

# SBA Loan Application Checklist

ITEMS NEEDED

ITEMS COMPLETED

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Loan amount requested with use breakdown              |
| <input type="checkbox"/> | <input type="checkbox"/> | Business History                                      |
| <input type="checkbox"/> | <input type="checkbox"/> | Personal Resume for all borrowers with >20% ownership |
| <input type="checkbox"/> | <input type="checkbox"/> | Schedule of current Business Debt                     |
| <input type="checkbox"/> | <input type="checkbox"/> | Personal Financial Statements                         |
| <input type="checkbox"/> | <input type="checkbox"/> | Form SBA 4506-T                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | Completed Authorization to Make Inquiries             |

## Financial Information:

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Previous three (3) years of federal tax returns for the applicant business  |
| <input type="checkbox"/> | <input type="checkbox"/> | Previous three (3) years of personal federal tax returns for each general partner, guarantor and owner of 20% or more of the applicant business |
| <input type="checkbox"/> | <input type="checkbox"/> | Current (no more than 60 days old) financial statement for the applicant business (including balance sheet and profit and loss statement)       |
| <input type="checkbox"/> | <input type="checkbox"/> | Accounts receivable and accounts payable agings, if applicable, as of the date of the interim financial statements                              |

## For affiliated businesses (if principal owns a controlling interest in other businesses):

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Previous three (3) years of federal tax returns  |
| <input type="checkbox"/> | <input type="checkbox"/> | Current (no more than 60 days old) financial statement (including balance sheet and profit and loss statement) |
| <input type="checkbox"/> | <input type="checkbox"/> | Schedule of Business Debt with loan balances as of the date of the current financial statement                 |

## As required by the USA PATRIOT Act, For U.S. citizens, a copy of one of the following:

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | State driver's license or ID card (ID cannot be expired upon receipt) |
| <input type="checkbox"/> | <input type="checkbox"/> | Numbered, government issued identification of some kind               |

## For non-citizens (legal, permanent residents only), a copy of one (1) of the following:

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | State driver's license or ID Card (ID cannot be expired upon receipt)   |
| <input type="checkbox"/> | <input type="checkbox"/> | Passport with the number and issuing country  |
| <input type="checkbox"/> | <input type="checkbox"/> | Numbered, government-issued identification which provides evidence of nationality or residence (must contain a photograph or similar safeguard) |
- AND a copy of one of the following:
- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Insurance voucher/statement showing physical address and name of account holder  |
| <input type="checkbox"/> | <input type="checkbox"/> | Current utility bill reflecting physical address and name  |
| <input type="checkbox"/> | <input type="checkbox"/> | AND a copy of the front and back of the Alien Registration Card issued by the Immigration and Naturalization Service (INS) |

## If applicable:

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Completed Sales and Expense Projections   |
| <input type="checkbox"/> | <input type="checkbox"/> | Completed Assumptions to Projections  |
| <input type="checkbox"/> | <input type="checkbox"/> | Executed real property or business purchase agreement and escrow instructions                 |
| <input type="checkbox"/> | <input type="checkbox"/> | Contractor-prepared construction cost breakdown and contractor-executed construction contract |

# Application

Business Name \_\_\_\_\_ Tax ID# \_\_\_\_\_  
Type of Business \_\_\_\_\_ Business Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
Contact Name \_\_\_\_\_ Business Fax ( \_\_\_\_\_ ) \_\_\_\_\_  
Contact Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Contact E-mail \_\_\_\_\_  
Business Physical Address \_\_\_\_\_

Street Address

Suite

City

State

Zip

Subject property address, if different from above:

Street Address

Suite

City

State

Zip

☐ Proprietorship ☐ Partnership ☐ Corporation ☐ Limited Liability Company

Owners / Principals

Name Title Ownership % (must total 100%)

\_\_\_\_\_  
\_\_\_\_\_

Number of Employees \_\_\_\_\_ Number of Employees you will hire as a result of the proposed loan \_\_\_\_\_

Does the business or any of the principals have a controlling interest in any other business? ☐ No ☐ Yes

If yes, provide details \_\_\_\_\_

Number of employees of affiliated business(es) \_\_\_\_\_

Has the business or any principal ever (if yes, provide details):

Declared Bankruptcy? ☐ No ☐ Yes \_\_\_\_\_

Applied for government financing (including student loans) ☐ No ☐ Yes \_\_\_\_\_

Is the business currently involved in pending lawsuits? ☐ No ☐ Yes \_\_\_\_\_

Current Bank \_\_\_\_\_ Length of Relationship \_\_\_\_\_ Years \_\_\_\_\_ Months

