Applicant Information Form

Applicant Business Legal Name (OC EPC):			
Operating Business Legal Name (OC):			
DBA or Tradename (if applicable)			
Business TIN (EIN, SSN)			
Primary Industry / NAICS Code (6 digit):		**Business Phone:**	
Unique Entity ID used in SAM.gov, if any		**Year began operations:**	

Entity Type Check One:	Sole proprietor Partnership C-Corp S-Corp LLC Other _____	**Special Ownership Type (Select all that apply):**	Employee Stock Ownership Plan (ESOP) 401(k) or ROBS 401(k) Trust Cooperative Native-American Tribal-Owned Business Other _____

Business Address (Street, City, State, Zip Code) *Do not use P.O. Box address*	**Project Address, if different than Business Address (Street, City, State, Zip Code)** *Do not use P.O. Box address*

Primary Contact Name	
Primary Contact Email Address	
# of existing employees (including owners, all part-time, full-time and all employees of domestic and foreign Affiliates – do not convert to FTE)	
# of FTE jobs saved/retained because of the loan (including owners)	
# of new FTE jobs created because of the loan (including owners)	

Purpose of the loan *(i.e., Purchase Real Estate; Construction; Equipment; Inventory; Eligible Debt Refinancing; Working Capital; etc.)*

Acquisition/installation of equipment	$_____.	Purchase/Construction of Commercial Real Estate	$.
Working Capital	$.	Acquisition of inventory	$.
Business acquisition (Change of Ownership)	$.	Debt refinancing	$.
Other:	$.	Other:	$.

Applicant Ownership (Mandatory) and Demographic Information – Identify all entities that own at least 20% of the Applicant, including the natural persons who own those entities, and at least 51% of the Beneficial Owners (as defined in SOP 50 10) of the Applicant. Attach a separate sheet if necessary.

Owner's Legal Name (First name Last name)	**Title**	**Ownership %**	**TIN (SSN/EIN)**	**Home Address (Street, City, State, Zip Code - *No P.O. Box*)**

Individual Owner Information Sheet

To Be Completed individually by all individuals owning more than 20% in business

Owner's Legal Name (First name Last name)	
Owner's Position	
Veteran Status	Non-Veteran; Veteran; Service-Disabled Veteran; Spouse of Veteran; Not Disclosed
Gender	Male; Female; Not Disclosed
Race (more than 1 may be selected)	American Indian or Alaska Native; Asian; Black or African American; Native Hawaiian or Pacific Islander; White; Not Disclosed
Ethnicity	Hispanic or Latino; Not Hispanic or Latino; Not Disclosed

If any questions are answered "Yes" please provide details to the Lender in a separate attachment

Question	Yes	No
1. Is the Applicant or if the Applicant is structured as an Eligible Passive Company (EPC) and Operating Company (OC), both the EPC and OC, or any Associate of the Applicant presently suspended, debarred, proposed for debarment, declared ineligible, voluntarily excluded from participation in a transaction by any Federal department or agency, or presently involved in any bankruptcy?		
2. Is the Applicant, any Associate of the Applicant, or any business owned by them or any Affiliates currently delinquent or have ever defaulted on a direct or guaranteed loan from SBA, or another Federal agency loan program (including, but not limited to USDA, B&I, FSA, FHA, EDA), or been a guarantor on such a loan?		
3. Is the Applicant or any owner of the Applicant an owner of any other business? *If yes, list all such businesses (including their TINs), percentage of ownership, and describe the relationship on a separate sheet identified as addendum A.*		
4. Is the Applicant or any Associate of the Applicant presently incarcerated, on probation, on parole, or presently subject to an indictment for a felony or any crime involving or relating to financial misconduct or a false statement? *(if "Yes" the Applicant is not eligible for SBA financial assistance.)*		
Initial here to confirm your response to question 4 (originally initialed, or an acceptable electronic signature, and not typed.)		
5. Are any of the Applicant's products and/or services exported (directly or indirectly), or 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? *If "Yes," answer questions 5.a) and b) below, if "No" move to question 6*		
5.a) Provide the estimated total export sales this loan will support.	$	
**** (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.)***		
5.b) List of principal countries of Export (list at least 1):		
6. 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? *If "Yes" provide details to your Lender (the name of the third party and the amount of the fee). The Applicant is not required to obtain or pay for unwanted services.*		
7. Are any of the Applicant's revenues derived from gambling, loan packaging, lending activities, lobbying activities, 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.*		
8. 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?. "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		
9. 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?		
10. 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?		
11. 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)?		

