_____	_____	_____	_____
_____	_____	_____	_____

MILITARY SERVICE BACKGROUND:

Branch of Service _____ Dates of Service: From: _____ To: _____
Honorable Discharge? ☐ YES ☐ NO Rank at Discharge: _____

WORK EXPERIENCE: List chronologically beginning with present employment.

Company name/Location _____
From _____ To _____ Title _____
Duties _____

Company name/Location _____
From _____ To _____ Title _____
Duties _____

Company name/Location _____
From _____ To _____ Title _____
Duties _____

(Attach resume or additional sheet of more space is needed)

MANAGEMENT SKILLS AND EXPERIENCE: (If necessary, attach additional sheet)

1. What management skills are required to successfully operate the subject business?

2. Describe your experience in these areas and also note any management type activities that are (or may be) performed by other employees or third parties.

Please answer all questions and provide additional information where requested. Additional information and details of affirmative responses must be provided on a separate sheet.

- ☐ Yes ☐ No Are any of your personal taxes past due? If yes, please provide details.
- ☐ Yes ☐ No Are you involved in any pending lawsuits? If so, please provide details.
- ☐ Yes ☐ No Have you ever filed personal bankruptcy? If so, please provide full disclosure and state of discharge.
- ☐ Yes ☐ No Are you currently past due on child support payments? If yes, please explain.
- ☐ Yes ☐ No Have you ever been debarred from doing business with the U.S. Government? If yes, please explain.
- ☐ 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, or ACE, any Federal agency? If so, please provide the name and address of the person and the office where they are employed.

Statistical information: The following is optional information to aid the Small Business Administration in the ongoing statistical analysis of its SBA 7(a) and 504 borrowers. Please circle the following codes or enter the appropriate codes in the boxes below.				
Gender Code: M = Male; F = Female		Veteran Status Code: 1 = Non Veteran 2 = Vietnam Era Veteran 3 = Other Veteran		
Minority Code:	0 = African American 5 = Eskimo and Aleut	1 = Puerto Rican 6 = Undetermined	2 = Native American 7 = Caucasian	3 = Hispanic 4 = Asian, Pacific Islander 8 = Multi Ethnic

Signature

Title

Date



United States of America
SMALL BUSINESS ADMINISTRATION
STATEMENT OF PERSONAL HISTORY

Please Read Carefully - Print or Type

Each member of the small business or the development company requesting assistance must submit this form in TRIPLICATE for filing with the SBA application. This form must be filled out and submitted by:

1. By the proprietor, if a sole proprietorship.
2. By each partner, if a partnership.
3. By each officer, director, and additionally by each holder of 20% or more of the ownership stock, if a corporation, limited liability company, or a development company.

Name and Address of Applicant (Firm Name)(Street, City, State, and ZIP Code)		SBA District/Disaster Area Office	
		Amount Applied for (when applicable)	File No. (if known)
1. Personal Statement of: (State name in full, if no middle name, state (NMN), or if initial only, indicate initial.) List all former names used, and dates each name was used. Use separate sheet if necessary. <div style="display: flex; justify-content: space-between;"> First Middle Last </div>		2. Give the percentage of ownership or stocked owned or to be owned in the small business or the development company Social Security No. _____ 3. Date of Birth (Month, day, and year) _____ 4. Place of Birth: (City & State or Foreign Country) _____	
Name and Address of participating lender or surety co. (when applicable and known)		5. U.S. Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO If No, are you a Lawful Permanent resident alien: <input type="checkbox"/> YES <input type="checkbox"/> NO If non- U.S. citizen provide alien registration number: _____	
6. Present residence address: From: _____ To: _____ Address: _____ Home Telephone No. (Include A/C): _____ Business Telephone No. (Include A/C): _____		Most recent prior address (omit if over 10 years ago): From: _____ To: _____ Address: _____	

PLEASE SEE REVERSE SIDE FOR EXPLANATION REGARDING DISCLOSURE OF INFORMATION AND THE USES OF SUCH INFORMATION.

IT IS IMPORTANT THAT THE NEXT THREE QUESTIONS BE ANSWERED COMPLETELY. AN ARREST OR CONVICTION RECORD WILL NOT NECESSARILY DISQUALIFY YOU; HOWEVER, AN UNTRUTHFUL ANSWER WILL CAUSE YOUR APPLICATION TO BE DENIED.

IF YOU ANSWER "YES" TO 7, 8, OR 9, FURNISH DETAILS ON A SEPARATE SHEET. INCLUDE DATES, LOCATION, FINES, SENTENCES, WHETHER MISDEMEANOR OR FELONY, DATES OF PAROLE/PROBATION, UNPAID FINES OR PENALTIES, NAME(S) UNDER WHICH CHARGED, AND ANY OTHER PERTINENT INFORMATION.

7. Are you presently under indictment, on parole or probation? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, indicate date parole or probation is to expire.)	
8. Have you <u>ever</u> been charged with and or arrested for any criminal offense other than a minor motor vehicle violation? Include offenses which have been dismissed, discharged, or not prosecuted (All arrests and charges must be disclosed and explained on an attached sheet.) <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Have you <u>ever</u> been convicted, placed on pretrial diversion, or placed on any form of probation, including adjudication withheld pending probation, for any criminal offense other than a minor vehicle violation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. I authorize the Small Business Administration Office of Inspector General to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for programs authorized by the Small Business Act, and the Small Business Investment Act.	

CAUTION: 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, surety bond, or other program participation. A false statement is punishable under 18 USC 1001 by imprisonment of not more than five years and/or a fine of not more than \$10,000; under 15 USC 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, under 18 USC 1014 by imprisonment of not more than thirty years and/or a fine of not more than \$1,000,000.

