



**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 days 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 for 3 years.
- 8. **Personal Summary Form** – (form enclosed) one for each 20% or greater owner of the business.
- 9. **Form 4506C** – (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.*



## Personal Summary

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Name: \_\_\_\_\_  
FIRST MIDDLE LAST

Former names: \_\_\_\_\_ Dates Used: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

U.S. Citizen Yes  No  If no, are you a Lawful Permanent resident alien Yes  No  Alien Registration Number \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ Email Address \_\_\_\_\_

### Military Service Background

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

Rank at Discharge: \_\_\_\_\_ Honorable Discharge? Yes  No  Service-Disabled Vet? Yes  No

### Race/Ethnicity (Optional)

- American Indian/Alaska Native  Hispanic/Latino  Asian  
 Native Hawaiian/Pacific Islander  Black/African American  White/Caucasian  
 Prefer Not to Respond

### Work Experience for previous 5 years

Company Name & Location: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Title: \_\_\_\_\_

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

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Company Name & Location: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Title: \_\_\_\_\_

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

Education College or Technical Training Name and Location	Date Attended From/To	Major	Degree/ Certificate
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are you presently subject to an indictment, arraignment or other means by which formal criminal charges are brought in any jurisdiction? Yes  No

Have you been arrested in the past 6 months for any criminal offense? Yes  No

For any criminal offense – other than a minor vehicle violation – have you ever been convicted, plead guilty, pleaded nolo contendere, been placed on pretrial diversion or been placed on any form of probation or parole? Yes  No

Are you **personally or the Operating Company** presently suspended, declared ineligible or voluntarily excluded from participation in this transaction by a Federal department or agency? Yes  No

If you are at least a 50% or more owner of the applicant business, are you more than 60 days delinquent on any obligation to pay child support arising under an order or repayment agreement between the holder and custodial parent or repayment agreement between the holder and a state agency providing child support enforcement services? Yes  No  N/A

Have you **personally or the Operating Company** been involved in a bankruptcy or insolvency proceeding? If yes, please provide copies of the proceedings? Yes  No

Are you **personally or the Operating Company** involved in any pending lawsuits? If yes, please provide a letter of explanation. Yes  No

Has the application for this project been previously submitted to the SBA by any CDC or Lender in connection with any SBA program? Yes  No

The undersigned warrants and represents that all information above, and all information provided to CDC, including without limitation, all information regarding the Borrower's and the Operating Company's, if any, financial condition, is accurate to the best of its knowledge and that the undersigned has not withheld any material information. The undersigned further acknowledges that submission of false information to CDC, or the withholding of material information from CDC (or the U.S. Small Business Administration), can result in criminal prosecution under 18 U.S.C. § 1001 and other provisions, liability for treble damages under the False Claims Act, 31 U.S.C. §§ 3729-3733, debarment and suspension, and other consequences.

Signature: \_\_\_\_\_ 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\_\_\_\_\_

<b>Original Date</b>	<b>Original Amount</b>	<b>Interest Rate</b>	<b>Monthly Payment</b>	<b>Present Balance</b>	<b>Maturity Date</b>	<b>Creditor</b>	<b>Collateral</b>	<b>Up to Date?</b>

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

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



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EXHIBIT 11  
PREVIOUS GOVERNMENT FINANCING

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

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

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: \_\_\_\_\_

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-C, visit [www.irs.gov](http://www.irs.gov) and search IVES.

