



BUSINESS LOAN APPLICATION

Thank you for considering Labette Bank for your business needs. Please complete the application and provide the information requested so that we may quickly review your loan request.

LOAN REQUEST

Amount of Loan Requested: _____

Type of Loan: Line of Credit Term Loan Commercial Real Estate Loan

Requested Term of Loan: _____

Specific Loan Purpose (Check all that apply): Working Capital Purchase Inventory Purchase Equipment
 Purchase Real Estate Purchase Existing Business Refinance Existing Loan or Debts

What collateral will you provide? Accounts Receivable Inventory Equipment Real Estate Vehicles
 Deposit Accounts Securities Other _____

Collateral: Loans are secured by collateral which is property in which a security interest is granted to secure repayment of the loan. The loan collateral may include business assets shown above and collateral appraisals may be required. A pledge of personal assets may be required as additional collateral for the business loan requested is insufficient collateral is available from business assets.

Type of Business: Retail Manufacturer Wholesale Service Agriculture

How long has your business been established? _____

How long has your business been under the current management? _____

MISCELLANEOUS INFORMATION

Does the business owe any taxes from prior years? Yes No How much? _____

Is the business an endorser, guarantor, or co-maker for any obligation not listed in the financial statements? Yes No

Has the business or principal owner ever declared bankruptcy? Yes No If yes, provide details on a separate sheet.

Is the business a defendant in any lawsuit? Yes No If yes, provide details on a separate sheet.

CERTIFICATION

The undersigned certifies that, to the best of his or her knowledge and belief, all information contained in this loan application and in the accompanying statements and documents is true, complete, and correct. The undersigned agrees to notify the Bank immediately of any material changes in this information. It is further agreed that, whether or not the loan herein applied for is approved, the undersigned will pay or reimburse the bank for the costs, if any, of surveys, title or mortgage examinations, appraisals, etc., performed by non-Bank personnel with the consent of the applicant. The undersigned authorizes the Bank to contact any bank and trade creditors it deems necessary without further notice, including, but not limited to, Dunn & Bradstreet reports, or personal credit reports on the owners and guarantors.

Business Name (print): _____

Applicant Signature: _____ Title _____ Date: _____

Guarantor(s) Signature : _____ Date: _____

Guarantor(s) Signature : _____ Date: _____

Guarantor(s) Signature : _____ Date: _____

Guarantor(s) Signature : _____ Date: _____

BUSINESS LOAN APPLICATION CHECKLIST

This checklist has been provided to assist you through the process of gathering the necessary information for the *initial evaluation* of your loan request. **Complete** information will be necessary to process your application. Forms are provided for items 1-13.

- Loan Request Form** (page 3)
- History and Description** (page 4)
- Financial References** (page 6)
- Personal Financial Statement** - Complete on all owners, partners, officers, directors, key employees, stockholders with 30% or more ownership. (page 7)
- Management Resume** - Provide complete resumes on all individuals referred to above. (page 9)
- List of Obligations** - This schedule must be dated the same as the Interim Business Financial Statement and reflect all outstanding liabilities as shown on the Interim Business Financial Statement. (page 10)
- For New Businesses Only – One Year Cash Flow Projection by Month Plus Estimated Annual Projections for years 2 and 3** (page 11)
- Estimated Projections** (page 12)
- Personal History Statement** (page 13)
- Schedule of Collateral** (page 17)
- Schedule of Previous Government Financing** (page 19)
- Affiliates and/or Subsidiary Businesses** (page 20)
- Request for Transcript of Tax Return** - Must be signed and dated (page 21)

IN ADDITION, PROVIDE THE FOLLOWING FOR APPLICANT BUSINESS AND AFFILIATES

- Business Financial Statements and Complete Tax Returns with All Schedules** - Income statement, balance sheets, and tax returns for three prior year-end periods and must be signed.
- Interim Business Financial Statements** – Income statement & balance sheet dated not over 60 days from application date
- Personal Tax Returns** – Attach federal tax returns for past three years on each individual referred to in personal financial statement section
- Summary Aging of Accounts Receivable and Payable** – Must agree to balances shown on interim balance sheet
- Copy of resolution authorizing businesses to borrower and/or open accounts**

OTHER (only if applicable):

- Copy of Existing or Proposed Lease Agreements**
- Copy of Partnership Agreements or Limited Liability Company Operating Agreements**
- Copy of Articles of Incorporation & Bylaws**
- Copy of Contractor Bids** (construction projects only)

Loan Request Form
Copies of pages can be made as appropriate.