Signature	Title	Date
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Agency Use Only

11. <input type="checkbox"/> Fingerprints Waived <input type="checkbox"/> Fingerprints Required Date Sent to OIG _____	12. <input type="checkbox"/> Cleared for Processing <div style="display: flex; justify-content: space-between;"> Date _____ Approving Authority _____ </div> 13. <input type="checkbox"/> Request a Character Evaluation <div style="display: flex; justify-content: space-between;"> Date _____ Approving Authority _____ </div> (Required whenever 7, 8 or 9 are answered "yes" even if cleared for processing.)
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PLEASE NOTE: The estimated burden for completing this form is 15 minutes 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, 409 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 3245-0178. **PLEASE DO NOT SEND FORMS TO OMB.**



NOTICES REQUIRED BY LAW

The following is a brief summary of the laws applicable to this solicitation of information.

Paperwork Reduction Act (44 U.S.C. Chapter 35)

SBA is collecting the information on this form to make a character and credit eligibility decision to fund or deny you a loan or other form of assistance. The information is required in order for SBA to have sufficient information to determine whether to provide you with the requested assistance. The information collected may be checked against criminal history indices of the Federal Bureau of Investigation.

Privacy Act (5 U.S.C. § 552a)

Any person can request to see or get copies of any personal information that SBA has in his or her file, when that file is retrievable by individual identifiers, such as name or social security numbers. Requests for information about another party may be denied unless SBA has the written permission of the individual to release the information to the requestor or unless the information is subject to disclosure under the Freedom of Information Act.

Under the provisions of the Privacy Act, you are not required to provide your social security number. Failure to provide your social security number may not affect any right, benefit or privilege to which you are entitled. Disclosures of name and other personal identifiers are, however, required for a benefit, as SBA requires an individual seeking assistance from SBA to provide it with sufficient information for it to make a character determination. In determining whether an individual is of good character, SBA considers the person's integrity, candor, and disposition toward criminal actions. In making loans pursuant to section 7(a)(6) the Small Business Act (the Act), 15 USC § 636 (a)(6), SBA is required to have reasonable assurance that the loan is of sound value and will be repaid or that it is in the best interest of the Government to grant the assistance requested. Additionally, SBA is specifically authorized to verify your criminal history, or lack thereof, pursuant to section 7(a)(1)(B), 15 USC § 636(a)(1)(B). Further, for all forms of assistance, SBA is authorized to make all investigations necessary to ensure that a person has not engaged in acts that violate or will violate the Act or the Small Business Investment Act, 15 USC §§ 634(b)(11) and 687b(a). For these purposes, you are asked to voluntarily provide your social security number to assist SBA in making a character determination and to distinguish you from other individuals with the same or similar name or other personal identifier.

When this information indicates a violation or potential violation of law, whether civil, criminal, or administrative in nature, SBA may refer it to the appropriate agency, whether Federal, State, local, or foreign, charged with responsibility for or otherwise involved in investigation, prosecution, enforcement or prevention of such violations. See 56 Fed. Reg. 8020 (1991) for other published routine uses.

AUTHORIZATION TO RELEASE INFORMATION

The undersigned hereby authorizes this finance company or its affiliates, partners or banks or any of its finance partners to make inquiries it deems necessary to verify the accuracy of the information provided herein to determine my/our credit worthiness.

The undersigned hereby authorizes the release to this finance company or its affiliates, partners or banks any and all information that this finance company or its affiliates, partners or banks may require at any time and for any purpose related to my/our credit application/transaction.

Applicant certifies under penalty of perjury under the applicable state and federal laws that the application and any information or documentation Applicant has provided this finance company or its affiliates, partners or banks is true and correct to the best of the Applicant's knowledge and that the signature(s) placed below are the signature(s) that Applicant commonly uses in all of Applicant's business transactions.

Please complete both sections if applicable

1. ALL OWNERS OF 20% OR MORE OF THE BUSINESS AND ANY GUARANTORS MUST ALL SIGN INDIVIDUALLY BELOW

First Name	Last Name	Signature	Social Security Number	Date
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First Name	Last Name	Signature	Social Security Number	Date
------------	-----------	-----------	------------------------	------

First Name	Last Name	Signature	Social Security Number	Date
------------	-----------	-----------	------------------------	------

First Name	Last Name	Signature	Social Security Number	Date
------------	-----------	-----------	------------------------	------

First Name	Last Name	Signature	Social Security Number	Date
------------	-----------	-----------	------------------------	------

First Name	Last Name	Signature	Social Security Number	Date
------------	-----------	-----------	------------------------	------

2. AN AUTHORIZED COMPANY OFFICIAL MUST SIGN HERE

Company Name

BY:

First Name	Last Name	Signature	Social Security Number	Date
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Regulation B Notice of Intent to Apply for Joint Credit

Regulation B and the Equal Credit Opportunity Act requires that a lender obtain evidence of each loan applicants intent to apply for joint credit before a credit decision can be made. Failure to complete when required will render the application/request for credit incomplete.

Notice

(Please mark one of the following choices)

- ☐ I (we) intend to apply for joint credit.
- ☐ I (we) do not intend to apply for joint credit.

Acknowledgement

(You acknowledge receipt of a copy of this notice on today's date)

Print or type Applicant Name

Applicant Signature

Today's Date

Print or type Applicant Name

Applicant Signature

Today's Date

Borrower

Primary Applicant/
Borrowing Entity Name:

Applicant Address:
