



**CAL COASTAL**  
A SMALL BUSINESS LENDER

## INFORMATION CHECKLIST

THE FOLLOWING INFORMATION IS REQUIRED TO PROCESS YOUR LOAN APPLICATION. SOME INFORMATION MAY NOT BE APPLICABLE TO YOUR BUSINESS. IF YOU ARE UNCERTAIN, PLEASE CONTACT THE LOAN OFFICER.

- 1. **Brief History of Your Business** – (form enclosed if desired) the nature of business, number of employees, location, and how long you have operated. If this is a loan request for a start up business and you have developed a business plan, much of this information is probably incorporated in that document. Please provide a copy if one has been prepared.
- 2. **Brief Resume of Management** – (primarily yourself) to demonstrate that you have the skills to operate this business. Include any information on special licenses or degrees obtained.
- 3. **Personal Financial Statement** – (form enclosed) one for each 20% or greater owner of the business.
- 4. **Personal Tax Returns** – three years for all persons completing the personal financial statement form, even if income and circumstances have changed substantially.
- 5. **Interim Business Financial Statement** – this should include a balance sheet and an income statement and be dated within 60 day of application.
- 6. **Year End Business Financial Statements** – three years if applicable and both balance sheet and income statements if available.
- 7. **Business Tax Returns** – if you do not operate as a sole proprietor – submit 3 years.
- 8. **Form 912** – (form enclosed) one for each 20% or greater owner of the business.
- 9. **Form 4506-T** – (to follow) request for transcript of tax return.
- 10. **Projections** – financial projections for 3 years if the business is a start up or is substantially changing its strategy.
- 11. **Debt Schedule/Previous Government Financing/Schedule of Affiliates**
- 12. **Organizational Documents** – fictitious name statement, partnership agreement and/or articles for incorporation, whichever is appropriate for your business.
- 13. **Description of Project** – include all costs associated with project and all sources of funding. Also include any purchase agreements, cost breakdowns or vendor's estimates as applicable.
- 14. **Copy of Lease Contracts** – include a copy of all land leases.

YOU MAY BE REQUESTED TO PROVIDE ADDITIONAL INFORMATION DEPENDENT UPON YOUR PARTICULAR SITUATION.



**LOAN APPLICATION**

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Address (if not same as above): \_\_\_\_\_

Email: \_\_\_\_\_

Principal in Charge: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Secondary Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Date Established: \_\_\_\_\_

Type of Entity:     Proprietorship     Partnership     Corporation     LLC

If Corporation:

President: \_\_\_\_\_

Vice President: \_\_\_\_\_

Secretary: \_\_\_\_\_

Name: \_\_\_\_\_ %Ownership: \_\_\_\_\_

Name: \_\_\_\_\_ %Ownership: \_\_\_\_\_

Name: \_\_\_\_\_ %Ownership: \_\_\_\_\_

**Total Projects Costs**

Amount applied for: \_\_\_\_\_ Purpose of loan: \_\_\_\_\_

**Employees**

Number of Current Employees: \_\_\_\_\_ Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_

Estimated Number of Employees in

Two Years as a Result of this Project:    Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_

**Miscellaneous Questions**

Have you or any of your company ever been involved in bankruptcy or insolvency proceedings?  
If yes, please provide details on separate sheet.

Yes  No

Are you and your business involved in any pending or prior lawsuits?

Yes  No

Have you ever received an SBA loan?

If yes, please provide a copy of the SBA Loan Authorization and the following:

Yes  No

Original Amount: \$ \_\_\_\_\_

Date of Loan: \_\_\_\_\_

Current Balance: \$ \_\_\_\_\_

Status of Loan: \_\_\_\_\_

Name and nearest relative not living with you: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

**IMPORTANT INFORMATION ABOUT IDENTIFICATION PROCEDURES FOR PROCESSING AN SBA 504 LOAN**

To help the government fight the funding of terrorism and money laundering activities, Federal law requires Certified Development Companies to obtain, verify, and record information that identifies each person who applies for a 504 loan.

What this means for you: When you apply for a 504 loan, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

**Authorization to Release Information**

I/We hereby authorize any financial corporations, insurance companies, investors, credit bureaus, employers, banks, etc., to release any and/or all information on my/our records and/or accounts to Cal Coastal Rural Development Corporation at its request.

I/We hereby authorize any information to be released by my/our original or photocopied signature.

I/We hereby certify that the enclosed information, including any attachments or exhibits provided here within or at a later date, is valid and correct to the best of my/our knowledge.

By: \_\_\_\_\_ Date: \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_

*Note: A signed hard-copy of this document will need to be provided before final loan can be processed.*



**RESUME FORM**

Name of Applicant Company: \_\_\_\_\_

Your Name (first, mid, maiden, last): \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Are you employed by the US Government?  Yes  No

If yes, give name of agency and position: \_\_\_\_\_

**Military Service Background**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Honorable?  Yes  No

Note: You will need to provide a copy of an unexpired government-issued photo ID such as a driver's license or passport photo page before application is complete.