APPLICANT COMPANY

Company Name _____ Telephone _____
Address _____
City _____ State _____ Zip _____
Date Established _____ Name of Franchise (if applicable) _____

- Type of Entity: Corporation "S" or C"
 Sole Proprietorship (d/b/a)
 General Partnership
 Limited Partnership
 LLC (# of members):

OWNERSHIP OF APPLICANT COMPANY

List below all owners, partners, and stockholders with 20% or more ownership interest.

Name _____
Title _____
Address _____
City, State, Zip _____
Telephone _____
Percent of Ownership _____
Social Security No. _____

Name _____
Title _____
Address _____
City, State, Zip _____
Telephone _____
Percent of Ownership _____
Social Security No. _____

Name _____
Title _____
Address _____
City, State, Zip _____
Telephone _____
Percent of Ownership _____
Social Security No. _____

Name _____
Title _____
Address _____
City, State, Zip _____
Telephone _____
Percent of Ownership _____
Social Security No. _____

(If additional owners, please attach on a separate sheet.)

AFFILIATES

List below all business concerns in which the applicant company or any of the individuals listed in the Ownership Section above have any ownership.

Name _____
Title _____
Address _____
City, State, Zip _____
Telephone _____
Percent of Ownership _____

Name _____
Title _____
Address _____
City, State, Zip _____
Telephone _____
Percent of Ownership _____

(If additional affiliates, please attach on a separate sheet)

History and Description of Business

Is project location different from your company's location?

Project Location Street

City

State

Zip

Company's Federal I.D. Number

Company's Fiscal Year

Is your business a

New Business

Existing Business

Is the project a relocation of your business?

When did you buy or start this business?

Why did you create or acquire your company?

Explain how the company has evolved (or will evolve) under your leadership.

How has the company changed recently?

What is the purpose of this project and how does it affect your company?

If you have had previous SBA financing, what is the present loan balance?

List all other government financing applied for or received.

PRODUCT LINE

Type of product(s) manufactured or service provided?

OPERATION

Key people involved in the operation of the company and their responsibilities?

Detail on how the product(s) is(are) manufactured, or service provided?

If the company is a franchise, how does the franchise impact the operations?

How often are the financials prepared and by whom?

Who reviews the financials?

Are the products and key people insured?			
Are the transactions reviewed for legal and risk concerns?		By Whom?	
What provision do you have for health, life and disability insurance? insurance?		Are you required to have Workers' Compensation	
Do you have the need for performance bonding?			
MARKETS			
What markets are targeted or served?		What is the forecast for the market?	
Type of marketing programs used?			
Sales levels and market share? (Cross reference with cash flow explanations and projections.)			
COMPETITION			
Who are the main competitors?		How do you deal with the competitors?	
What sets your company apart from the competition?			
EMPLOYMENT			
Levels past , present and future.	Existing (including affiliates)	Retained	New (within 18 months)
PROFESSIONAL ASSOCIATIONS			
What associations do you and/or your company belong to?			
If none, do you and/or your company plan to be associated with any organizations in the future?			
Are there any conferences or trade shows you attend or participate in?			
Are there any trade publications you subscribe to?			

Financial References

(Additional financial information may be provided under separate cover)

PROFESSIONAL ASSISTANCE

Attorney's Name _____
Firm _____
Address _____
City, State, Zip _____
Telephone _____
Contact _____

Attorney's Name _____
Firm _____
Address _____
City, State, Zip _____
Telephone _____
Contact _____

BANK REFERENCES (Business and Personal)

Name _____
Address _____
City, State, Zip _____
Telephone _____
Contact _____

Name _____
Address _____
City, State, Zip _____
Telephone _____
Contact _____

INSURANCE COMPANY

Contact _____ Telephone _____

Estimated Project Costs

Land Acquisition	\$ _____
New Building Construction	\$ _____
Contingency/Overruns	\$ _____
Existing Land and Building	\$ _____
Improvements/Repairs	\$ _____
Acquisition of Machinery/Equipment	\$ _____
Acquisition of Furniture/Fixtures	\$ _____
Inventory Purchase	\$ _____
Working Capital (including Accounts Payable)	\$ _____
Acquisition of all or part of Existing Business	\$ _____
Payoff Bank Loan	\$ _____
Other Debt Payment	\$ _____
TOTAL ESTIMATED PROJECT AMOUNT	\$ _____
LESS OWN CASH/EQUITY TO BE INJECTED	\$ _____
TOTAL LOAN REQUESTED FOR PROJECT	\$ _____
Sources of Equity:	
Cash from personal resources	\$ _____
Cash from business	\$ _____
Other Sources	\$ _____
Of Equity:	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____



PERSONAL FINANCIAL STATEMENT

U.S. SMALL BUSINESS ADMINISTRATION

As of _____, _____

Complete this form for: (1) each proprietor, or (2) each limited partner who owns 20% or more interest and each general partner, or (3) each stockholder owning 20% or more of voting stock, or (4) any person or entity providing a guaranty on the loan.