Proposed real property vesting, if applicable: ☐ LLC ☐ Corp. ☐ Partnership ☐ Individuals ☐ Trust ☐ Other

Escrow contact information: \_\_\_\_\_

Use of Loan Proceeds

	Amount		Amount
Purchase Real Property	\$ _____	Debt Refinance (Provide copy of note to be paid off)	\$ _____
Property Improvements	\$ _____	Working Capital	\$ _____
Purchase Equipment (Attach invoices or purchase orders)	\$ _____	Closing Costs	\$ _____
Purchase Furniture and/or Fixtures	\$ _____	Other (Describe Other)	\$ _____
Purchase Inventory	\$ _____	Less Borrower's Down Payment	\$ _____
		<b>TOTAL LOAN REQUEST</b>	<b>\$ _____</b>

Source of Down Payment \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

# Business History

Business Name:

Providing as much detail as possible will help expedite your loan request. Attach sheet if necessary.

1. When and how was the business established?

2. When and how did current owners acquire the business?

3. Nature of business (including types of products and services offered)?

4. Key customers?

5. Target market?

6. Major competitors?

7. Your advantage over competitors?

8. Major suppliers?

9. General geographic market served?

10. How will the proposed loan benefit your company?

10. How will the proposed loan facilitate new employment opportunities, if applicable?

12. Hotels/Motels:	Current year-to-Date	1 year Prior	2 years Prior	3 years Prior
ADR	\$ _____	\$ _____	\$ _____	\$ _____
Average occupancy	_____ %	_____ %	_____ %	_____ %
13. Gas Stations:				
Gallons pumped per month	_____	_____	_____	_____
Gallons pumped last 3 years	_____	_____	_____	_____

# Personal Resume

Provide one for each 20% business or property owner.

Name \_\_\_\_\_  
First Middle Maiden Last

Social Security Number \_\_\_\_\_ Driver's license # (provide copy) \_\_\_\_\_

Date of Birth \_\_\_\_\_ City and State or Country of Birth \_\_\_\_\_

U.S. Citizen? ☐ No ☐ Yes If no, Alien ID # (provide copy front and back) \_\_\_\_\_

Home Address \_\_\_\_\_ Lived there from \_\_\_\_\_ to Present

Street Address Suite City State Zip

Previous Address \_\_\_\_\_ Lived there from \_\_\_\_\_ to \_\_\_\_\_

Street Address Suite City State Zip

Home Phone ( \_\_\_\_ ) \_\_\_\_\_ Business Phone ( \_\_\_\_ ) \_\_\_\_\_

E-mail \_\_\_\_\_

Spouse Name \_\_\_\_\_  
First Middle Maiden Last

Are you a U.S. Government employee? ☐ No ☐ Yes If yes, what agency/position? \_\_\_\_\_

If the answer to any of the following three questions is yes, provide a detailed exhibit explaining the incident(s).

Are you presently under indictment, parole or probation? ☐ No ☐ Yes

Have you ever been charged with and/or arrested for any criminal offense other than a minor motor vehicle violation? This includes offenses which have been dismissed, discharged or not prosecuted. ☐ No ☐ Yes

Have you ever been convicted, placed on pretrial diversion or on any form of probation, including adjudication without pending probation for any criminal offense other than a minor motor vehicle violation? ☐ No ☐ Yes

## Military Service Background

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

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

## Education (college or technical training)

Institution Name and Location	Dates Attended	Major	Degree or certificate
_____	From _____ To _____	_____	_____

**Business experience** (List chronologically beginning with present employment for a minimum of 10 years. Add pages if necessary.)

1. Company Name \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Position/Responsibilities \_\_\_\_\_

2. Company Name \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Position/Responsibilities \_\_\_\_\_

3. Company Name \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Position/Responsibilities \_\_\_\_\_

4. Company Name \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Position/Responsibilities \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

# Schedule of Business Debt As of \_\_\_\_\_

Business Name \_\_\_\_\_

- THIS DEBT SCHEDULE MUST BE THE SAME DATE AS THE CURRENT INTERIM FINANCIAL STATEMENTS PROVIDED
- INDIVIDUAL AND TOTAL BALANCES MUST MATCH THE CURRENT INTERIM BALANCE SHEET

Creditor	Original Amount	Original Date of Loan	Present Balance	Interest Rate	Maturity Date	Monthly Payment	Secured by Collateral	Current or Past Due
Total								

Please include lines of credit that currently have a zero balance  
Indicate with an asterisk (\*) any loans to be paid off with the proceeds of the proposed loan

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

# Sales and Expense Projections

For period beginning \_\_\_\_\_ and ending \_\_\_\_\_

Month	1	2	3	4	5	6	7	8	9	10	11	12	Total
Cost of Goods Sold													
Gross Profit													
Administrative													
Expenses													
Advertising													
Rent													
Telephone													
Utilities													
Insurance													
Taxes/Licenses													
Accounting/Legal													
Travel/Auto													
Repairs													
Maintenance													
Salaries/Officer													
Salaries/Officer													
Supplies													
Interest													
Depreciation													
Other													
Other													
Total													
Net Profit													

Note: Projections are required on loans for start-up businesses, expansion of an existing business or when historical income does not support repayment of the current application.