**Work Experience**

List chronologically, beginning with present employment

**Name of Company:** \_\_\_\_\_ **% of Business Owned:** \_\_\_\_\_

**Full Address:** \_\_\_\_\_  
Street City State Zip

**From:** \_\_\_\_\_ **To:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Duties:** \_\_\_\_\_

**Name of Company:** \_\_\_\_\_ **% of Business Owned:** \_\_\_\_\_

**Full Address:** \_\_\_\_\_  
Street City State Zip

**From:** \_\_\_\_\_ **To:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Duties:** \_\_\_\_\_

**Name of Company:** \_\_\_\_\_ **% of Business Owned:** \_\_\_\_\_

**Full Address:** \_\_\_\_\_  
Street City State Zip

**From:** \_\_\_\_\_ **To:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Duties:** \_\_\_\_\_

**Education**

**Name of School:** \_\_\_\_\_

Attended From: \_\_\_\_\_ To: \_\_\_\_\_

Major: \_\_\_\_\_ Degree: \_\_\_\_\_

Comments: \_\_\_\_\_

**Name of School:** \_\_\_\_\_

Attended From: \_\_\_\_\_ To: \_\_\_\_\_

Major: \_\_\_\_\_ Degree: \_\_\_\_\_

Comments: \_\_\_\_\_

**Name of School:** \_\_\_\_\_

Attended From: \_\_\_\_\_ To: \_\_\_\_\_

Major: \_\_\_\_\_ Degree: \_\_\_\_\_

Comments: \_\_\_\_\_

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_



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## **HISTORY AND NATURE OF BUSINESS**

Company Name: \_\_\_\_\_

When and by whom was your company established?

When did you get control of the business?

Please describe nature of your business and primary products and services?

What is the geographic market served by your business?

List key customers:

List major competitors:

Please provide a narrative history of the business including any benefits that will result from obtaining a loan?

Submitted by: \_\_\_\_\_

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



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**EXHIBIT 10**  
**DEBT SCHEDULE**

Business Obligations only, no personal loans

As of \_\_\_\_\_, 20\_\_\_\_

Original Date	Original Amount	Interest Rate	Monthly Payment	Present Balance	Maturity Date	Creditor	Collateral	Up to Date?

Signed: \_\_\_\_\_

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



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**EXHIBIT 11**  
**PREVIOUS GOVERNMENT FINANCING**

As of \_\_\_\_\_, 20\_\_\_\_

Loan Number	Borrower/Principals and % Ownership	Federal Agency	Original Date	Original Amount	Current Balance	Status	Govt. Guarantee %

Signed: \_\_\_\_\_

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





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**EXHIBIT 12**  
**SCHEDULE OF AFFILIATES**

As of \_\_\_\_\_, 20\_\_\_\_

Company Name/Address	Principals and % Ownership	Date Company Formed	Company Description	Federal Tax Returns For the past 2 years

Signed: \_\_\_\_\_

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



United States of America  
**SMALL BUSINESS ADMINISTRATION**  
**STATEMENT OF PERSONAL HISTORY**

**Please Read Carefully and Fully Complete:** SBA uses Form 912 as one part of its assessment of program eligibility. Please reference SBA Regulations and Standard Operating Procedures if you have any questions about who must submit this form and where to submit it. For further information, please call SBA's Answer Desk at 1-800-U-ASK-SBA (1-800-827-5722), or check SBA's website at [www.sba.gov](http://www.sba.gov). **DO NOT SEND COMPLETED FORMS TO OMB as this will delay the processing of your application; send forms to the address provided by your lender or SBA representative.**

1a. Name and Address of Applicant (Firm Name)(Street, City, State, ZIP Code and E-mail)	SBA District/Disaster Area Office	
	Amount Applied for (when applicable)	File No. (if known)

1b. 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.  First _____ Middle _____ Last _____	2. Give the percentage of ownership in the small business	Social Security No.
	3. Date of Birth (Month, day, and year)	
	4. Place of Birth: (City & State or Foreign Country)	

If applicable, Name and Address of participating lender or surety co.	5. U.S. Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO <b>INITIALS:</b> _____ If no, are you a Lawful Permanent resident alien? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, country of citizenship: _____ Alien Registration number _____
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6. Present residence address: From: To: Address:  Home Telephone No. (Include Area Code): Business Telephone No. (Include Area Code):	Most recent prior address (omit if over 10 years ago): From: To: Address:
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**PLEASE SEE REVERSE SIDE FOR EXPLANATION REGARDING DISCLOSURE OF INFORMATION AND THE USES OF SUCH INFORMATION.**

**YOU MUST INITIAL YOUR RESPONSES TO QUESTIONS 5,7,8 AND 9.**

**IF YOU ANSWER "YES" TO 7, 8, OR 9, YOU MUST FURNISH DETAILS ON A SEPARATE SHEET. INCLUDE DATES, LOCATION, FINES, SENTENCES, MISDEMEANOR OR FELONY, DATES OF PAROLE/PROBATION, UNPAID FINES OR PENALTIES, NAME(S) UNDER WHICH CHARGED, AND ANY OTHER PERTINENT INFORMATION. AN ARREST OR CONVICTION RECORD WILL NOT NECESSARILY DISQUALIFY YOU; HOWEVER, AN UNTRUTHFUL ANSWER WILL CAUSE YOUR APPLICATION TO BE DENIED AND SUBJECT YOU TO OTHER PENALTIES AS NOTED BELOW.**