Name	Business Phone
Residence Address	Residence Phone
City, State, & Zip Code	
Business Name of Applicant/Borrower	

ASSETS		LIABILITIES	
	(Omit Cents)		(Omit Cents)
Cash on hand & in Banks	\$ _____	Accounts Payable	\$ _____
Savings Accounts	\$ _____	Notes Payable to Banks and Others	\$ _____
IRA or Other Retirement Account	\$ _____	(Describe in Section 2)	
Accounts & Notes Receivable	\$ _____	Installment Account (Auto)	\$ _____
Life Insurance-Cash Surrender Value Only	\$ _____	Mo. Payments \$ _____	
(Complete Section 8)		Installment Account (Other)	\$ _____
Stocks and Bonds	\$ _____	Mo. Payments \$ _____	
(Describe in Section 3)		Loan on Life Insurance	\$ _____
Real Estate	\$ _____	Mortgages on Real Estate	\$ _____
(Describe in Section 4)		(Describe in Section 4)	
Automobile-Present Value	\$ _____	Unpaid Taxes	\$ _____
Other Personal Property	\$ _____	(Describe in Section 6)	
(Describe in Section 5)		Other Liabilities	\$ _____
Other Assets	\$ _____	(Describe in Section 7)	
(Describe in Section 5)		Total Liabilities	\$ _____
Total	\$ _____	Net Worth	\$ _____
		Total	\$ _____

Section 1. Source of Income	Contingent Liabilities
Salary	\$ _____
Net Investment Income	\$ _____
Real Estate Income	\$ _____
Other Income (Describe below)*	\$ _____
	\$ _____
	\$ _____

Description of Other Income in Section 1.

*Alimony or child support payments need 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 a part of this statement and signed.)

Name and Address 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 a 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 Property			
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 SBA/Lender to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. I understand FALSE statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001).

Signature: _____ Date: _____ Social Security Number: _____

Signature: _____ Date: _____ Social Security Number: _____

PLEASE NOTE: The estimated average burden hours for the completion of this form is 1.5 hours per response. If you have questions or comments concerning this estimate or any other aspect of this information, please contact Chief, Administrative Branch, U.S. Small Business Administration, Washington, D.C. 20416, and Clearance Officer, Paper Reduction Project (3245-0188), Office of Management and Budget, Washington, D.C. 20503. **PLEASE DO NOT SEND FORMS TO OMB.**

MANAGEMENT RESUME

All owners over 20%, partners, directors, stockholders, & key managers should complete a resume which includes the items listed below. Please duplicate the form as needed.

PERSONAL

Name _____ SS# _____
First Middle Maiden Last

Date of Birth _____ Place of Birth _____

Residence Telephone _____

Residence Address _____
Street City State Zip

Previous Address _____
Street City State Zip

Lived there from _____ to _____ (month and year)

Spouse's Name _____ SS# _____
First Middle Maiden Last

Are you a U.S. citizen? Yes/ No

If no, give Alien Registration Number _____, and copy of green card, front and back.

Have you ever been charged with or convicted of any criminal offense other than a misdemeanor involving a motor vehicle violation? Yes/ No If yes, furnish details in a separate exhibit.

Have you ever declared bankruptcy? Yes/ No If yes, furnish details in a separate exhibit.

Are you presently under indictment, on parole or probation? Yes/ No If yes, furnish details in a separate exhibit.

EDUCATION

Type of Degree	Name & Location of Institution	Dates From/ To	Major	Did you Graduate?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

MILITARY SERVICE BACKGROUND

Branch _____ From _____ To _____
Honorable Discharge? _____ Rank at Discharge _____

WORK EXPERIENCE (List chronologically, beginning with present employment)

From _____ To _____ Title _____

Duties _____

Company Name/Location _____

From _____ To _____ Title _____

Duties _____

Company Name/Location _____

From _____ To _____ Title _____

Duties _____

Company Name/Location _____

Note: You may include additional relevant information on a separate exhibit.

Signature _____ Date _____

LIST OF OBLIGATIONS

Please list all contracts, notes and mortgages payable and reconcile with figures on balance Sheet (indicate an* by items to be paid from loan proceeds). Do not include personal debt. Include only debt owed by the business. Do not include Trade Payables. Only notes and contracts which constitute a fixed obligation of the business should be itemized.