## Assumptions to Projections

[illegible]

**Cost of Goods Sold**

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[illegible]



## PERSONAL FINANCIAL STATEMENT

### U.S. SMALL BUSINESS ADMINISTRATION

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

To complete this form

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

<input type="checkbox"/> 7(a) loan / 504 loan / Surety Bonds
Complete this form for: (1) each proprietor; (2) general partner; (3) managing member of a limited liability company (LLC); (4) each owner of 20% or more of the equity of the Applicant; and (5) any person providing a guaranty on the loan (including the assets and liabilities of the owner's spouse and any minor children).
<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"/> Disaster Business Loan Application (Excluding Sole Proprietorships)
Complete this form for: (1) each applicant; (2) each general partner; (3) each managing member of a limited liability company (LLC); (4) each owner of 20% or more of the equity of the Applicant business; and (5) any person providing an unlimited guaranty on the loan.
<b>Return completed form to: Disaster Processing and Disbursement Center at 14925 Kingsport Road, Fort Worth, TX 76155-2243 or FAX to 1-202-481-1505 or <a href="mailto:disasterloans@sba.gov">disasterloans@sba.gov</a></b>

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

<input type="checkbox"/> 8(a) Business Development Program
8(a) applicants must show that 51% of the firm is owned by one or more individuals determined by the SBA to be socially and economically disadvantaged. The information contained in this form must be submitted by each socially and economically disadvantaged individual using their one time 8(a) eligibility to qualify this firm for 8(a) certification. If married, the spouse must complete a separate SBA Form 413, except when the individual and the spouse are legally separated. If separated, provide copy of separation document.
SBA's regulations state that to be considered economically disadvantaged for purposes of the 8(a) Business Development Program, an individual must have an adjusted gross income averaged over the three prior fiscal years of \$350,000 or less; less than \$6 million in the fair market value of all assets (to include primary residence and value of the business concern); and less than \$750,000 in personal net worth (excluding equity interest in the personal residence and ownership interest in the business, and funds invested in a retirement account that are unavailable until retirement age). 13 C.F.R. §124.104.
<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> ___ Corporation ___ S-Corp. ___ LLC ___ Partnership ___ Sole Proprietor (does not apply to ODA applicant)	
<b>This information is current as of [month/day/year]</b> (within 90 days of submission for 7(a)/504/SBG/ODA/WOSB or within 30 days of submission for 8(a) BD)	
<b>WOSB applicant only, Married</b> ___ Yes ___ No	

ASSETS (Omit Cents)	LIABILITIES (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	(Describe in Section 7)
Year/Make/Model)	Total Liabilities.....
Other Personal Property.....	Net Worth.....
(Describe in Section 5)	
Other Assets.....	
(Describe in Section 5)	
<b>Total</b> .....	<b>Total</b> .....
	Must equal total in assets column.

Section 1. Source of Income.	Contingent Liabilities
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.)

**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, 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.

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

<b>1a.</b> Name shown on tax return (if a joint return, enter the name shown first)	<b>1b.</b> First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
<b>2a.</b> If a joint return, enter spouse's name shown on tax return	<b>2b.</b> Second social security number or individual taxpayer identification number if joint tax return
<b>3.</b> Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
<b>4.</b> Previous address shown on the last return filed if different from line 3 (see instructions)	
<b>5a.</b> IVES participant name, address, and SOR mailbox ID Grasshopper Bank c/o EVI 7050 W Palmetto Park Rd STE15-256 Boca Raton FL 33433#888.908.1020	
<b>5b.</b> Customer file number (if applicable) (see instructions)	

**Caution:** This tax transcript is being sent to the third party entered on Line 5a. Ensure that lines 5 through 8 are completed before signing. (see instructions)

<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	
<b>a. Return Transcript</b> , 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	<input type="checkbox"/>
<b>b. Account Transcript</b> , 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	<input type="checkbox"/>
<b>c. Record of Account</b> , 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	<input type="checkbox"/>
<b>7. Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.</b> 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 2016, filed in 2017, will likely not be available from the IRS until 2018. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213	<input type="checkbox"/>

**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.**8.** Year or period requested. Enter the ending date of the tax year or period using the mm/dd/yyyy format (see instructions)

/ / / / / / / /

**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-C on behalf of the taxpayer. **Note:** This form must be received by IRS within 120 days of the signature date.☐ **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-C. See instructions.**

<b>Sign Here</b>	<b>Signature</b> (see instructions)	Date	Phone number of taxpayer on line 1a or 2a
	<b>Print/Type name</b>		
	<b>Title</b> (if line 1a above is a corporation, partnership, estate, or trust)		
	<b>Spouse's signature</b>		Date
	<b>Print/Type name</b>		

# 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 was created to be utilized by authorized IVES participants to order tax transcripts with the consent of the taxpayer.

