

### **Business Loan Application Checklist**

This checklist will help you through the process of gathering the information needed to facilitate your loan request.

COMPLETE INFORMATION WILL BE NECESSARY TO PROCESS YOUR LOAN APPLICATION

- 1. Project Breakdown
- 2. Applicant Information Sheet
- 3. Individual Owner Information Sheet (To be completed by all individuals who own more than 20%)
- **4. Authorization to release information** (Signed and dated by all principals of the borrowing entities)
- **5. Management Resume** (Complete for all active principals in the company along with key managers and/or officers)
- **6. SBA Form 413 Personal Financial Statement** (Complete for each person owning 20% or more of the business along with anyone guaranteeing the loan; spouses must sign and date)
- 7. Federal Tax Returns Principal/Owner/Guarantor (Personal Federal Tax Returns (<u>ALL SCHEDULES</u>) for the last 3 years for all individuals who own 20% or more of the business)
- **8.** Federal Tax Returns Business/Company/Real Estate Holding Company (Corporate Federal Tax Returns (ALL SCHEDULES) for the last 3 years for the applicant business)
- 9. Interim Financial Statements (Interim profit and loss statement and balance sheet within 90 days)

**Borrowing Entity** 

**Any Affiliate Businesses** 

Seller (if applicable)

#### 10. Business Debt Schedule and Schedule of Real Estate Owned to Include Personal Real Estate

(Business Debt schedule must be dated the same as the Interim Balance Sheet and reflect all outstanding liabilities as shown in the Interim Balance Sheet. Indicate by an asterisk (\*) items to be paid by loan proceeds.

**Borrowing Entity** 

**Any Affiliate Businesses** 

- 11. Current Accounts Receivable and Accounts Payable aging summary (if applicable)
- **12. Projections for Start-UP/Expansion/Business Acquisition** (a projected operating statement for 3 years, with a monthly breakdown and assumptions of projections for Year 1)
- **13. Other:** Letter of intent for Business or Real Estate, Lease Agreement/lease summary to include payments and business address.
- 14. Project Cost Breakdown Estimated budget \*We can provide template for this\*
- 15. Copy of Driver License for all principals guaranteeing the loan (Front and Back)

## MERCHANTS BANK

## **Project Breakdown**

Project Items	Project Cost
Land and Building Acquisition	\$
Land Acquisition	\$
(*) Building Construction/Improvement ( <i>hard costs</i> )	\$
(*) Building Construction/Improvement (soft costs)	\$
Debt Refinance	\$
Business Acquisition	\$
Machinery/Equipment Acquisition	\$
Inventory	\$
Furniture	\$
Fixtures	\$
Working Capital (include loan fees)	\$
Other	\$
	-
Total Project Cost	\$
Less Borrowers Injection	
Less Seller Note (if applicable)	
Total Loan Requested	\$
Source of Injection	
2. Targeted Close Date	

<sup>(\*)</sup> Please provide a separate sheet with breakdown of the improvements, cost quotes, including contingency.

## **Business Operations**



If your loan request will fund the purchase of a new or existing business, please address the following:

L.	industry. Detail any prior direct industry experience or relevant work history.
•	Describe how your prior work experience has prepared you to operate this business successfully.
•	Do you intend to maintain a daily presence at the business, actively managing all daily activities. If no, please explain how this business car succeed with part-time management oversight.
	Are any products currently exported? Include indirect exports and
	Indicate % of the sales