To Whom Payable	Original Amount	Original Date	Present Balance	Rate of Interest	Maturity	Monthly Payment	Collateral Securing Loan
Existing Debt:							
Proposed Debt:							

	19	19	Current Year to Date
Beginning Surplus or Net Worth			
Profit or Loss			
Dividends			
Withdrawals			
Paid in			
Revaluation of Assets			
Other Additions (Explain)			
Other Charges (Explain)			
Ending Net Worth			

Note: Accounts receivable and accounts payable must reconcile with current balance sheet to be provided with application.

Aging	A/R	A/P
Under 30 days		
30-59 days		
60-89 days		
90-119 days		
120 days over		
Uncollectible		
TOTALS		

ESTIMATED PROJECTIONS

ATTACH A NARRATIVE EXPLAINING YOUR BASIS FOR FIGURES

YEAR	20 _____	20 _____	20 _____	
A	GROSS RECEIPTS	_____	_____	_____
B	COSTS OF GOODS SOLD	_____	_____	_____
C	GROSS PROFIT (A-B)	=====	=====	=====
EXPENSES:				
D	Officers Salaries	_____	_____	_____
E	Employee Wages: Administrative	_____	_____	_____
	Production	_____	_____	_____
F	Account & Legal	_____	_____	_____
G	Advertising	_____	_____	_____
H	Rent	_____	_____	_____
I	Depreciation	_____	_____	_____
J	Supplies	_____	_____	_____
K	Utilities & Telephone	_____	_____	_____
L	Interest	_____	_____	_____
M	Repairs	_____	_____	_____
N	Taxes	_____	_____	_____
O	Insurance	_____	_____	_____
P	Bad Debts	_____	_____	_____
Q	Misc. (Itemize if large)	_____	_____	_____
R	TOTAL EXPENSES: (SUM OF D THRU Q)	=====	=====	=====
S	NET PROFIT (C - R)	_____	_____	_____
T	Less Income Taxes	_____	_____	_____
U	Less Withdrawals	_____	_____	_____
V	AVAILABLE FOR LOAN PAYMENT (S-T-U+I+L)	=====	=====	=====

ONE YEAR MONTHLY CASH FLOW PROJECTION (see your CDC for assistance)

Company:

MONTH	START	1	2	3	4	5	6	7	8	9	10	11	12	TOTAL
Sales: Cash														
Credit														
Total Sales														
Cost of Sales (COGS)														
Gross Profit														

SELLING & GENERAL ADMINISTRATIVE EXPENSES (SGA):

Officer Salary (ies)														
Wages														
Rent-Property														
Rent-Equipment														
Auto/Truck Expenses														
Office Supplies														
Advertising														
Telephone & Utilities														
Bad Debts														
Taxes/Licenses														
Depreciation														
Repairs/Maintenance														
Accounting/Legal														
Interest-CDC														
Interest-Other														
Office Expenses														
Royalties														
Miscellaneous														
Other														
Total Expenses														
Net Profit														

Please attach assumptions to this projection.
Please indicate seasonality during the year.

Signature _____ Date _____



United States of America
SMALL BUSINESS ADMINISTRATION
STATEMENT OF PERSONAL HISTORY

Please Read Carefully - Print or Type

Each member of the small business or the development company requesting assistance must submit this form in TRIPLICATE for filing with the SBA application. This form must be filled out and submitted by:

- 1. By the proprietor, if a sole proprietorship.
- 2. By each partner, if a partnership.
- 3. By each officer, director, and additionally by each holder of 20% or more of the ownership stock, if a corporation, limited liability company, or a development company.

Name and Address of Applicant (Firm Name)(Street, City, State, and ZIP Code)	SBA District/Disaster Area Office
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Amount Applied for (when applicable)	File No. (if known)
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1. Personal Statement of: (State name in full, if no middle name, state (NMN), or if initial only, indicate initial.) List all former names used, and dates each name was used. Use separate sheet if necessary. First _____ Middle _____ Last _____	2. Give the percentage of ownership or stocked owned or to be owned in the small business or the development company _____ Social Security No. _____ 3. Date of Birth (Month, day, and year) _____ 4. Place of Birth: (City & State or Foreign Country) _____
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Name and Address of participating lender or surety co. (when applicable and known)	5. U.S. Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO If No, are you a Lawful Permanent resident alien: <input type="checkbox"/> YES <input type="checkbox"/> NO If non- U.S. citizen provide alien registration number: _____
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6. Present residence address: From: _____ To: _____ Address: _____ Home Telephone No. (Include A/C): _____ Business Telephone No. (Include A/C): _____	Most recent prior address (omit if over 10 years ago): From: _____ To: _____ Address: _____
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PLEASE SEE REVERSE SIDE FOR EXPLANATION REGARDING DISCLOSURE OF INFORMATION AND THE USES OF SUCH INFORMATION.