## General Instructions

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

**Designated Recipient Notification.** Internal Revenue Code, 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.** Internal Revenue Code, 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
Fresno Submission Processing Center	Fresno IVES Team 844-249-6239
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 1b.** Enter the social security number (SSN) or individual taxpayer identification number (ITIN) for the individual listed on line 1a, or enter the employer identification number (EIN) for the business listed on line 1a.

**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, 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.

**Note.** If you use an SSN, name or combination of both, we will not input the information and the customer file number will reflect a generic entry of "9999999999" on the transcript.

**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.

**Signature and date.** Form 4506-C must be signed and dated by the taxpayer listed on line 1a or 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.



*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.*

**Individuals.** Transcripts listed on line 6 may be furnished to either spouse if jointly filed. Only one signature is required. Sign Form 4506-C exactly as your name appeared on the original return. If you changed your name, also sign your current name.

**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.

**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-C 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 sign Form 4506-C.

**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.



**SBA 7(a) Borrower Information Form**  
(Section I: Business Information)

OMB Control No.: 3245-0348  
Expiration Date: 09/30/2023

<b>Applicant Business Legal Name (OC <input type="checkbox"/> EPC <input type="checkbox"/>):</b>			
<b>Operating Business Legal Name (OC):</b>			
<b>DBA or Trade name, if applicable:</b>			
<b>Is the Applicant a?:</b> Cooperative: <input type="checkbox"/> ESOP: <input type="checkbox"/> 401(k) Plan: <input type="checkbox"/> Trust: <input type="checkbox"/> Other: <input type="checkbox"/> N/A: <input type="checkbox"/>			
<b>Do you plan to use a 401(K) Plan (including a Rollover for Business Start Up (ROBS) Plan) for equity?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Will a Management Company be hired by the Applicant to manage the day-to-day operations?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, provide a copy of the management agreement)			
<b>Primary Business Address</b>		<b>Business Tax ID</b>	<b>Primary Business Phone</b>
<b>Project Address (if other than primary business address)</b>		<b>Primary Contact Name</b>	<b>Email Address</b>
Amount of Loan Request:	\$ _____	# of existing employees employed by business? (including owners):	
		# of jobs to be created as a result of the loan? (including owners):	
		# of jobs that will be retained as a result of the loan that otherwise would have been lost? (including owners):	
Purpose of the loan (i.e. Purchase Real Estate; Construction; Equipment; Inventory; Eligible Debt Refinancing; Working Capital; etc.):	\$ _____ for: _____	\$ _____ for: _____	
	\$ _____ for: _____	\$ _____ for: _____	
	\$ _____ for: _____	\$ _____ for: _____	
<b><i>If financial statements provided to the lender do not include a schedule of business debt, provide on a separate attachment.</i></b>			

**Ownership of the Applicant**

List all proprietors, partners, officers, directors, members, and holders of outstanding stock. 100% of ownership must be reflected. Attach a separate sheet if necessary. Based on the instructions to this form not all owners will need to complete the Associate's Information section of this form.

Owner's Legal Name	Title	% Owned	TIN (SSN/EIN)	Address	ESOP*	401K*	COOP*
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If any owner(s) is an ESOP, a 401(k) plan, or a Cooperative, please provide details and relevant documentation to the Lender as appropriate.

\* Any Applicant owned in part, or in whole, by an ESOP or 401(k) plan must also provide to the Lender evidence that the Applicant, ESOP or the 401(k) plan are in compliance with all applicable IRS, Treasury, and Department of Labor requirements and it will comply with all relevant operating and reporting requirements.