## **Applicant Information Form**

Applicant Business Legal Na	nme (OC 🗆 EPC 🗆 )	:					
<b>Operating Business Legal Na</b>	ame (OC):						
DBA or Tradename (if appli	cable)						
Business TIN (EIN, SSN)							
Primary Industry / NAICS (	Code (6 digit):		Busin	ess Phone:			
<b>Unique Entity ID used in SA</b>	M.gov, if any		Year	began operations:			
Entity Type Check One:  Partnership C-Corp S-Corp LLC Other		Special Ownersl (Select all that a		apply): □ 401(k) or ROBS 40 □ Cooperative		Ownership Plan (ESOP) 401(k) Trust Tribal-Owned Business	
	(Street, City, State, Z se P.O. Box address	Cip Code)			ress, if different than Buate, Zip Code) <i>Do not us</i>		
Primary Contact Name							
Primary Contact Email Ad	dress						
# of existing employees (in Affiliates – do not convert to		part-time, full-time	e and a	all employees of de	omestic and foreign		
# of FTE jobs saved/retaine	ed because of the loan	n (including owner	·s)				
# of new FTE jobs created	because of the loan (	including owners)					
Purpose of the loan (i.e., Pur	chase Real Estate; Co	nstruction; Equipm	ent; In	ventory; Eligible De	ebt Refinancing; Working	g Capi	ital; etc.)
☐ Acquisition/installation of	equipment	\$	.   Purchase/Construction of Commercial Real Estate   \$				
☐ Working Capital		\$	Acquisition of inventory				\$
☐ Business acquisition (Char	nge of Ownership)	\$	□ Debt refinancing				\$
☐ Other:		\$	· 🗆 o	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	Title	Ownersh	nip %	TIN (SSN/EIN)	Home		
(First name Last name)					(Street, City, State, 7	Zip Co	ode - <i>No P.O. Box</i> )
	]						



## **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-Veterar	n; Veteran; Se	rvice-Disabled Ve	teran; Spo	use of Veteran;	Not Disclosed			
Gender	Male; Fo	emale; Not Disclo	sed						
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 t	o the Lender in a sepa	rate attachment						
	C	Question				Yes	No		
. Is the Applicant or if the Applicant is structur and OC, or any Associate of the Applicant pre excluded from participation in a transaction by	esently suspended	d, debarred, proposed	or debarment, dec	lared ineligible	e, voluntarily				
<ol> <li>Is the Applicant, any Associate of the Applica delinquent or have ever defaulted on a direct of limited to USDA, B&amp;I, FSA, FHA, EDA), or</li> </ol>	or guaranteed loa	n from SBA, or anothe			including, but not				
3. Is the Applicant or any owner of the Applican percentage of ownership, and describe the rel				nesses (includi	ing their TINs),	İ			
I. Is the Applicant or any Associate of the Applifor a felony or any crime involving or relating SBA financial assistance.)	icant presently in	carcerated, on probation	on, on parole, or pr						
Initial here to confirm your response to quest	tion 4 (originally	initialed, or an accep	table electronic si <sub>z</sub>	gnature, and r	not typed.)				
i. Are any of the Applicant's products and/or ser indirectly) as a result of this loan, or is this an b) below, if "No" move to question 6									
(a) Provide the estimated total export sales this	loan will support.					\$			
* (For EWCP loans, in a separate attachment, are located and a description of products and/			saction(s) for whic	ch the loan is i	needed, countries	where th	e buyers		
b) List of principal countries of Export (list at l	east 1):								
6. Has the Applicant paid or committed to pay a application materials, or has the Applicant paid Lender (the name of the third party and the an	id or committed to	o pay a referral agent	or broker a fee? If	"Yes" provide	details to your				
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? <i>If "Yes," provide details under a separate attachment.</i>									
3. Is any sole proprietor, partner, officer, directo a Household Member of an SBA employee?. " relations of the employee and any spouse who	'Household Mem	ber" means spouse an	d minor children o						
Is any employee, owner, partner, attorney, age employee who has been separated from SBA				* *	a former SBA				
0. Is any sole proprietor, general partner, officer household member of such individual, a mem branch of the Federal Government?									
1. Is any sole proprietor, general partner, office household member of such individual, a Federar higher (or Military equivalent)?						l			



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)? <i>If yes, provide details</i> .		

# Addendum A Attachment

• Question # 3 - Ownership in Other Businesses

0	Business Name:		
0	Percentage of ownership:		
0	EIN:	<u></u>	
0	Description of Relationship:		
	Pusinoss Namo:		
0	Business Name:		
0	Percentage of ownership:		
0	EIN:	<del>_</del>	
0	Description of Relationship:		
0	Business Name:		
0	Percentage of ownership:	<u>—</u>	
0	EIN:		
0	Description of Relationship:		
0	Business Name:		
0	Percentage of ownership:	<u></u>	
0	EIN:		
0	Description of Relationship:		
		<del></del>	
Signa	ature of Authorized Representative of Applicant	Date	
Print	Name	Title	