IT IS IMPORTANT THAT THE NEXT THREE QUESTIONS BE ANSWERED COMPLETELY. AN ARREST OR CONVICTION RECORD WILL NOT NECESSARILY DISQUALIFY YOU; HOWEVER, AN UNTRUTHFUL ANSWER WILL CAUSE YOUR APPLICATION TO BE DENIED.

IF YOU ANSWER "YES" TO 7, 8, OR 9, FURNISH DETAILS ON A SEPARATE SHEET. INCLUDE DATES, LOCATION, FINES, SENTENCES, WHETHER MISDEMEANOR OR FELONY, DATES OF PAROLE/PROBATION, UNPAID FINES OR PENALTIES, NAME(S) UNDER WHICH CHARGED, AND ANY OTHER PERTINENT INFORMATION.

7. Are you presently under indictment, on parole or probation?
 Yes No (If yes, indicate date parole or probation is to expire.)

8. Have you ever been charged with and or arrested for any criminal offense other than a minor motor vehicle violation? Include offenses which have been dismissed, discharged, or not prosecuted (All arrests and charges must be disclosed and explained on an attached sheet.)
 Yes No

9. Have you ever been convicted, placed on pretrial diversion, or placed on any form of probation, including adjudication withheld pending probation, for any criminal offense other than a minor vehicle violation?
 Yes No

10. I authorize the Small Business Administration Office of Inspector General to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for programs authorized by the Small Business Act, and the Small Business Investment Act.

CAUTION: Knowingly making a false statement on this form is a violation of Federal law and could result in criminal prosecution, significant civil penalties, and a denial of your loan, surety bond, or other program participation. A false statement is punishable under 18 USC 1001 by imprisonment of not more than five years and/or a fine of not more than \$10,000; under 15 USC 645 by imprisonment of not more than two years and/or a fine of not more than \$5,000; and, if submitted to a Federally insured institution, under 18 USC 1014 by imprisonment of not more than thirty years and/or a fine of not more than \$1,000,000.

Signature	Title	Date
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Agency Use Only 11. <input type="checkbox"/> Fingerprints Waived _____ Date _____ Approving Authority _____ <input type="checkbox"/> Fingerprints Required _____ Date _____ Approving Authority _____ Date Sent to OIG _____	12. <input type="checkbox"/> Cleared for Processing _____ Date _____ Approving Authority _____ 13. <input type="checkbox"/> Request a Character Evaluation _____ Date _____ Approving Authority _____ (Required whenever 7, 8 or 9 are answered "yes" even if cleared for processing.)
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PLEASE NOTE: The estimated burden for completing this form is 15 minutes per response. You are not required to respond to any collection of information unless it displays a currently valid OMB approval number. Comments on the burden should be sent to U.S. Small Business Administration, Chief, AIB, 409 3rd St., S.W., Washington D.C. 20416 and Desk Officer for the Small Business Administration, Office of Management and Budget, New Executive Office Building, Room 10202, Washington, D.C. 20503. OMB Approval 3245-0178. **PLEASE DO NOT SEND FORMS TO OMB.**



NOTICES REQUIRED BY LAW

The following is a brief summary of the laws applicable to this solicitation of information.

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

SBA is collecting the information on this form to make a character and credit eligibility decision to fund or deny you a loan or other form of assistance. The information is required in order for SBA to have sufficient information to determine whether to provide you with the requested assistance. The information collected may be checked against criminal history indices of the Federal Bureau of Investigation.

Privacy Act (5 U.S.C. § 552a)

Any person can request to see or get copies of any personal information that SBA has in his or her file, when that file is retrievable by individual identifiers, such as name or social security numbers. Requests for information about another party may be denied unless SBA has the written permission of the individual to release the information to the requestor or unless the information is subject to disclosure under the Freedom of Information Act.

Under the provisions of the Privacy Act, you are not required to provide your social security number. Failure to provide your social security number may not affect any right, benefit or privilege to which you are entitled. Disclosures of name and other personal identifiers are, however, required for a benefit, as SBA requires an individual seeking assistance from SBA to provide it with sufficient information for it to make a character determination. In determining whether an individual is of good character, SBA considers the person's integrity, candor, and disposition toward criminal actions. In making loans pursuant to section 7(a)(6) the Small Business Act (the Act), 15 USC § 636 (a)(6), SBA is required to have reasonable assurance that the loan is of sound value and will be repaid or that it is in the best interest of the Government to grant the assistance requested. Additionally, SBA is specifically authorized to verify your criminal history, or lack thereof, pursuant to section 7(a)(1)(B), 15 USC § 636(a)(1)(B). Further, for all forms of assistance, SBA is authorized to make all investigations necessary to ensure that a person has not engaged in acts that violate or will violate the Act or the Small Business Investment Act, 15 USC §§ 634(b)(11) and 687b(a). For these purposes, you are asked to voluntarily provide your social security number to assist SBA in making a character determination and to distinguish you from other individuals with the same or similar name or other personal identifier.