**SBA 7(a) Borrower Information Form**  
(Section I: Business Information)

OMB Control No.: 3245-0348  
Expiration Date: 09/30/2023

**Unless stated otherwise, if any of the questions below are answered "Yes," please provide details on a separate sheet.**

#	Question	Yes	No
1	Are there co-applicants? <i>(If "Yes," please complete a separate Section I: Applicant Business Information for each.)</i>	<input type="checkbox"/>	<input type="checkbox"/>
2	Has an application for the requested loan ever been submitted to the SBA, a lender, or a Certified Development Company, in connection with any SBA program?	<input type="checkbox"/>	<input type="checkbox"/>
3	Has the Applicant and/or its Affiliates ever obtained or applied for a direct or guaranteed loan from SBA, or another Federal agency loan program (including, but not limited to USDA, B&I, FSA, EDA), or been a guarantor on such a loan? <i>(If "Yes," answer questions 3.a) and 3.b) below.)</i>	<input type="checkbox"/>	<input type="checkbox"/>
	a) Is any of the financing currently delinquent?	<input type="checkbox"/>	<input type="checkbox"/>
	b) Did any of this financing ever default and cause a loss to the Federal Government?	<input type="checkbox"/>	<input type="checkbox"/>
4	Is the Applicant presently suspended, debarred, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency?	<input type="checkbox"/>	<input type="checkbox"/>
5	Does the Applicant Business operate under a Franchise/License/Distributor/Membership/Dealer/Jobber or other type of Agreement? <i>(If "Yes," provide copies of your agreement(s) and any other relevant documents.)</i>	<input type="checkbox"/>	<input type="checkbox"/>
6	Does the Applicant have any Affiliates per <a href="#">13 CFR 121.301</a> ? <i>(If "Yes", attach a listing of all Affiliates.)</i>	<input type="checkbox"/>	<input type="checkbox"/>
7	Has the Applicant and/or its Affiliates ever filed for bankruptcy protection?	<input type="checkbox"/>	<input type="checkbox"/>
8	Is the Applicant and/or its Affiliates presently involved in any pending legal action?	<input type="checkbox"/>	<input type="checkbox"/>
9	Are any of the Applicant's products and/or services exported (directly or indirectly), is there a plan to begin exporting (directly or indirectly) as a result of this loan, or is this an Export Working Capital Program (EWCP)* loan? <i>(If "Yes," answer questions 9.a) and 9.b) below.)</i>	<input type="checkbox"/>	<input type="checkbox"/>
	a) Provide the estimated total export sales this loan will support.	\$	
	<b>* (For EWCP loans, in a separate attachment, provide details of the underlying transaction(s) for which the loan is needed, countries where the buyers are located and a description of products and/or services to be exported.)</b>		
	b) List of principal countries of export (list at least 1)		
10	Has the Applicant paid or committed to pay a fee to the Lender or a third party to assist in the preparation of the loan application or application materials, or has the Applicant paid or committed to pay a referral agent or broker a fee?	<input type="checkbox"/>	<input type="checkbox"/>
11	Are any of the Applicant's revenues derived from gambling, loan packaging, or from the sale of products or services, or the presentation of any depiction, displays or live performances, of a prurient sexual nature? If "Yes," provide details under a separate attachment.	<input type="checkbox"/>	<input type="checkbox"/>



**SBA 7(a) Borrower Information Form**  
(Section I: Business Information)

OMB Control No.: 3245-0348  
Expiration Date: 09/30/2023

**SBA may not provide financial assistance to an applicant where there is any appearance of a conflict of interest with an SBA or other Federal government employee. *If any of the questions below are answered "Yes," please provide details on a separate sheet.***

**With the exception of question 15, if any of the questions below are answered "Yes," this application may not be submitted under any delegated processing method, but must be submitted by the Lender under non-delegated processing. Note: This does not mean that your loan will be denied, only that your Lender will need to use different SBA procedures to process this loan. If the answer to question 15 is "Yes," the application may be processed under a lender's delegated authority only after the lender receives clearance to do so from SBA.**

#	Question	Yes	No
12	Is any sole proprietor, partner, officer, director, stockholder with a 10 percent or more interest in the Applicant an SBA employee or a Household Member of an SBA employee? ( <a href="#">13 CFR 105.204</a> ). "Household Member" means spouse and minor children of an employee, all blood relations of the employee and any spouse who resides in the same place of abode with the employee ( <a href="#">13 CFR §105.201(d)</a> ).	<input type="checkbox"/>	<input type="checkbox"/>
13	Is any employee, owner, partner, attorney, agent, owner of stock, officer, director, creditor or debtor of the Applicant a former SBA employee who has been separated from SBA for less than one year prior to the request for financial assistance? ( <a href="#">13 CFR 105.203</a> )	<input type="checkbox"/>	<input type="checkbox"/>
14	Is any sole proprietor, general partner, officer, director, or stockholder with a 10 percent or more interest in the Applicant, or a household member of such individual, a member of Congress, or an appointed official or employee of the legislative or judicial branch of the Federal Government? ( <a href="#">13 CFR 105.301(c)</a> )	<input type="checkbox"/>	<input type="checkbox"/>
15	Is any sole proprietor, general partner, officer, director, or stockholder with a 10 percent or more interest in the Applicant, or a household member of such individual, a Federal Government employee or Member of the Military having a grade of at least GS-13 or higher (or Military equivalent)? ( <a href="#">13 CFR 105.301(a)</a> )	<input type="checkbox"/>	<input type="checkbox"/>
16	Is any sole proprietor, general partner, officer, director, or stockholder with a 10 percent or more interest in the Applicant, or a household member of such individual, a member or employee of a Small Business Advisory Council or a SCORE volunteer? ( <a href="#">13 CFR 105.302(a)</a> )	<input type="checkbox"/>	<input type="checkbox"/>