## **Authorization to Release Information**

Borrower (Applicant Compar	ny): 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
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:		
if you live in a community pro experience with us. You agre	operty state) and exchange info e to provide additional informat	redit and employment history, (including your spouse's, rmation with others about your credit and account ion that we may require to proof this application me tax returns, employment verification and income
reimburse the Bank for its ex but are not limited to: the Ba	penses incurred in connection	r unwanted services. However, you also agree to with any credit commitment. These expenses include, s, appraisal, environmental services, and legal costs, e consummated.
Principal (1): Print Name, Tit	le:	Authorized Signature:
Date: Soc	ial Security #:	Date of Birth:
Street Address:	City, State, Zip	o Code:
Principal (2): Print Name, Tit	le:	Authorized Signature:
	ial Security #:	Date of Birth:
	City, State, Zip	o Code:
		Authorized Signature: Date of Birth:
		o Code:
	·	5 Code
Principal (4): Print Name, Tit	le:	Authorized Signature:
		Date of Birth:
Street Address:	City, State, Zip	o 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 Telephor	ne #	
Residence Address		City	State	Zip Code
From	To present date.			
Previous Address:		City	State	Zin Code
From	to	City	State	Zip Codc
Spouse's Name		SS#		
Spouse's Name  Are you employed by the U.	. S. Government?	Yes NO	Agency / Positi	on
Are you a U.S. Citizen?	YesN	o, If no, give Alien Regis	stration Number	
EDUCATION:				
High School/College/Techn		Dates Attended	-	_
MILTARY SERVICE BA	CKGROUND:			
Branch of Service		Dates of Service		to
WORK EXPEREINCE: L	ist chronologically with	n present employer.		
Company Name / Location				
From	to	Title		
Duties				
Company Name / Location				
From				
Duties				
Company Name / Location				
From	to	Title		
Duties				
Company Name / Location				
From				
Duties				
Signa	ture	Datc		



## **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				, 20		
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				
	Title: _				Date:		
2	sheet)	sheet)	sheet)	sheet) Payment	agree Monthly sheet) Payment	agree Monthly sheet) Payment	

## **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:	

OMB APPROVAL NO.: 3245-0188 EXPIRATION DATE: 08/31/2027



#### 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)

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

#### Return completed form to:

For 7(a) loans: the Lender processing the application for SBA guaranty

For 504 loans: the Certified Development Company (CDC) processing the application for SBA guaranty For Surety Bonds: the Surety Company or Agent processing the application for surety bond guarantee

#### Disaster Business Loan Application

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 quaranty on the loan.

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 disasterloans@sba.gov

#### 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 \$400,000 or less; less than \$6.5 million in the fair market value of all her assets (to include her primary residence and value of the business concern); and less than \$850,000 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 beta certify.sba.gov. For additional information go to: <a href="http://wosb.certify.sba.gov">http://wosb.certify.sba.gov</a>

#### 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 \$400,000 or less; less than \$6.5 million in the fair market value of all assets (to include primary residence and value of the business concern); and less than \$850,000 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.

**Note**: 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 certify.sba.gov. For additional information go to: <a href="https://www.sba.gov/8abd">https://www.sba.gov/8abd</a>

Name		Business Phone (xxx-xxx-xxxx)					
Home Address	Home Phone (xxx-xx-xxxx)						
City, State, & Zip Code							
Business Name of Applicant/Borrower							
Business Address (if different than home address)							
Business Type: Corporation S-Corp.	LLC Partne	rship Sole Proprietor					
This information is current as of (mm/dd/yyyy) (must be within 90 days of submission for Disaster or	within 120 days of s	submission for 7(a)/504/SBG/8(a) BD/WOSB)					
WOSB applicant only, Married Yes No							
ASSETS	(Omit Cents)	LIABILITIES	(Omit Cents)				
Cash on Hand & in banks		Accounts Payable  Notes Payable to Banks and Others  (Describe in Section 2) Installment Account (Auto)  Mo. Payments Installment Account (Other)  Mo. Payments Loan(s) Against Life Insurance  Mortgages on Real Estate  (Describe in Section 4) Unpaid Taxes  (Describe in Section 6) Other Liabilities  (Describe in Section 7) Total Liabilities  Net Worth  Total  Must equal total in a	assets column.				
Section 1. Source of Income.		Contingent Liabilities					
Salary  Net Investment Income  Real Estate Income  Other Income (Describe below)		As Endorser or Co-Maker  Legal Claims & Judgments  Provision for Federal Income Tax  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)