When this information indicates a violation or potential violation of law, whether civil, criminal, or administrative in nature, SBA may refer it to the appropriate agency, whether Federal, State, local, or foreign, charged with responsibility for or otherwise involved in investigation, prosecution, enforcement or prevention of such violations. See 56 Fed. Reg. 8020 (1991) for other published routine uses.



United States of America
SMALL BUSINESS ADMINISTRATION
STATEMENT OF PERSONAL HISTORY

Please Read Carefully - Print or Type

Each member of the small business or the development company requesting assistance must submit this form in TRIPLICATE for filing with the SBA application. This form must be filled out and submitted by:

- 1. By the proprietor, if a sole proprietorship.
- 2. By each partner, if a partnership.
- 3. By each officer, director, and additionally by each holder of 20% or more of the ownership stock, if a corporation, limited liability company, or a development company.

Name and Address of Applicant (Firm Name)(Street, City, State, and ZIP Code)	SBA District/Disaster Area Office
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Amount Applied for (when applicable)	File No. (if known)
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1. Personal Statement of: (State name in full, if no middle name, state (NMN), or if initial only, indicate initial.) List all former names used, and dates each name was used. Use separate sheet if necessary. First _____ Middle _____ Last _____	2. Give the percentage of ownership or stocked owned or to be owned in the small business or the development company _____ Social Security No. _____ 3. Date of Birth (Month, day, and year) _____ 4. Place of Birth: (City & State or Foreign Country) _____
---	---

Name and Address of participating lender or surety co. (when applicable and known)	5. U.S. Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO If No, are you a Lawful Permanent resident alien: <input type="checkbox"/> YES <input type="checkbox"/> NO If non- U.S. citizen provide alien registration number: _____
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6. Present residence address: From: _____ To: _____ Address: _____ Home Telephone No. (Include A/C): _____ Business Telephone No. (Include A/C): _____	Most recent prior address (omit if over 10 years ago): From: _____ To: _____ Address: _____
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7. Are you presently under indictment, on parole or probation?
 Yes No (If yes, indicate date parole or probation is to expire.)

8. Have you ever been charged with and or arrested for any criminal offense other than a minor motor vehicle violation? Include offenses which have been dismissed, discharged, or not prosecuted (All arrests and charges must be disclosed and explained on an attached sheet.)
 Yes No

9. Have you ever been convicted, placed on pretrial diversion, or placed on any form of probation, including adjudication withheld pending probation, for any criminal offense other than a minor vehicle violation?
 Yes No

10. I authorize the Small Business Administration Office of Inspector General to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for programs authorized by the Small Business Act, and the Small Business Investment Act.

CAUTION: Knowingly making a false statement on this form is a violation of Federal law and could result in criminal prosecution, significant civil penalties, and a denial of your loan, surety bond, or other program participation. A false statement is punishable under 18 USC 1001 by imprisonment of not more than five years and/or a fine of not more than \$10,000; under 15 USC 645 by imprisonment of not more than two years and/or a fine of not more than \$5,000; and, if submitted to a Federally insured institution, under 18 USC 1014 by imprisonment of not more than thirty years and/or a fine of not more than \$1,000,000.

Signature _____	Title _____	Date _____
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Agency Use Only 11. <input type="checkbox"/> Fingerprints Waived _____ Date _____ Approving Authority _____ <input type="checkbox"/> Fingerprints Required _____ Date _____ Approving Authority _____ Date Sent to OIG _____	12. <input type="checkbox"/> Cleared for Processing _____ Date _____ Approving Authority _____ 13. <input type="checkbox"/> Request a Character Evaluation _____ Date _____ Approving Authority _____ (Required whenever 7, 8 or 9 are answered "yes" even if cleared for processing.)
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PLEASE NOTE: The estimated burden for completing this form is 15 minutes per response. You are not required to respond to any collection of information unless it displays a currently valid OMB approval number. Comments on the burden should be sent to U.S. Small Business Administration, Chief, AIB, 409 3rd St., S.W., Washington D.C. 20416 and Desk Officer for the Small Business Administration, Office of Management and Budget, New Executive Office Building, Room 10202, Washington, D.C. 20503. OMB Approval 3245-0178. **PLEASE DO NOT SEND FORMS TO OMB.**



NOTICES REQUIRED BY LAW

The following is a brief summary of the laws applicable to this solicitation of information.