**SBA 7(a) Borrower Information Form**  
(Section I: Business Information)

OMB Control No.: 3245-0348  
Expiration Date: 09/30/2023

**By Signing Below, You Make the Following Representations, Acknowledgement, and Certification**  
**REPRESENTATIONS**

I represent that:

- I have read the Statements Required by Law and Executive Order included in this form, and I understand them.
- I will comply, whenever applicable, with the hazard insurance, lead-based paint, civil rights and other limitations in this form.
- All SBA loan proceeds will be used only for business related purposes as specified in the loan application.
- The Applicant is not knowingly engaged and will not knowingly engage in any activity that is illegal under federal, state, or local law or that can reasonably be determined to support or facilitate any activity that is illegal under federal, state, or local law.
- I understand, acknowledge, agree, and consent that the Lender can use and share any tax information that I have provided and/or that the Lender has obtained from the Internal Revenue Service with SBA's authorized representatives, including authorized representatives of the SBA Office of Inspector General, for the purpose of compliance with SBA Loan Program Requirements and all SBA reviews.

**ACKNOWLEDGEMENT**

I acknowledge that:

- SBA encourages the purchase, to the extent feasible, of American-made equipment and supplies.

**ACCURACY CERTIFICATION**

I certify that the information provided in this application and the information that I have provided in all supporting documents and forms is true and accurate. I realize that the penalty for knowingly making a false statement to obtain a guaranteed loan from SBA is that I may be fined up to \$250,000 and/or be put in jail for up to 5 years under 18 USC § 1001; under 15 USC 645 by imprisonment of not more than two years and/or a fine of not more than \$5,000; and, if false statements are submitted to a Federally insured institution, I may be fined up to \$1,000,000 and/or be put in jail for up to 30 years under 18 USC § 1014.

\_\_\_\_\_  
Signature of Authorized Representative of Applicant

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

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title



**SBA 7(a) Borrower Information Form**  
(Section II: Individual Owner Information)

OMB Control No.: 3245-0348  
Expiration Date: 09/30/2023

Individual Owner's Full Legal Name	Social Security / Tax ID No.	Date of Birth	Place of Birth (City, State, Country)
Home Address		Home Phone	% of Ownership
Applicant Legal Name:			

Veteran/Gender/Race/Ethnicity data is collected for program reporting purposes only.

Disclosure is voluntary and has no bearing on the credit decision.

		Enter Response
Veteran	1=Non-Veteran; 2=Veteran; 3=Service-Disabled Veteran; 4=Spouse of Veteran; X=Not	
Gender	M=Male; F=Female; X=Not Disclosed	
Race (more than 1 may be)	1=American Indian or Alaska Native; 2=Asian; 3=Black or African-American; 4=Native Hawaiian or Pacific Islander; 5=White; X=Not Disclosed	
Ethnicity	H=Hispanic or Latino; N=Not Hispanic or Latino; X=Not Disclosed	

Question		Yes	No
17	Are you presently subject to an indictment, criminal information, arraignment, or other means by which formal criminal charges are brought in any jurisdiction? (If "YES," the loan request is not eligible for SBA assistance.)	<input type="checkbox"/>	<input type="checkbox"/>
Initial here to confirm your response to question 17 (originally initialed, or an acceptable electronic signature, and not typed.) →			
18	Have you been arrested in the last 6 months for any criminal offense?	<input type="checkbox"/>	<input type="checkbox"/>
Initial here to confirm your response to question 18 (originally initialed, or an acceptable electronic signature, and not typed.) →			
19	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)?	<input type="checkbox"/>	<input type="checkbox"/>
Initial here to confirm your response to question 19 (originally initialed, or an acceptable electronic signature, and not typed.) →			

If you answer "Yes" to questions 18 or 19, you must furnish details, including dates, location, fines, sentences, level of charge (whether misdemeanor or felony), dates of parole/probation, unpaid fines or penalties, name(s) under which charged, and any other pertinent information. If you answer "Yes" to question 19 and are currently on parole or probation, the loan request is not eligible for SBA assistance.