<b>1a. Current name</b>			<b>2a. Spouse's current name</b> <i>(if joint return and transcripts are requested for both taxpayers)</i>		
i. First name	ii. Middle initial	iii. Last name/BMF company name	i. Spouse's first name	ii. Middle initial	iii. Spouse's last name
<b>1b. First taxpayer identification number</b> <i>(see instructions)</i>			<b>2b. Spouse's taxpayer identification number</b> <i>(if joint return and transcripts are requested for both taxpayers)</i>		
<b>1c. Previous name shown on the last return filed if different from line 1a</b>			<b>2c. Spouse's previous name shown on the last return filed if different from line 2a</b>		
i. First name	ii. Middle initial	iii. Last name	i. First name	ii. Middle initial	iii. Last name
<b>3. Current address</b> <i>(including apt., room, or suite no.), city, state, and ZIP code</i> <i>(see instructions)</i>					
a. Street address <i>(including apt., room, or suite no.)</i>		b. City	c. State	d. ZIP code	
<b>4. Previous address shown on the last return filed if different from line 3</b> <i>(see instructions)</i>					
a. Street address <i>(including apt., room, or suite no.)</i>		b. City	c. State	d. ZIP code	
<b>5a. IVES participant name, ID number, SOR mailbox ID, and address</b>					
i. IVES participant name		ii. IVES participant ID number	iii. SOR mailbox ID		
iv. Street address <i>(including apt., room, or suite no.)</i>		v. City	vi. State	vii. ZIP code	
<b>5b. Customer file number</b> <i>(if applicable)</i> <i>(see instructions)</i>		<b>5c. Unique identifier</b> <i>(if applicable)</i> <i>(see instructions)</i>			
<b>5d. Client name, telephone number, and address</b> <i>(this field cannot be blank or not applicable (NA))</i>					
i. Client name				ii. Telephone number	
iii. Street address <i>(including apt., room, or suite no.)</i>		iv. City	v. State	vi. ZIP code	
<b>Caution:</b> This tax transcript is being sent to the third party entered on Line 5a and/or 5d. Ensure that lines 5 through 8 are completed before signing. <i>(see instructions)</i>					
<b>6. Transcript requested.</b> Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request for line 6 transcripts					
a. Return Transcript <input type="checkbox"/>		b. Account Transcript <input type="checkbox"/>		c. Record of Account <input type="checkbox"/>	
<b>7. Wage and Income transcript</b> <i>(W-2, 1098-E, 1099-G, etc.)</i> <input type="checkbox"/>					
a. Enter a max of three form numbers here; if no entry is made, all forms will be sent.					
b. Mark the checkbox for taxpayer(s) requesting the wage and income transcripts. If no box is checked, transcripts will be provided for all listed taxpayers					
Line 1a <input type="checkbox"/>		Line 2a <input type="checkbox"/>			
<b>8. Year or period requested.</b> Enter the ending date of the tax year or period using the mm dd yyyy format <i>(see instructions)</i>					
/ /		/ /		/ /	
<b>Caution:</b> Do not sign this form unless all applicable lines have been completed.					
<b>Signature of taxpayer(s).</b> I declare that I am either the taxpayer whose name is shown on line 1a or, if applicable, line 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; however, if both spouses' names and TINs are listed in lines 1a-1b and 2a-2b, both spouses must sign the request. 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-C on behalf of the taxpayer. <b>Note:</b> 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 above attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-C. See instructions.					
<b>Sign Here</b>	Signature for Line 1a <i>(see instructions)</i>		Date	Phone number of taxpayer on line 1a or 2a	
	<input type="checkbox"/> Form 4506-C was signed by an Authorized Representative		<input type="checkbox"/> Signatory confirms document was electronically signed		
	Print/Type name				
	Title <i>(if line 1a above is a corporation, partnership, estate, or trust)</i>				
	Spouse's signature <i>(required if listed on Line 2a)</i>			Date	
	<input type="checkbox"/> Form 4506-C was signed by an Authorized Representative		<input type="checkbox"/> Signatory confirms document was electronically signed		
Print/Type name					

# Instructions for Form 4506-C, IVES Request for Transcript of Tax Return

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

## Future Developments

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

**What's New.** Form 4506-C includes the Client company requesting transcripts and increased the number of Wage and Income transcripts requests.

## General Instructions

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

**Designated Recipient Notification.** Section 6103(c) limits disclosure and use of return information received pursuant to the taxpayer's consent and holds the recipient subject to penalties for any unauthorized access, other use, or redisclosure without the taxpayer's express permission or request.

**Taxpayer Notification.** Section 6103(c) limits disclosure and use of return information provided pursuant to your consent and holds the recipient subject to penalties, brought by private right of action, for any unauthorized access, other use, or redisclosure without your express permission or request.

**Purpose of form.** Use Form 4506-C to request tax return information through an authorized IVES participant. You will designate an IVES participant to receive the information on line 5a.

**Note:** If you are unsure of which type of transcript you need, check with the party requesting your tax information.

**Where to file.** The IVES participant will fax Form 4506-C with the approved IVES cover sheet to their assigned Service Center.