7. Are you presently subject to an indictment, criminal information, arraignment, or other means by which formal criminal charges are brought in any jurisdiction?  
 Yes  No **INITIALS:** \_\_\_\_\_

8. Have you been arrested in the past six months for any criminal offense?  
 Yes  No **INITIALS:** \_\_\_\_\_

9. For any criminal offense – other than a minor vehicle violation – have you ever: 1) been convicted; 2) pleaded guilty; 3) pleaded nolo contendere; 4) been placed on pretrial diversion or 5) been placed on any form of parole or probation (including probation before judgment).  
 Yes  No **INITIALS:** \_\_\_\_\_

10. I authorize the Small Business Administration 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 - PENALTIES 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, surety bond, or other program participation. A false statement is punishable under 18 USC 1001 and 3571 by imprisonment of not more than five years and/or a fine of up to \$250,000; 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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<b>Agency Use Only</b> 11. <input type="checkbox"/> Fingerprints Waived Date _____ Approving Authority _____ <input type="checkbox"/> Fingerprints Required Date _____ Approving Authority _____ Date Sent to OPS _____		12. <input type="checkbox"/> Cleared for Processing Date _____ Approving Authority _____ 13. <input type="checkbox"/> Request a Character Evaluation Date _____ Approving Authority _____ (Required whenever 7, 8 or 9 are answered "yes" even if cleared for processing.)
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## NOTICES REQUIRED BY LAW

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

PLEASE NOTE: The estimated time for completing this request for information, including time for reviewing instructions, gathering the information needed, and completing and reviewing your responses, is 15 minutes. You are not required to respond to this collection of information unless it displays a currently valid OMB Approval Number. The number for this collection of information is 3245-0178. If you wish to submit comments on the estimated completion time or any other aspect of this collection of information, direct these comments to: Small Business Administration, Director, Records Management Division, 409 3rd St., S.W., Washington D.C. 20416 and/or Desk Officer for the Small Business Administration, Office of Management and Budget, New Executive Office Building, Room 10202, Washington, D.C. 20503.

### **Privacy Act Statement ( 5 U.S.C. 552a)**

*Purpose for Collecting Information:* SBA is collecting the information on this form, including your social security number and other personal information to make a character and credit eligibility decision in connection with you or your company's application for a loan or other form of SBA assistance. Submission of the requested information is voluntary; however, because the information is required in order for SBA to have sufficient information to determine whether to provide you with the requested assistance, if you do not provide the information, we would be unable to make a final decision on your application.

*Authorities:* Under the Privacy Act, 5 U.S.C. § 552a, failure to provide your social security number may not affect any right, benefit or privilege to which you are entitled. However, disclosures of name and other personal identifiers are required for a benefit, as SBA requires an individual seeking assistance from the Agency to provide it with sufficient information 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. SBA is specifically authorized to verify your criminal history, or lack thereof, pursuant to section 7(a)(1)(B) of the Small Business Act, (the SBAAct), 15 USC § 636(a)(1)(B). Additionally, in making loans pursuant to section 7(a)(6) the SBAAct, 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. 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 SBAAct or 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 when making a character determination to distinguish you from other individuals with the same or similar name, date of birth or other personal identifier. This request is permitted under EO 9397.

*Routine Uses:* The information collected may be checked against criminal history indices of the Federal Bureau of Investigation. When the information collected 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, SBA's Privacy Act System of Records, at 74 Fed. Reg. 14890 (2009), as amended for other published routine uses for the collected information.

**Request for Transcript of Tax Return**

- ▶ Do not sign this form unless all applicable lines have been completed.
- ▶ Request may be rejected if the form is incomplete or illegible.
- ▶ For more information about Form 4506-T, visit [www.irs.gov/form4506t](http://www.irs.gov/form4506t).

**Tip.** Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at [IRS.gov](http://IRS.gov) and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946. 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, individual taxpayer identification number, or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number or individual taxpayer identification number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
4 Previous address shown on the last return filed if different from line 3 (see instructions)	
5a 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.	
<b>Cal Coastal c/o Inco-Check, 26741 Portola Pkwy, Suite 1E-250, Foothill Ranch, CA 92610 Phone: (949) 453-8480</b>	
5b Customer file number (if applicable) (see instructions)	

**Caution:** If the tax transcript is being mailed to a third party, ensure that you have filled in lines 6 through 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your tax transcript to the third party listed on line 5a, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.

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. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-A, Form 1120-H, Form 1120-L, 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 10 business days

c **Record of Account**, which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 10 business days

7 **Verification of Nonfiling**, which is proof from the IRS that you did not file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. 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 2011, filed in 2012, will likely not be available from the IRS until 2013. 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 10 business 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.    /    /    /    /    /    /    /    /

**Caution:** Do not sign this form unless all applicable lines have been completed.

**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, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, 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. **Note:** This form must be received by IRS within 120 days of the signature date.