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

SBA is collecting the information on this form to make a character and credit eligibility decision to fund or deny you a loan or other form of assistance. The information is required in order for SBA to have sufficient information to determine whether to provide you with the requested assistance. The information collected may be checked against criminal history indices of the Federal Bureau of Investigation.

Privacy Act (5 U.S.C. § 552a)

Any person can request to see or get copies of any personal information that SBA has in his or her file, when that file is retrievable by individual identifiers, such as name or social security numbers. Requests for information about another party may be denied unless SBA has the written permission of the individual to release the information to the requestor or unless the information is subject to disclosure under the Freedom of Information Act.

Under the provisions of the Privacy Act, you are not required to provide your social security number. Failure to provide your social security number may not affect any right, benefit or privilege to which you are entitled. Disclosures of name and other personal identifiers are, however, required for a benefit, as SBA requires an individual seeking assistance from SBA to provide it with sufficient information for it to make a character determination. In determining whether an individual is of good character, SBA considers the person's integrity, candor, and disposition toward criminal actions. In making loans pursuant to section 7(a)(6) the Small Business Act (the Act), 15 USC § 636 (a)(6), SBA is required to have reasonable assurance that the loan is of sound value and will be repaid or that it is in the best interest of the Government to grant the assistance requested. Additionally, SBA is specifically authorized to verify your criminal history, or lack thereof, pursuant to section 7(a)(1)(B), 15 USC § 636(a)(1)(B). Further, for all forms of assistance, SBA is authorized to make all investigations necessary to ensure that a person has not engaged in acts that violate or will violate the Act or the Small Business Investment Act, 15 USC §§ 634(b)(11) and 687b(a). For these purposes, you are asked to voluntarily provide your social security number to assist SBA in making a character determination and to distinguish you from other individuals with the same or similar name or other personal identifier.

When this information indicates a violation or potential violation of law, whether civil, criminal, or administrative in nature, SBA may refer it to the appropriate agency, whether Federal, State, local, or foreign, charged with responsibility for or otherwise involved in investigation, prosecution, enforcement or prevention of such violations. See 56 Fed. Reg. 8020 (1991) for other published routine uses.

EXHIBIT 11

Please sign and date one of the statements listed below:

SCHEDULE OF ANY PREVIOUS GOVERNMENT FINANCING

Name of Agency	Original Date	Amount	Outstanding Balance	Collateral	Status of Debt
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

To the best of this company's recollection, the government financing listed above is the only type of financing incurred by the company, principals, and/or affiliates of the company.

Signature of Applicant and Title

Date _____

**IF THE ABOVE STATEMENT IS NOT APPLICABLE, PLEASE
SIGN AND DATE THE STATEMENT BELOW:**

This company, its principals or any of its affiliates do not have any other type of government financing. Furthermore, to our best knowledge, the company, its principals nor any of its affiliates have not had any type of previous government financing.

Signature of Applicant and Title

Date _____

EXHIBIT 12

Please sign and date one of the statements listed below:

AFFILIATES AND/OR SUBSIDIARY FIRMS

This company, its owners and/or majority stockholders do not own or have a controlling interest in any other businesses.

Signature of Applicant and Title

Date _____

**IF THE ABOVE STATEMENT IS NOT TRUE, PLEASE LIST YOUR
AFFILIATE COMPANIES BELOW AND SIGN AND DATE
THE STATEMENT BELOW:**

This company has affiliate companies that are listed below. In addition, the last two (2) fiscal year tax returns (signed and dated) and a current financial statement (no older than 60 days) is attached for each of the below listed firms.

1. Name/Address _____
Which principal is affiliated? _____ Ownership % _____
2. Name/Address _____
Which principal is affiliated? _____ Ownership % _____
3. Name/Address _____
Which principal is affiliated? _____ Ownership % _____
4. Name/Address _____
Which principal is affiliated? _____ Ownership % _____

See attached historical and interim financial documents.

Request for Transcript of Tax Return

Department of the Treasury
Internal Revenue Service

- ▶ **Do not sign this form unless all applicable parts have been completed. Read the instructions on page 2.**
- ▶ **Request may be rejected if the form is incomplete, illegible, or any required part was blank at the time of signature.**

TIP: Use new Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can also call 1-800-829-1040 to order a transcript. If you need a copy of your return, use **Form 4506**, Request for Copy of Tax Return. There is a fee to get a copy of your return.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return	2b Second social security number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code	
4 Address, (including apt., room, or suite no.), city, state, and ZIP code shown on the last return filed if different from line 3	
5 If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information.	