## Chart for ordering transcripts

If your assigned Service Center is:	Fax the requests with the approved coversheet to:
Austin Submission Processing Center	Austin IVES Team 844-249-6238
Kansas City Submission Processing Center	Kansas City IVES Team 844-249-8128
Ogden Submission Processing Center	Ogden IVES Team 844-249-8129

## Specific Instructions

**Line 1a/2a (if spouse is also requested).** For IMF Requests: Enter the First, Middle Initial, and Last Name in the indicated fields. If all characters will not fit, please enter up to 12 for First name and 22 for Last name. For BMF Requests: Enter the company name in the Last Name field. If all characters will not fit, please enter up to 22.

**Line 1b/2b (if spouse is also requested).** Enter the social security number (SSN) or individual taxpayer identification number (ITIN) for the individual listed on line 1a including the dashes in the correct format, or enter the employer identification number (EIN) for the business listed on line 1a including the dashes in the correct format.

**Line 1c/2c (if spouse is also requested).** Enter your previous name as shown on your last filed tax return if different than line 1a.

**Line 3.** Enter your current address in the indicated fields. If you use a P.O. Box, include it and the number in the Current Address field.

**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, or Form 8822-B, Change of Address or Responsible Party — Business, with Form 4506-C.

**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 cannot contain an SSN, ITIN or EIN. Completion of this line is not required.

**Line 5c.** Enter up to 10 alpha-numeric characters to create a unique identifier that will show in the mailbox file information. The unique identifier cannot contain an SSN, ITIN or EIN. Completion of this line is not required.

**Note.** If you use an SSN, we will not input the information and the customer file number or unique identifier will reflect a generic entry of "9999999999".

**Line 5d.** Enter the Client company name, address, and phone number in the indicated fields. A Client company receives the requested tax transcripts from the IVES participant. If the IVES participant is also the Client company, the IVES participant information should be entered on Line 5a and 5d. These fields cannot be blank or Not Applicable (NA).

**Line 6.** Enter only one tax form number (1040, 1065, 1120, etc.) per request for all line 6 transcripts request types.


**Line 6a.** Return Transcript 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-H, Form 1120-L, and Form 1120-S. Return transcripts are available for the current year and returns processed during the prior 3 processing years.

**Line 6b.** Account Transcript 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.

**Line 6c.** Record of Account 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.

**Line 7.** The IRS can provide a transcript that includes data from these information returns: Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript. Enter up to three information return types. If no specific type is requested, all forms will be provided. 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, Form W-2 information for 2016, filed in 2017, will likely not be available from the IRS until 2018. If you need Form W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213.

**Line 8.** Enter the end date of the tax year or period requested in mm dd yyyy format. This may be a calendar year, fiscal year or quarter. Enter each quarter requested for quarterly returns. Example: Enter 12 31 2018 for a calendar year 2018 Form 1040 transcript.

 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 if unchecked.

**Signature and date.** Form 4506-C must be signed and dated by the taxpayer listed on line 1a and, if listed, 2a. The IRS must receive Form 4506-C within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines, including lines 5a through 8, are completed before signing.

**Authorized Representative.** A representative can sign Form 4506-C for a taxpayer if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 5a, and Form 2848 is attached to the Form 4506-C request. 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. If Form 4506-C is signed by a representative, the Authorized Representative check box must be marked.

**Electronic Signature.** Only IVES participants that opt in to the Electronic Signature usage can accept electronic signatures. Contact the IVES participant for approval and guidance for electronic signatures. If the Form 4506-C is signed electronically, the Electronic Signature check box must be marked.

**Individuals.** Transcripts listed on line 6 may be furnished to either spouse if jointly filed. Signatures are required for all taxpayers listed on Line 1a and 2a.

**Corporations.** Generally, Form 4506-C 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-C but must provide documentation to support the requester's right to receive the information.

**Partnerships.** Generally, Form 4506-C can be signed by any person who was a member of the partnership during any part of the tax period requested on line 8.