<input type="checkbox"/> Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-T. See instructions.	Phone number of taxpayer on line 1a or 2a
▶ _____ Signature (see instructions)	_____
▶ _____ Date	
▶ _____ Title (if line 1a above is a corporation, partnership, estate, or trust)	
▶ _____ Spouse's signature	
_____	
_____	

Section references are to the Internal Revenue Code unless otherwise noted.

**Future Developments**

For the latest information about Form 4506-T and its instructions, go to [www.irs.gov/form4506t](http://www.irs.gov/form4506t). Information about any recent developments affecting Form 4506-T (such as legislation enacted after we released it) will be posted on that page.

**What's New.** The transcripts provided by the IRS have been modified to protect taxpayers' privacy. Transcripts only display partial personal information, such as the last four digits of the taxpayer's Social Security Number. Full financial and tax information, such as wages and taxable income, is shown on the transcript.

A new optional Customer File Number field is available to use when requesting a transcript. You have the option of inputting a number, such as a loan number, in this field. You can input up to 10 numeric characters. The customer file number should not contain an SSN. This number will print on the transcript. The customer file number is an optional field and not required.

**General Instructions**

**Caution:** Do not sign this form unless all applicable lines have been completed.

**Purpose of form.** Use Form 4506-T to request tax return information. You can also designate (on line 5a) a third party to receive the information. Taxpayers using a tax year beginning in one calendar year and ending in the following year (fiscal tax year) must file Form 4506-T to request a return transcript.

**Note:** If you are unsure of which type of transcript you need, request the Record of Account, as it provides the most detailed information.

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

**Automated transcript request.** You can quickly request transcripts by using our automated self-help service tools. Please visit us at [IRS.gov](http://IRS.gov) and click on "Get a Tax Transcript." under "Tools" or call 1-800-908-9946.

**Where to file.** Mail or fax Form 4506-T to the address below for the state you lived in, or the state your business was 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.

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

**Chart for individual transcripts (Form 1040 series and Form W-2 and Form 1099)**

If you filed an individual return and lived in:	Mail or fax to:
Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team Stop 6716 AUSC Austin, TX 73301  855-587-9604
Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	Internal Revenue Service RAIVS Team Stop 37106 Fresno, CA 93888  855-800-8105
Connecticut, Delaware, District of Columbia, Florida, Georgia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia	Internal Revenue Service RAIVS Team Stop 6705 S-2 Kansas City, MO 64999  855-821-0094

**Chart for all other transcripts**

If you lived in or your business was in:	Mail or fax to:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maryland, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Jersey, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, Washington, West Virginia, Wisconsin, Wyoming, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409  855-298-1145
Maine, Massachusetts, New Hampshire, New York, Pennsylvania, Vermont	Internal Revenue Service RAIVS Team Stop 6705 S-2 Kansas City, MO 64999  855-821-0094

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

**Line 3.** Enter your current address. If you use a P.O. box, include it on this line.

**Line 4.** Enter the address shown on the last return filed if different from the address entered on line 3.

**Note:** If the addresses on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address. For a business address, file Form 8822-B, Change of Address or Responsible Party — Business.

**Line 5b.** Enter up to 10 numeric characters to create a unique customer file number that will appear on the transcript. The customer file number should not contain an SSN. Completion of this line is not required.

**Note.** If you use an SSN, name or combination of both, we will not input the information and the customer file number will be blank on the transcript.

**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. The IRS must receive Form 4506-T within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines are completed before signing.



You must check the box in the signature area to acknowledge you have the authority to sign and request the information. The form will not be processed and returned to you if the box is unchecked.

**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. A bona fide shareholder of record owning 1 percent or more of the outstanding stock of the corporation may submit a Form 4506-T but must provide documentation to support the requester's right to receive the information.

**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 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. **Note:** If you are Heir at law, Next of kin, or Beneficiary you must be able to establish a material interest in the estate or trust.

**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.

**Signature by a representative.** A representative can sign Form 4506-T for a taxpayer only if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 5. The representative must attach Form 2848 showing the delegation to Form 4506-T.

**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. You are not required to request any transcript; if you do request a transcript, sections 6103 and 6109 and their regulations 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, the District of Columbia, and U.S. commonwealths and possessions 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:

Internal Revenue Service  
Tax Forms and Publications Division  
1111 Constitution Ave. NW, IR-6526  
Washington, DC 20224

Do not send the form to this address. Instead, see *Where to file* on this page.



**PERSONAL FINANCIAL STATEMENT  
7(a) / 504 LOANS AND SURETY BONDS**

U.S. SMALL BUSINESS ADMINISTRATION

As of \_\_\_\_\_, \_\_\_\_\_

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 application for an SBA guaranteed 7(a) or 504 loan or, with respect to a surety bond, to assist in recovery in the event that the contractor defaults on the contract. 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.