Question	Yes	No
12. 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?		
13. Is the Applicant, any owner of the Applicant, or any business owned by them (Affiliates), presently involved in any legal action (including divorce)? *If yes, provide details.*		

Addendum A
Attachment

- Question # 3 - Ownership in Other Businesses

- Business Name: _____
- Percentage of ownership: _____
- EIN: _____
- Description of Relationship: _____

- Business Name: _____
- Percentage of ownership: _____
- EIN: _____
- Description of Relationship: _____

- Business Name: _____
- Percentage of ownership: _____
- EIN: _____
- Description of Relationship: _____

- Business Name: _____
- Percentage of ownership: _____
- EIN: _____
- Description of Relationship: _____

_____ _____
Signature of Authorized Representative of Applicant Date

_____ _____
Print Name Title

Authorization to Release Information

Borrower (Applicant Company): _____ Co-Borrower (If applicable): _____

Is the Borrower: ☐ the Operating Entity; ☐ or Real Estate Holding Entity

Is the Co-Borrower: ☐ the Operating Entity; ☐ or Real Estate Holding Entity

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I/We are applying for: ☐ Individual Credit ☐ Joint Credit

Signature (Principal 1): _____ Date: _____

Signature (Principal 2): _____ Date: _____

Signature (Principal 3): _____ Date: _____

Signature (Principal 4): _____ Date: _____

Agreement:

• By signing below, you certify that all the information you've given with this application is true and complete. You authorize us to verify all statements with any source, obtain credit and employment history, (including your spouse's, if you live in a community property state) and exchange information with others about your credit and account experience with us. You agree to provide additional information that we may require to proof this application including, but not limited to, true and complete federal income tax returns, employment verification and income verification.

• Please be advised you are not required to obtain or pay for unwanted services. However, you also agree to reimburse the Bank for its expenses incurred in connection with any credit commitment. These expenses include, but are not limited to: the Bank's background check services, appraisal, environmental services, and legal costs, and are payable even though extension of credit may not be consummated.

Principal (1): Print Name, Title: _____ Authorized Signature: _____

Date: _____ Social Security #: _____ Date of Birth: _____

Street Address: _____ City, State, Zip Code: _____

Principal (2): Print Name, Title: _____ Authorized Signature: _____

Date: _____ Social Security #: _____ Date of Birth: _____

Street Address: _____ City, State, Zip Code: _____

Principal (3): Print Name, Title: _____ Authorized Signature: _____

Date: _____ Social Security #: _____ Date of Birth: _____

Street Address: _____ City, State, Zip Code: _____

Principal (4): Print Name, Title: _____ Authorized Signature: _____

Date: _____ Social Security #: _____ Date of Birth: _____

Street Address: _____ City, State, Zip Code: _____

Management Résumé

Please fill in all spaces. If an item is not applicable, please indicate as such. You may include additional relevant information on a separate exhibit. SIGN & DATE where indicated.

PERSONAL INFORMATION:

Name _____ SS# _____
Date of Birth _____ Place of Birth _____
Residence Telephone # _____ Business Telephone # _____
Residence Address _____ City _____ State _____ Zip Code_____
From _____ To present date.

Previous Address: _____ City _____State _____Zip Code_____
From _____ to _____
Spouse's Name _____ SS# _____
Are you employed by the U. S. Government? _____ Yes _____NO Agency / Position _____
Are you a U.S. Citizen? _____ Yes _____ No, If no, give Alien Registration Number _____

EDUCATION:

High School/College/Technical-Name/Location	Dates Attended	Major	Degree/Certificate
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

MILTARY SERVICE BACKGROUND:

Branch of Service _____ Dates of Service _____ to _____

WORK EXPEREINCE: List chronologically with present employer.

Company Name / Location _____
From _____ to _____ Title _____
Duties_____

Company Name / Location _____
From _____ to _____ Title _____
Duties_____

Company Name / Location _____
From _____ to _____ Title _____
Duties_____

Company Name / Location _____
From _____ to _____ Title _____
Duties_____

_____ Date _____
Signature

Business Debt Schedule

Include the following information on all installment debts, notes, contracts, and mortgages. ***Current balance must match the current balance sheet.*** Include all capital leases shown on the balance sheet (if any). *Do not include accounts receivable and accounts payable.* **" PLEASE INCLUDE SBA PPP LOANS OR SBA EIDL LOANS OR ANY OTHER GOVERNMENT LOANS"**

Business Name _____ As of _____, 20___

Name of Creditor ** Indicate Type of Loan**	Original Date	Original Amount	Term or Maturity Date	Present Balance	Interest Rate	Monthly Payment	Collateral or Security	Loan Purpose
Total Present Balance (Total must agree with balance shown on interim balance sheet)					Total Monthly Payment			

Signature: _____ Title: _____ Date: _____

Schedule of Real Estate Owned

Description of Property	Date Acquired	Original Cost	Present Market Value	Mortgagee	Original Mortgage Amount	Mortgage Balance	Monthly Principal & Interest Only	Maturity/ Status

Signature: _____ Title: _____ Date: _____