**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.

**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. 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-C 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.  
**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-C 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

### U.S. SMALL BUSINESS ADMINISTRATION

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

To complete this form

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

<input type="checkbox"/> <b>7(a) loan / 504 loan / Surety Bonds</b>
Complete this form for: (1) each proprietor; (2) general partner; (3) managing member of a limited liability company (LLC); (4) each owner of 20% or more of the equity of the Applicant; and (5) any person providing a guaranty on the loan (including the assets and liabilities of the owner's spouse and any minor children).
<b>Return completed form to:</b> <b>For 7(a) loans:</b> the Lender processing the application for SBA guaranty <b>For 504 loans:</b> the Certified Development Company (CDC) processing the application for SBA guaranty <b>For Surety Bonds:</b> the Surety Company or Agent processing the application for surety bond guarantee

<input type="checkbox"/> <b>Disaster Business Loan Application (Excluding Sole Proprietorships)</b>
Complete this form for: (1) each applicant; (2) each general partner; (3) each managing member of a limited liability company (LLC); (4) each owner of 20% or more of the equity of the Applicant business; and (5) any person providing an unlimited guaranty on the loan.
<b>Return completed form to:</b> Disaster Processing and Disbursement Center at 14925 Kingsport Road, Fort Worth, TX 76155-2243 or FAX to 1-202-481-1505 or <a href="mailto:disasterloans@sba.gov">disasterloans@sba.gov</a>

<input type="checkbox"/> <b>Women Owned Small Business (WOSB) Federal Contracting Program</b>
This form must be completed by each individual claiming economic disadvantage in connection with the SBA's Women-Owned Small Business (WOSB) Federal Contracting Program. A separate form must be completed by the individual's spouse, unless the individual and the spouse are legally separated. Use attachments if necessary. Each attachment must be identified as a part of this statement and signed. In addition, each individual claiming economic disadvantage must update the form as changes arise, but at least annually, to ensure the information is current, accurate and complete.
SBA's regulations state that to be considered economically disadvantaged for purposes of the WOSB Program, a woman must have an adjusted gross income averaged over the three prior fiscal years of \$350,000 or less; less than \$6 million in the fair market value of all her assets (to include her primary residence and value of the business concern); and less than \$750,000 in personal net worth (excluding equity interest in her personal residence and ownership interest in the business, and funds invested in a retirement account that are unavailable until retirement age). 13 C.F.R. §127.203. The information contained in this form must be submitted and certified through <a href="http://beta.certify.sba.gov">beta.certify.sba.gov</a>

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

<b>Name</b>	<b>Business Phone</b> (xxx-xxx-xxxx)
<b>Home Address</b>	<b>Home Phone</b> (xxx-xxx-xxxx)
<b>City, State, &amp; Zip Code</b>	
<b>Business Name of Applicant/Borrower</b>	
<b>Business Address</b> (if different than home address)	
<b>Business Type:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> S-Corp. <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor (does not apply to ODA applicant)	

**This information is current as of [month/day/year]**  
 (within 90 days of submission for 7(a)/504/SBG/ODAWOSB or within 30 days of submission for 8(a) BD)

**WOSB applicant only, Married**  Yes  No

<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..... _____ (Describe in Section 2)
IRA or Other Retirement Account..... _____ (Describe in Section 5)	Installment Account (Auto)..... _____ Mo. Payments _____
Accounts & Notes Receivable..... _____ (Describe in Section 5)	Installment Account (Other)..... _____ Mo. Payments _____
Life Insurance – Cash Surrender Value Only..... _____ (Describe in Section 8)	Loan(s) Against Life Insurance..... _____
Stocks and Bonds..... _____ (Describe in Section 3)	Mortgages on Real Estate..... _____ (Describe in Section 4)
Real Estate..... _____ (Describe in Section 4)	Unpaid Taxes..... _____ (Describe in Section 6)
Automobiles..... _____ (Describe in Section 5, and include Year/Make/Model)	Other Liabilities..... _____ (Describe in Section 7)
Other Personal Property..... _____ (Describe in Section 5)	Total Liabilities..... \$ 0
Other Assets..... _____ (Describe in Section 5)	Net Worth..... _____
<b>Total</b> \$ 0	<b>Total</b> \$ 0 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..... _____

**Description of Other Income in Section 1** (Alimony or child support payments should not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income)

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

Names and Addresses of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed Type of Collateral

**Section 3. Stocks and Bonds.** (Use attachments if necessary. Each attachment must be identified as part of this statement and signed.)

Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

**Section 4. Real Estate Owned.** (List each parcel separately. Use attachment if necessary. Each attachment must be identified as a part of this statement and signed.)

	Property A	Property B	Property C
Type of Real Estate (e.g. Primary Residence, Other Residence, Rental Property, Land, etc.)			
Address			
Date Purchased			
Original Cost			
Present Market Value			
Name & Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment per Month/Year			
Status of Mortgage			

**Section 5. Other Personal Property and Other Assets.** (Describe, and, if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment and, if delinquent, describe delinquency.)

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<b>Section 6. Unpaid Taxes.</b> (Describe in detail as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)
<b>Section 7. Other Liabilities.</b> (Describe in detail.)
<b>Section 8. Life Insurance Held.</b> (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, surety bond, or participation in the WOSB or 8(a) BD program. I further certify that I have read the attached statements required by law and executive order.-

Signature _____	Date _____
Print Name _____	Social Security No. _____
Signature _____	Date _____
Print Name _____	Social Security No. _____

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

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

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

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

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

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

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

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

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



## PLEASE READ, DETACH, AND RETAIN FOR YOUR RECORDS

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

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

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

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

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

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



U.S. Small Business Administration
STATEMENT OF PERSONAL HISTORY
(FOR USE BY LENDERS)

Please Read Carefully and Fully Complete: SBA uses the Form 1081 to determine the eligibility of an individual to participate in SBA Loan Programs. Please reference SBA Regulations and Standard Operating Procedures if you have any questions about who must submit this form and where to submit it. Do not send completed forms to OMB as that will delay the processing of your application; send forms to SBA.

Lender Name Lender Type: [ ] CDC [ ] Microlender [ ] SBLC [ ] CDFI [ ] NFRL [ ] Other

Lender Address (Street, City, State, Zip Code); Email Address and Telephone Number

1. First Name Middle Name (if none, so state) Last Name

2. Date of Birth (month, day & year) 3. Place of Birth (City and State or Foreign Country)

4. U.S. Citizen? [ ] Yes [ ] No INITIALS: If no, are you a Lawful Permanent Resident Alien? [ ] Yes [ ] No Alien Registration Number: If no, Country of Citizenship: 5. Social Security Number:

6. Starting with present address, attach a list of residence addresses for the last ten years using the following format: Table with columns: From (Date), To (Date), Address

7. Employment, Professional History and Education: Attach a resume that provides a summary of: (a) your business or professional experience during the last ten years up to and including the present, stating the periods of each primary activity; the names, addresses and nature of business of the concerns with which you associated; title and position in such concerns; and your basic functions and responsibilities in such concerns; (b) a summary of your education showing highest level attained (such as high school graduate, bachelor's degree, master's degree, etc., and giving, when applicable, the name of the higher educational institution, your specialization, and date of degree); (c) a summary of any special experience or qualifications pertinent to your responsibilities in connection with the management or operation of all lenders and (d) identify and relate your business and professional experience during the past ten years to your qualifications to direct the management, policies and operations of an SBA Lender or SBA Microloan Intermediary (as defined in 13 CFR 120.10).

8. Present Affiliations and/or Associations: Attach a list of all business concerns or entities with which you are presently Affiliated (as defined in 13 CFR §121.103), and/or Associated (as defined in 13 CFR §120.10), or in which you have direct or indirect ownership or control of 10% or more of any class of stock or proprietary interest. Include the names, addresses, and nature of business of such concerns or entities, and provide the details of your relationships and ownership, including the percentage ownership of any stock, equity, voting, profit or proprietary interest owned.