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 (including the assets of the owner's spouse and any minor children); and (5) any person providing a guaranty on the loan

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

<b>Name</b>		<b>Business Phone</b>	
<b>Home Address</b>		<b>Home Phone</b>	
<b>City, State, &amp; Zip Code</b>			
<b>Business Name of Applicant</b>			
<b>ASSETS</b>		<b>LIABILITIES</b>	
(Omit Cents)		(Omit Cents)	
Cash on Hand & in banks.....	\$ _____	Accounts Payable.....	\$ _____
Savings Accounts.....	\$ _____	Notes Payable to Banks and Others.....	\$ _____
IRA or Other Retirement Account.....	\$ _____	(Describe in Section 2)	
(Describe in Section 5)		Installment Account (Auto).....	\$ _____
Accounts & Notes Receivable.....	\$ _____	Mo. Payments \$ _____	
(Describe in Section 5)		Installment Account (Other).....	\$ _____
Life Insurance – Cash Surrender Value Only.....	\$ _____	Mo. Payments \$ _____	
(Describe in Section 8)		Loan(s) Against Life Insurance.....	\$ _____
Stocks and Bonds.....	\$ _____	Mortgages on Real Estate.....	\$ _____
(Describe in Section 3)		(Describe in Section 4)	
Real Estate.....	\$ _____	Unpaid Taxes.....	\$ _____
(Describe in Section 4)		(Describe in Section 6)	
Automobiles.....	\$ _____	Other Liabilities.....	\$ _____
(Describe in Section 5, and include Year/Make/Model)		(Describe in Section 7)	
Other Personal Property.....	\$ _____	Total Liabilities.....	\$ _____
(Describe in Section 5)		Net Worth.....	\$ _____
Other Assets.....	\$ _____		
(Describe in Section 5)		<b>Total</b>	<b>\$ _____</b>
<b>Total</b>	<b>\$ _____</b>	*Must equal total in assets column.	
<b>Section 1. Source of Income.</b>		<b>Contingent Liabilities</b>	
Salary.....	\$ _____	As Endorser or Co-Maker.....	\$ _____
Net Investment Income.....	\$ _____	Legal Claims & Judgments.....	\$ _____
Real Estate Income.....	\$ _____	Provision for Federal Income Tax.....	\$ _____
Other Income (Describe below)*.....	\$ _____	Other Special Debt.....	\$ _____
<b>Description of Other Income in Section 1.</b>			

\*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.)

**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/Surety 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 Surety Companies will rely on this information when making decisions regarding an application for a loan or a surety bond. 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 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.

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 hours 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**  
**STATEMENTS REQUIRED BY LAW AND EXECUTIVE ORDER**

SBA is required to withhold or limit financial assistance, to impose special conditions on approved loans, to provide special notices to applicants or borrowers and to require special reports and data from borrowers in order to comply with legislation passed by the Congress and Executive Orders issued by the President and by the provisions of various inter-agency agreements. SBA has issued regulations and procedures that implement these laws and executive orders. These are contained in Parts 112, 113, and 117 of Title 13 of the Code of Federal Regulations and in Standard Operating Procedures.

**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 retrieved 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. Additionally, SBA is specifically authorized to verify your criminal history, or lack thereof, pursuant to section 7(a)(1)(B), 15 USC Section 636(a)(1)(B) of the Small Business Act (the Act). 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 Sections 634(b)(11) and 687(b)(a), respectively. 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.

The Privacy Act authorizes SBA to make certain "routine uses" of information protected by that Act. One such routine use is the disclosure of information maintained in SBA's investigative files system of records when this information indicates a violation or potential violation of law, whether civil, criminal, or administrative in nature. Specifically, SBA may refer the information 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. Another routine use is that SBA may disclose the information maintained in SBA's investigative files to other Federal agencies conducting background checks to the extent the information is relevant to the requesting agencies' function. In addition, another routine use is that SBA may transfer information related to a debt that a person is delinquent in paying to SBA in connection with its loan programs for publication on a computer database system maintained by the Department of Housing and Urban Development, or other Federal agency, to allow searches by participating Government agencies and approved private lenders, consistent with applicable law. SBA and its authorized lenders may also use this computer database system to perform a computer match to determine a loan applicant's credit status with participating agencies of the Federal Government. See Revision of Privacy Act System of Records, 74 F.R. 14890 (April 1, 2009) and 77 F.R. 61467 (October 9, 2012) for additional background and other routine uses, which may be amended from time to time.

**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. 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. 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 concerning an approved loan or loan guaranty, as necessary to process, service or foreclose on a loan guaranty or collect on a defaulted loan guaranty.

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

This law provides, with some exceptions, that SBA must supply information reflected 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. 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.

**Flood Disaster Protection Act (42 U.S.C. 4011)** -- Regulations have been issued by the Federal Insurance Administration (FIA) and by SBA implementing this Act and its amendments. These regulations prohibit SBA from making certain loans in an FIA designated floodplain unless Federal Flood insurance is purchased as a condition of the loan. Failure to maintain the required level of flood insurance makes the applicant ineligible for any financial assistance from SBA, including disaster assistance.