20	<input type="checkbox"/> I am a U.S. Citizen <u>OR</u> <input type="checkbox"/> I have Lawful Permanent Resident (LPR) status. <input type="checkbox"/> I am not a U.S. Citizen or Lawful Permanent Resident.*	USCIS Registration Number: Country of Citizenship:	
Initial here to confirm your response to question 20 (originally initialed, or an acceptable electronic signature, and not typed.) →			

\* Businesses with ownership that includes Foreign Nationals or Foreign Entities may be eligible only if the business is at least 51% owned and controlled by U.S. citizens and/or those who have LPR status from USCIS whose status will be verified by the Lender in accordance with SBA Loan Program Requirements.



**SBA 7(a) Borrower Information Form**  
(Section II: Individual Owner Information)

OMB Control No.: 3245-0348  
Expiration Date: 09/30/2023

***If any of the questions below are answered "Yes," please provide details on a separate sheet.***

	Question	Yes	No
21	Are you presently suspended, debarred, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency? (If "Yes," the application is not eligible for SBA financial assistance)	<input type="checkbox"/>	<input type="checkbox"/>
22	If you are a 50% or more owner of the Applicant, are you more than 60 days delinquent on any obligation to pay child support arising under an administrative order, court order, repayment agreement between the holder and a custodial parent, or repayment agreement between the holder and a state agency providing child support enforcement services. (If "Yes," the application is not eligible for SBA financial assistance)	<input type="checkbox"/>	<input type="checkbox"/>
23	Do you have any ownership in other businesses which would be defined as an Affiliate of the Applicant in the definition found on page 1? (If "Yes," attach a listing of all businesses, your title and ownership percentage in the business.)	<input type="checkbox"/>	<input type="checkbox"/>
24	Have you, or any business you controlled, ever filed for bankruptcy protection? <i>If yes, provide details.</i>	<input type="checkbox"/>	<input type="checkbox"/>
25	Are you, or any business you control, presently involved in any legal action (including divorce)? <i>If yes, provide details.</i>	<input type="checkbox"/>	<input type="checkbox"/>
26	Have you or any business owned or controlled by you ever obtained a direct or guaranteed loan from SBA or any other Federal agency or been a guarantor on such a loan? (This includes, but is not limited to USDA, FHA, EDA, and student loans.)	<input type="checkbox"/>	<input type="checkbox"/>
	(a) If you answered "Yes" to Question 26, is any of the financing presently considered delinquent?	<input type="checkbox"/>	<input type="checkbox"/>
	(b) If you answered "Yes" to Question 26, did any loan that was made for business purposes ever default and cause a loss to the Government, including a compromise, resolution or settlement of a loan's principal balance for less than the full amount due? (If you answer "Yes" to either 26(a) or 26(b) above, please provide Lender with a written explanation.)	<input type="checkbox"/>	<input type="checkbox"/>



**SBA 7(a) Borrower Information Form**  
(Section II: Individual Owner Information)

OMB Control No.: 3245-0348  
Expiration Date: 09/30/2023

**By Signing Below, You Make the Following Representations, Acknowledgement, Authorization, and Certification**

**REPRESENTATIONS, ACKNOWLEDGEMENT AND AUTHORIZATION**

I represent that:

- I have read the Statements Required by Law and Executive Order and I understand them.
- I will comply, whenever applicable, with the hazard insurance, lead-based paint, civil rights or other limitations in this form.
- All SBA loan proceeds will be used only for business related purposes as specified in the loan application.
- The Applicant is not knowingly engaged and will not knowingly engage in any activity that is illegal under federal, state, or local law or that can reasonably be determined to support or facilitate any activity that is illegal under federal, state, or local law.
- I understand, acknowledge, agree, and consent that the Lender can use and share any tax information that I have provided and/or that the Lender has obtained from the Internal Revenue Service with SBA's authorized representatives, including authorized representatives of the SBA Office of Inspector General, for the purpose of compliance with SBA Loan Program Requirements and all SBA reviews.

I acknowledge that:

- SBA encourages the purchase, to the extent feasible, of American-made equipment and supplies.

I authorize the SBA 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, as amended.

**ACCURACY CERTIFICATION**

I certify that the information provided in this application and the information that I have provided in all supporting documents and forms is true and accurate. I realize that the penalty for knowingly making a false statement to obtain a guaranteed loan from SBA is that I may be fined up to \$250,000 and/or be put in jail for up to 5 years under 18 USC § 1001; under 15 USC 645 by imprisonment of not more than two years and/or a fine of not more than \$5,000; and, if false statements are submitted to a Federally insured institution, I may be fined up to \$1,000,000 and/or be put in jail for up to 30 years under 18 USC § 1014.