**IF YOU ANSWER "YES" TO 9a., 9b., 10a., 10b., 10c., 11a., 11b. or 12, FURNISH COMPLETE DETAILS OF SUCH PROCEEDINGS ON A SEPARATE SHEET. INCLUDE DATES, LOCATIONS, FINES, SENTENCES, WHETHER MISDEMEANOR OR FELONY, DATES OF PAROLE/PROBATION, INCLUDING, IF PERTINENT, THE COURT, TITLE OF PROCEEDINGS, DATE AND DOCKET NUMBER, AS WELL AS THE ULTIMATE DISPOSITION.**

<input type="checkbox"/>	<input type="checkbox"/>	9a. Have you, or has any business concern or entity with which you are or have been Affiliated or Associated (as defined above), ever been, directly or indirectly, the subject of any insolvency, bankruptcy, creditor's rights proceedings (including Federal or state tax liens), or other litigation?
<input type="checkbox"/>	<input type="checkbox"/>	9b. Have you, or has any business concern or entity with which you are or have been Affiliated or Associated (as defined above) ever failed to pay when due any debt or obligation, including any amounts in dispute, to the Federal government or guaranteed by the Federal government (including but not limited to taxes, business and student loans)?
<input type="checkbox"/>	<input type="checkbox"/>	10a. Are you presently subject to an indictment, criminal information, arraignment, or other means by which formal criminal charges are brought in any jurisdiction?
<input type="checkbox"/>	<input type="checkbox"/>	10b. Have you been arrested in the past six months for any criminal offense?
<input type="checkbox"/>	<input type="checkbox"/>	10c. For any criminal offense – other than 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)?
<input type="checkbox"/>	<input type="checkbox"/>	11a. Have you, or has any business concern or entity with which you are or have been Affiliated or Associated (as defined above), ever been charged with or convicted of a felony or other criminal offense involving fraud, misrepresentation, dishonesty or breach of trust?
<input type="checkbox"/>	<input type="checkbox"/>	11b. Have you, or has any business concern or entity with which you are or have been Affiliated or Associated (as defined above) ever been a named defendant in any civil legal action (including shareholder litigation), found civilly liable, or permanently or temporarily enjoined by a court or other regulatory body, by reason of any act or practice involving fraud, misrepresentation, breach of fiduciary duty or breach of trust?
<input type="checkbox"/>	<input type="checkbox"/>	12. Have you, or has any business concern or entity with which you are or have been Affiliated or Associated (as defined above) ever been: <ul style="list-style-type: none"> <li>i. Debarred, suspended, proposed for debarment, declared ineligible to participate in, or voluntarily excluded or revoked from Federal procurement programs and/or Federal non-procurement programs;</li> <li>ii. The subject of any suspension, debarment, voluntary exclusion, revocation, or any other regulatory enforcement action by a state or federal agency, or any other regulatory enforcement body;</li> <li>iii. The subject of any other decision by a federal, state or local governmental agency undertaking administrative enforcement due to fraud, lack of business integrity, ethics violations, or noncompliance with other governmental requirements; or</li> <li>iv. The subject of any investigation or disciplinary hearing or proceeding by a governmental agency, regulatory body, or professional association?</li> </ul>
<input type="checkbox"/>	<input type="checkbox"/>	13. Are you associated with any other SBA Lender, SBA Microloan Intermediary, Agent or Lender Service Provider (as those terms are defined in 13 CFR 103.1 and 13 CFR 120.10)? Are you, or have you been, a direct or indirect owner of 10% or more of any class of stock, equity interest, voting interest, profit interest, or proprietary interest in any past or present SBA Lender, SBA Microloan Intermediary, Agent or Lender Service Provider? Are you, or have you been, an officer, director, member of senior management, manager or member of a loan committee of any past or present SBA Lender, SBA Microloan Intermediary, Agent or Lender Service Provider? The term "senior management" generally refers to an individual's meaningful participation in the direction of the operations, policies or financial decisions of a business concern or entity. (If the answer to any of the foregoing is "yes," please provide the name of the SBA Lender, SBA Microloan Intermediary, Agent or Lender Service Provider, your positions, basic functions and responsibilities, and the dates.)
<input type="checkbox"/>	<input type="checkbox"/>	14. During any part of the past ten years has a request for financial assistance been made to any federal agency by you or any business concern or entity with which you are or have been Affiliated or Associated (as defined above)? (If yes, furnish details in a separate exhibit, including current status of any assistance received.)