**Executive Orders -- Floodplain Management and Wetland Protection (42 F.R. 26951 and 42 F.R. 26961)** -- SBA discourages settlement in or development of a floodplain or a wetland. This statement is to notify all SBA loan applicants that such actions are hazardous to both life and property and should be avoided. The additional cost of flood preventive construction must be considered in addition to the possible loss of all assets and investments due to a future flood.

**Occupational Safety and Health Act (15 U.S.C. 651 et seq.)** -- This legislation authorizes the Occupational Safety and Health Administration in the Department of Labor to require businesses to modify facilities and procedures to protect employees or pay penalty fees. Businesses can be forced to cease operations or be prevented from starting operations in a new facility. Therefore, SBA may require additional information from an applicant to determine whether the business will be in compliance with OSHA regulations and allowed to operate its facility after the loan is approved and disbursed. Signing this form as an applicant is certification that the OSHA requirements that apply to the applicant business have been determined and that the applicant, to the best of its knowledge, is in compliance. Furthermore, applicant certifies that it will remain in compliance during the life of the loan.

**Civil Rights Legislation** -- All businesses receiving SBA financial assistance must agree not to discriminate in any business practice, including employment practices and services to the public on the basis of categories cited in 13 C.F.R., Parts 112, 113, and 117 of SBA Regulations. This includes making their goods and services available to handicapped clients or customers. All business borrowers will be required to display the "Equal Employment Opportunity Poster" prescribed by SBA.

**Equal Credit Opportunity Act (15 U.S.C. 1691)** -- 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 or 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.

**Executive Order 11738 -- Environmental Protection (38 F.R. 251621)** -- The Executive Order charges SBA with administering its loan programs in a manner that will result in effective enforcement of the Clean Air Act, the Federal Water Pollution Act and other environment protection legislation.

**Debt Collection Act of 1982, Deficit Reduction Act of 1984 (31 U.S.C. 3701 et seq. and other titles)** -- These laws require SBA to collect aggressively any loan payments which become delinquent. SBA must obtain your taxpayer identification number when you apply for a loan. If you receive a loan, and do not make payments as they come due, SBA may take one or more of the following actions: (1) report the status of your loan(s) to credit bureaus, (2) hire a collection agency to collect your loan, (3) offset your income tax refund or other amounts due to you from the Federal Government, (4) suspend or debar you or your company from doing business with the Federal Government, (5) refer your loan to the Department of Justice or other attorneys for litigation, (6) foreclose on collateral or take other action permitted in the loan instruments, or (7) if you default on an SBA loan and fail to fully reimburse SBA for any resulting loss, refer you to the computer database of delinquent Federal debtors maintained by the Department of Housing and Urban Development, or other Federal agency, which may disqualify you from receiving financial assistance from other Federal agencies. In addition, unless SBA is reimbursed in full for the loss, you will not be eligible for additional SBA financial assistance.

**Immigration Reform and Control Act of 1986 (Pub. L. 99-603)** -- If you are an alien who was in this country illegally since before January 1, 1982, you may have been granted lawful temporary resident status by the United States Immigration and Naturalization Service pursuant to the Immigration Reform and Control Act of 1986. For five years from the date you are granted such status, you are not eligible for financial assistance from the SBA in the form of a loan guaranty under Section 7(a) of the Small Business Act unless you are disabled or a Cuban or Haitian entrant. When you sign this document, you are making the certification that the Immigration Reform and Control Act of 1986 does not apply to you, or if it does apply, more than five years have elapsed since you have been granted lawful temporary resident status pursuant to such 1986 legislation.

**Lead-Based Paint Poisoning Prevention Act (42 U.S.C. 4821 et seq.)** -- Borrowers using SBA funds for the construction or rehabilitation of a residential structure are prohibited from using lead-based paint (as defined in SBA regulations) on all interior surfaces, whether accessible or not, and exterior surfaces, such as stairs, decks, porches, railings, windows and doors, which are readily accessible to children under 7 years of age. A "residential structure" is any home, apartment, hotel, motel, orphanage, boarding school, dormitory, day care center, extended care facility, college or other school housing, hospital, group practice or community facility and all other residential or institutional structures where persons reside.

**Executive Order 12549, Debarment and Suspension (2 CFR 180, adopted by reference in 2 CFR Part 2700 (SBA Debarment Regulations))** – By submission of this loan application, you certify and acknowledge that neither you nor any Principals have within the past three years been: (a) debarred, suspended, declared ineligible from participating in, or voluntarily excluded from participation in a transaction by any Federal department or agency; (b) formally proposed for debarment, with a final determination still pending; (c) indicted, convicted, or had a civil judgment rendered against you for any of the offenses listed in the Regulations; or (d) delinquent on any amounts due and owing to the U.S. Government or its agencies or instrumentalities as of the date of execution of this certification.

If you are unable to certify and acknowledge (a) through (d), you must obtain and attach a written statement of exception from SBA permitting participation in this loan. You further certify that you have not and will not knowingly enter into any agreement in connection with the goods and/or services purchased with the proceeds of this loan with any individual or entity that has been debarred, suspended, declared ineligible from participating in, or voluntarily excluded from participation in a Transaction. All capitalized terms have the meanings set forth in 2 C.F.R. Part 180.