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Print Name and Title



**SBA 7(a) Borrower Information Form**  
(Section III: Entity Owner Information)

OMB Control No.: 3245-0348  
Expiration Date: 09/30/2023

<b>Applicant Legal Name:</b>			
<b>Entity Owner Legal Name</b>	<b>Tax ID</b>	<b>Phone</b>	
<b>Address of Entity Owner</b>	<b>Primary Contact Name</b>	<b>Email Address</b>	

**Identify in what capacity you are Completing this Section? Check all that apply.**

☐ **401(k) Plan**      ☐ **ESOP**      ☐ **Other (Explain in separate attachment):**

**Entity Ownership**

List all proprietors, partners, officers, directors, members, Trustees, and holders of outstanding stock in the entity owner. 100% of ownership must be disclosed. Attach a separate sheet if necessary.

Owner's Legal Name	Title	% Owned	TIN (SSN/EIN)	Address	ESOP *	401(k) *	Co-Op*
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*If any of the questions below are answered "Yes," please provide details on a separate sheet.*

#	Question	Yes	No
27	Is the Entity, or any of its owners, presently suspended, debarred, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency? (If "Yes," the application is not eligible for SBA financial assistance).	<input type="checkbox"/>	<input type="checkbox"/>
28	Does the entity have any Affiliates? (If "Yes," attach a listing of all Affiliates.)	<input type="checkbox"/>	<input type="checkbox"/>
29	Has the entity and/or its Affiliates ever filed for bankruptcy protection?	<input type="checkbox"/>	<input type="checkbox"/>
30	Is the entity and/or its Affiliates presently involved in any pending legal action?	<input type="checkbox"/>	<input type="checkbox"/>
31	Has the Entity ever obtained a direct or guaranteed loan from SBA or any other Federal agency or been a guarantor on such a loan? (This includes, but is not limited to USDA, FHA, EDA.)	<input type="checkbox"/>	<input type="checkbox"/>
	(a) If you answered "Yes" to Question 31, is any of the financing presently considered delinquent?	<input type="checkbox"/>	<input type="checkbox"/>
	(b) If you answered "Yes" to Question 31, did any loan that was for a business purpose ever default and cause a loss to the Government, including a compromise, resolution or settlement of a loan's principal balance for less than the full amount due? (If you answer "Yes" to either 31(a) or 31(b) above, please provide Lender with a written explanation)	<input type="checkbox"/>	<input type="checkbox"/>



**SBA 7(a) Borrower Information Form**  
(Section III: Entity Owner Information)

OMB Control No.: 3245-0348  
Expiration Date: 09/30/2023

**By Signing Below, You Make the Following Representations, Acknowledgement, Authorization, and Certification**

**REPRESENTATIONS, ACKNOWLEDGEMENT AND AUTHORIZATION**

I represent that:

- I have read the Statements Required by Law and Executive Order and I understand them.
- I will comply, whenever applicable, with the hazard insurance, lead-based paint, civil rights or other limitations in this form.
- All SBA loan proceeds will be used only for business related purposes as specified in the loan application.
- The Applicant is not knowingly engaged and will not knowingly engage in any activity that is illegal under federal, state, or local law or that can reasonably be determined to support or facilitate any activity that is illegal under federal, state, or local law.
- I understand, acknowledge, agree, and consent that the Lender can use and share any tax information that I have provided and/or that the Lender has obtained from the Internal Revenue Service with SBA's authorized representatives, including authorized representatives of the SBA Office of Inspector General, for the purpose of compliance with SBA Loan Program Requirements and all SBA reviews.

I acknowledge that:

- SBA encourages the purchase, to the extent feasible, of American-made equipment and supplies.

I authorize the SBA 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, as amended.

**ACCURACY CERTIFICATION**

I certify that the information provided in this application and the information that I have provided in all supporting documents and forms is true and accurate. I realize that the penalty for knowingly making a false statement to obtain a guaranteed loan from SBA is that I may be fined up to \$250,000 and/or be put in jail for up to 5 years under 18 USC § 1001; under 15 USC 645 by imprisonment of not more than two years and/or a fine of not more than \$5,000; and, if false statements are submitted to a Federally insured institution, I may be fined up to \$1,000,000 and/or be put in jail for up to 30 years under 18 USC § 1014.

\_\_\_\_\_  
Signature of Authorized Representative of Entity

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

\_\_\_\_\_  
Print Name and Title