YES <input type="checkbox"/>	NO <input type="checkbox"/>	15. To your knowledge, is any SBA employee, any member of an Advisory Council for the Small Business Administration, or any member of SCORE related to you by blood, marriage, or adoption, or through an Affiliate or Associate of yours (as defined above)? (If yes, list their names, addresses, and relationship to you.)
<input type="checkbox"/>	<input type="checkbox"/>	16. If you own, or will own 10% or more of any class of the stock or other ownership interest of an SBA Lender or SBA Microloan Intermediary did you borrow funds to purchase said interest? (If yes, give full details including your net worth, amount borrowed or to be borrowed, security and/or guarantors, terms of repayment, and status of loan/debt.)
<input type="checkbox"/>	<input type="checkbox"/>	17. Has any concern with which you are Affiliated or Associated (as defined above) directly or indirectly borrowed funds from any SBA Lenders, or SBA Microloan Intermediaries? (If yes, give all pertinent details including the names of all parties to the transaction, the amounts involved, security and/or guarantors, terms of repayment, use of proceeds, status of loan/debt, etc.)

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.

The information on this form will be used in connection with an investigation of your experience and character. It is against SBA policy to provide assistance not in the best interests of the United States, i.e., if there is reason to believe that the effect of such assistance will be to encourage or support, directly or indirectly, activities inimical to the security of the United States.

The nature and scope of the investigation may include contact with banks, other financial institutions, individuals, business associates, law enforcement offices, and any other individual or entity that will assist SBA in making an adequate appraisal of your business reputation, character, management experience and financial soundness. This constitutes the notification required by Section 606 of the Federal Fair Credit Reporting 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 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 not more than \$250,000; and under 15 USC 645 by imprisonment of not more than two years and/or a fine of not more than \$5,000.

Certification: I hereby certify that the foregoing is true and complete to the best of my knowledge and belief.

\_\_\_\_\_  
Signature Title Date (mm/dd/yyyy)

PLEASE NOTE: The estimated burden for completing this form is 30 minutes. 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 (3245-0080). **DO NOT SEND COMPLETED FORMS TO OMB as that will delay the processing of your application.**

**FOR SBA USE ONLY**  
No. \_\_\_\_\_

**Paperwork Reduction Act (44 U.S.C. Chapter 35) (USE OF INFORMATION)**

SBA is collecting the information on this form to make a character determination regarding Associates of Lenders and other individuals or entities that propose to hold an equity interest of at least 10% of the economic interest in certain Lenders. An Associate is defined as an officer, director, key employee, or holder of 20 percent or more of the value of the Lender's stock or debt instruments, or an agent involved in the loan process (13 CFR §120.10, Definitions). The information also provides the Agency with background data which is evaluated to determine if the institution's key personnel have sufficient qualifications in commercial lending activities. The information collected may be checked against criminal history indices of the Federal Bureau of Investigation.

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

The Small Business Act, Public Law (PL) 85-536 authorizes the Small Business Administration (SBA) to collect the information on this form. The Small Business Administration (SBA) provides direct loans and loan guarantees for small businesses, entrepreneurs, and individuals through several capital access programs. Access to capital for tens of thousands of small businesses and disaster victims each year through the Capital Access Financial System (CAFS). The legal authority which supports CAFS is Public Law 85-536, 15 U.S.C 631 et seq. (Small Business Act, all provisions relating to loan programs, Public Law 85-699 as amended 15 U.S.C. 661 et seq (Small Business Investment Act of 1958, all provisions relating to loan programs) Your disclosure of the information is voluntary. However, failure to disclose certain information may delay the processing of your eligibility or denial or the disposition to adequately process your request. Specifically, to the Statement of Personal History, information is used to determine the eligibility of an individual to participate in the SBA Loan Program.

Under the Privacy Act, you are not required to provide your social security number and failure to provide it may not affect any right, benefit, or privilege to which you are entitled. Collection of your social security number is voluntary. SBA is specifically authorized to verify your criminal history, or lack thereof, to make a character determination, pursuant to section 7(a)(1)(B), 15 USC Section 636(a)(1)(B) of the Small Business Act (the Act). 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.

The categories of individuals covered in the system are SBA supervised resource partner staff and job applicants. The information in this system is used on a routine basis exclusively by authorized officials. While the records are routinely used only for the purpose for which they are established, additional uses may be made in accordance to SBA 20, System of Records Notice, Disaster Loans Case Files: [2021-25276.pdf \(govinfo.gov\)](#) and SBA 21, Loan System: [2021-09064.pdf \(govinfo.gov\)](#)

**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.