# CLIENT RIGHTS AND RESPONSIBILITIES

## As an SBDC client you have the right to expect:

**1. Consulting Assistance Provided at No Charge** – Because the SBDC program is supported by funding from the U.S. Small Business Administration, the University of California, Merced and other funders, consulting is provided at no charge to you. Fees may apply for training programs, special services (such as research), materials, and publications.

**2. Confidentiality of Information Provided** – All SBDC representatives agree to abide by the Central CA SBDC Regional Network Conflict of Interest Policy. Information you provide will be held in strictest confidence and will not be released to any parties outside of the Central CA SBDC Regional Network. Information on you will not be sold or provided to other organizations. Specific information on you and the nature of your engagement with the SBDC will not be released without your consent. No information you provide will be used to the commercial advantage of any SBDC representative or to the advantage of a third party. Exceptions:

- ▶ Information about the SBDC's service delivery is reported in aggregate to its funders and the general public. Specific information about you will not be released without your consent.
- ▶ The SBDC will collect and report in aggregate to its funders and the general public information on you such as demographic statistics; size, location, and industry of your business; the general nature of your engagement with the SBDC; and impact statistics such as financing obtained, sales increased or jobs created.
- ▶ If you were referred to the SBDC, the SBDC will notify the referrer that you have sought assistance from the SBDC. The SBDC, however, will not disclose in detail the nature of the assistance you are requesting.

**3. Unbiased Recommendations** - SBDC representatives will not recommend the purchase of goods or services from any individual or firm with which any SBDC representative has a financial, familial or personal interest.

**4. Non-Disclosure of Trade Secrets** – Sensitive trade secrets pertaining to unique facts of your business will not be used to benefit another client of the SBDC or any SBDC representative. You understand that sensitive trade secret information is information, which is not obvious, which is unknown, or which is unique and pertains to new inventions, secret manufacturing and processing procedures or formulas, or any new innovative process. You understand that it is your responsibility to inform the SBDC of any such sensitive trade secrets both verbally and in writing.

**5. Assistance, Guidance, Recommendations and Education** – The SBDC program is an educational program. The SBDC will work with you on your specific issues to help build your management skills and knowledge. It is your responsibility to accept and implement recommendations. The SBDC will not:

- ▶ negotiate on your behalf
- ▶ write your business plan



- ▶ act as an employee of your business

**As an SBDC client you are responsible for:**

- 1. Participating in Surveys** – Because this program cares about the quality of services provided, and because it is primarily funded with public support, the SBDC undertakes a number of initiatives to ascertain the quality and impact of services provided to you. Your candid feedback is critical to the long-term success of this program.
- 2. Informing Legislators About the Service** – Consulting services are provided at no charge to you because of the financial support of the federal government and state government initiatives. To ensure the SBDC program will be available to others, we may ask you to write to your legislators to let them know about your experience with the program.
- 3. Accepting Responsibility and Waiving all Claims** – In recognition that you are ultimately responsible for the success or failure of your business and that all decisions pertaining to implementing plans and operating your business are solely your responsibility, you hereby waive any claims of damages against Cal Coastal SBDC, the trustees of UC Merced and the Central CA SBDC Regional Network, the host institutions, and the US Small Business Administration, based on any advice or information provided by the SBDC.

**PLEASE READ THIS STATEMENT, THEN SIGN AND DATE THIS FORM**

I request management assistance from the Small Business Administration and/or Cal Coastal Small Business Development Center. I understand this assistance is free of charge. I agree to cooperate should I be selected to participate in surveys designed to evaluate SBA/SBDC assistance services. I authorize the SBA/SBDC to furnish information to the assigned management consultant(s). I understand that any information disclosed is to be held in strict confidence by him/her.

I further understand that any consultant has agreed: (1) not to recommend goods or services from sources in which he/she has an interest, and (2) will not accept fees or commissions developing from this consulting relationship.

In consideration of SBA/SBDC furnishing management or technical assistance, I waive all claims against SBA/SBDC personnel and its host organizations arising from this assistance.

\_\_\_\_\_  
Client's Printed Name

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date



# Central CA Small Business Development Centers SBDC Client Intake Form



CLIENT NAME (Last, First, MI)		EMAIL		
POSITION <input type="checkbox"/> Owner/Sole Proprietorship <input type="checkbox"/> Employee <input type="checkbox"/> President <input type="checkbox"/> Vice President <input type="checkbox"/> Partner <input type="checkbox"/> Other: _____				
WORK PHONE		CELL PHONE		
HOME PHONE		FAX		
MAILING ADDRESS		CITY, STATE ZIP CODE		
GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	RACE (mark one or more) <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native American or Alaska Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White	ETHNICITY <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Hispanic	MILITARY STATUS <input type="checkbox"/> None <input type="checkbox"/> Active Duty <input type="checkbox"/> Military Spouse <input type="checkbox"/> National Guard <input type="checkbox"/> Active National Guard <input type="checkbox"/> Reserve <input type="checkbox"/> Active Reserve <input type="checkbox"/> Veteran <input type="checkbox"/> Service Disabled Veteran	DISABLED? <input type="checkbox"/> Yes <input type="checkbox"/> No