Names and Addresses of Noteholder(s)		Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)		How Secured or Endorse Type of Collateral		
ection 3. Stocks and	d Bonds	S. (Use at	tachments if nec	essary. Each att	tachment must be i	dentified as pa	rt of this state	ement and signed	l.)
Number of Shares Name		ame of Securities		Cost				Date of Total Value on/Exchange	
ection 4. Real Estate d signed.)	Owned	d. (List ea	ach parcel separa	ately. Use attacl	hment if necessary	. Each attachr	nent must be	identified as a pa	art of this statement
			Property A		Property B		Property C		
Type of Real Estate (e Primary Residence, Of Residence, Rental Pro and, etc.)	her								
Address									
Date Purchased									
Original Cost									
Present Market Value									
Name & Address of Mortgage Holder									
Nortgage Account Nur	nber								
Nortgage Balance									
Amount of Payment per Month/Year									
Status of Mortgage									
Section 5. Other Persolder, amount of lien,							s security,	state name an	d address of lier

<b>Section 6. Unpaid Taxes.</b> (Describe in detail as to type, to whom paydien attaches.)	able, when due, amount, and to what property, if any, a tax
Section 7. Other Liabilities. (Describe in detail.)	
Section 8. Life Insurance Held. (Give face amount and cash surrend Beneficiaries.)	er value of policies – name of insurance company and
I authorize the SBA/Lender/Surety Company to make inquiries as necess determine my creditworthiness.	sary to verify the accuracy of the statements made and to
<u>CERTIFICATION</u> : (to be completed by each person submitting the informmore owner when spousal assets are included)	nation requested on this form and the spouse of any 20% or
By signing this form, I certify under penalty of criminal prosecution that al information submitted with this form is true and complete to the best of m Lenders or Certified Development Companies or Surety Companies will rapplication for a loan, surety bond, or participation in the WOSB or 8(a) B statements required by law and executive order.	y knowledge. I understand that SBA or its participating rely on this information when making decisions regarding an
Signature	Date (mm/dd/yyyy)
Print Name	Social Security No. (xxx-xx-xxxx)
Signature	Date (mm/dd/yyyy)
Print Name	Social Security No. (xxx-xx-xxxx)

## NOTICE TO 7(a) LOAN, 504 LOAN AND SURETY BOND APPLICANTS: CRIMINAL PENALITIES 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 PENALITIES 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: The Small Business Administration (SBA) requires this information collection for the administration of financial and contracting assistance programs. For financial assistance programs authorized by Sec. 7(a) of the Small Business Act, 15 U.S.C. § 636 et seq., and Title V of the Small Business Investment Act of 1958, 15 U.S.C. § 695, et seq., SBA regulations require any loan guarantor and individual owners of the small business applicant to submit a personal financial statement to disclose their assets and liabilities (See, 13 CFR § 120.150). With respect to SBA's contracting assistance programs, SBA regulations at 13 CFR § 124.104, 124.112, and 124.1002; and 13 CFR § 127.203 require, among other things, that applicants and participants submit financial information as part of the application for SBA's contracting assistance programs. SBA is collecting the information on this form, including social security numbers and other personal information, to make credit or other eligibility decisions 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.

Routine Uses: The Privacy Act authorizes SBA to make certain "routine uses" of information protected by that Act. One such routine use for SBA's loan system of records for personal use of information is to assist in obtaining credit bureau reports on Disaster Loan Applicants and guarantors for purposes of originating, servicing, and liquidating Disaster loans. The information in this system is used on a routine basis exclusively by authorized officials. 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. 552a. While the records are routinely used only for the purpose for which they are established, additional uses may be made in accordance to SBA's Privacy Act System of Records: SBA 20 - Disaster Loans Case Files, SBA 21- Loan Systems, SBA 30 - Government Contracting and Business Development, and SBA 26 - Power of Attorney Files. The notice of each system of records can be found here: <a href="https://www.sba.gov/sites/default/files/2020-01/sba-sorns.pdf">https://www.sba.gov/sites/default/files/2020-01/sba-sorns.pdf</a>.

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 guarantee. 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 loan, loan guaranty agreement, or bond guarantee. 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 or loan guaranty agreement, or 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 approved bond guarantee, as necessary to process, service or foreclose on a loan or loan guarantee or collect on a defaulted loan or loan guarantee, 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.