CAUTION: Lines 6 and 7 must be completed if the third party requires you to complete Form 4506-T. **Do not sign Form 4506-T if the third party requests that you sign Form 4506-T and lines 6 and 7 are blank.**

6 Product requested. Most requests will be processed within 10 business days. If the product requested relates to information from a return filed more than 4 years ago, it may take up to 30 days. Enter the return number here and check the box below. ▶ _____

- a Return Transcript**, which includes most of the line items of a tax return as filed with the IRS. Transcripts are generally available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120A, Form 1120H, Form 1120L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years
- b Account Transcript**, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns
- c Record of Account**, which is a combination of line item information and later adjustments to the account. Available for current year and 3 prior tax years
- d Verification of Nonfiling**, which is proof from the IRS that you did not file a return for the year
- e Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2003, filed in 2004, will not be available from the IRS until 2005. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213

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.

7 Year or period requested. Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T.

_____ / _____ / _____ _____ / _____ / _____ _____ / _____ / _____ _____ / _____ / _____

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, **either** husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer.

Sign Here	_____ Signature (see instructions)	_____ Date	_____ Telephone number of taxpayer on line 1a or 2a ()
	_____ Title (if line 1a above is a corporation, partnership, estate, or trust)		
	_____ Spouse's signature	_____ Date	

A Change To Note

• **New Form 4506-T**, Request for Transcript of Tax Return, is used to request tax return transcripts, tax account transcripts, W-2 information, 1099 information, verification of non-filing, and a record of account. **Form 4506**, Request for Copy of Tax Return, is now used only to request copies of tax returns.

Instructions

Purpose of form. Use Form 4506-T to request tax return information. You can also designate a third party to receive the information. See line 5.

Where to file. Mail or fax Form 4506-T to the address below for the state you lived in when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series) and one for all other transcripts.

Note: *If you are requesting more than one transcript or other product and the chart below shows two different service centers, mail your request to the service center based on the address of your most recent return.*

Chart for individual transcripts (Form 1040 series)

If you lived in and filed an individual return:	Mail or fax to the Internal Revenue Service at:
Maine, Massachusetts, New Hampshire, New York, Vermont	RAIVS Team 310 Lowell St. Stop 679 Andover, MA 01810 978-691-6859
Alabama, Florida, Georgia, Mississippi, North Carolina, South Carolina, West Virginia, Rhode Island	RAIVS Team 4800 Buford Hwy. Stop 91 Chamblee, GA 30341 678-530-5326
Arkansas, Colorado, Kentucky, Louisiana, New Mexico, Oklahoma, Tennessee, Texas	RAIVS Team 3651 South Interregional Hwy. Stop 6716 Austin, TX 78741 512-460-2272
Alaska, Arizona, California, Hawaii, Idaho, Montana, Nevada, Oregon, Utah, Washington, Wyoming	RAIVS Team Stop 38101 Fresno, CA 93888 559-253-4992
Delaware, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, South Dakota, Wisconsin	RAIVS Team Stop B41-6700 Kansas City, MO 64999 816-823-7667
Ohio, Virginia	RAIVS Team 5333 Getwell Rd. Stop 2826 Memphis, TN 38118 901-546-4175

Connecticut, District of Columbia, Maryland, New Jersey, Pennsylvania, a foreign country, or A.P.O. or F.P.O. address

RAIVS Team
DP SE 135
Philadelphia, PA 19255-0695

215-516-2931

Chart for all other transcripts

If you lived in:	Mail to the Internal Revenue Service at:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Georgia, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Tennessee, Texas, Utah, Washington, Wyoming	RAIVS Team Mail Stop 6734 Ogden, UT 84201 801-620-6922
Connecticut, Delaware, District of Columbia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia, Wisconsin	RAIVS Team P.O. Box 145500 Stop 2800F Cincinnati, OH 45250 859-669-3592

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

Signature and date. Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the information be sent to a third party, the IRS must receive Form 4506-T within 60 days of the date signed by the taxpayer or it will be rejected.

Individuals. Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Corporations. Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer.

Partnerships. Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 7.

All others. See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

Documentation. For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the Letters Testamentary authorizing an individual to act for an estate.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. Sections 6103 and 6109 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, and the District of Columbia for use in administering their tax laws. We may also disclose this information to Federal and state agencies to enforce Federal nontax criminal laws and to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form**, 10 min.; **Preparing the form**, 11 min.; and **Copying, assembling, and sending the form to the IRS**, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to the Tax Products Coordinating Committee, Western Area Distribution Center, Rancho Cordova, CA 95743-0001. **Do not** send the form to this address. Instead, see **Where to file** on this page.