## COMPANY INFORMATION

CURRENTLY IN BUSINESS? <input type="checkbox"/> Yes Indicate Month/Year established business _____ / _____ / _____ <input type="checkbox"/> No If in business but you want to explore a new business, please specify the area of interest: _____ (REQUIRED FIELD) If in business, are you currently EXPORTING? <input type="checkbox"/> Yes Please indicate the Countries below <input type="checkbox"/> No <input type="checkbox"/> Not yet but interested Export Countries: _____			
COMPANY NAME (IF APPLICABLE)		WEBSITE	
PHYSICAL ADDRESS OF THE BUSINESS		CITY, STATE ZIP	
WHAT PROMPTED YOU TO CONTACT US (REFERRED FROM) <input type="checkbox"/> Procurement Tech. Assist. Centers (PTAC) <input type="checkbox"/> Training Event/Conference <input type="checkbox"/> Social Media (please list) <input type="checkbox"/> Advertising/Marketing <input type="checkbox"/> College/University <input type="checkbox"/> Lender <input type="checkbox"/> Veteran Business Outreach Center (VBOC) <input type="checkbox"/> Other: _____ <input type="checkbox"/> Chamber of Commerce <input type="checkbox"/> Email <input type="checkbox"/> Local EDC <input type="checkbox"/> SBA Network <input type="checkbox"/> Website <input type="checkbox"/> Client Word of Mouth <input type="checkbox"/> Media/TV/Radio <input type="checkbox"/> News Outlet <input type="checkbox"/> SBDC			
BUSINESS OWNERSHIP Business ownership gender  <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Male/Female Owners	BUSINESS SIZE  <input type="checkbox"/> Disadvantaged- Small <input type="checkbox"/> Large <input type="checkbox"/> Minority Owned Small <input type="checkbox"/> Other Small	BUSINESS LEGAL ENTITY <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> S-Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Corporation	HOME-BASED? <input type="checkbox"/> Yes <input type="checkbox"/> No  DO YOU CONDUCT BUSINESS ONLINE? <input type="checkbox"/> Yes <input type="checkbox"/> No
8(A) CERTIFIED <input type="checkbox"/> Yes <input type="checkbox"/> No			
SBA RELATIONSHIP <input type="checkbox"/> Applicant <input type="checkbox"/> Borrower <input type="checkbox"/> COC <input type="checkbox"/> Procurement Asst. <input type="checkbox"/> Technical Asst.			
TYPE OF BUSINESS <input type="checkbox"/> Manufacturing <input type="checkbox"/> Wholesale <input type="checkbox"/> Construction <input type="checkbox"/> Retail <input type="checkbox"/> Services <input type="checkbox"/> Other: _____			
PRODUCT/ SERVICES: _____		NAICS CODE(S): _____ (SBDC staff can assist with NAICS code determination)	
WHAT ARE YOUR CURRENT TOTAL NUMBER OF EMPLOYEES _____ Full Time    _____ Part Time		FOR THE MOST RECENT FULL BUSINESS YEAR, PLEASE PROVIDE Gross Revenue/Sales (GRS) \$ _____ +Profits/-Losses \$ _____	
How many are engaged in the exporting aspect of the business? _____			
<p>I request business counseling service from the Small Business Administration (SBA) and its resource partner, the Small Business Development Center (SBDC). I agree to cooperate should I be selected to participate in surveys designed to evaluate SBA services. I understand that any information disclosed will be held in strict confidence. (SBA/SBDC will not provide your personal information to commercial entities). I authorize SBA to furnish relevant information to the assigned management counselor(s). I further understand that the counselor(s) agrees not to: 1) recommend goods or services from sources in which he/she has an interest, and 2) accept fees or commissions developing from this counseling relationship. In consideration of the counselor(s) furnishing management or technical assistance, I waive all claims against SBA personnel, and that of its Resource Partners and host organizations, arising from this assistance. I permit SBA or its agent the use of my name and address for SBA surveys and information mailings regarding SBA products and services (Yes/No). Please note: The estimated burden for completing this form is 3 minutes. You are not required to respond to any collection information unless it displays a currently valid OMB approval number. Comments on the burden should be sent to: U.S. Small Business Administration, 409 3rd Street, SW, Washington, DC 20416, and to: Desk Officer SBA, Office of Management and Budget, New Executive Office Building, Room 10202, Washington, D.C., 20503. OMB Approval [3245-0324]. PLEASE DO NOT SEND FORMS TO OMB. SBDC services are not available to individuals or entities that have been debarred or suspended by the federal government. By agreeing to receive assistance from the SBDC with your signature on this form, you are self-certifying that you are not currently federally debarred or suspended and also agree to cease using SBDC services if you become federally debarred or suspended in the future.</p>			
CLIENT SIGNATURE		DATE	