

Management Profile

Duplicate as needed...to be completed for each owner, partner, 20% or more shareholder, Officer, Director and/or key management personnel



Small Business Growth Corporation
504 Loan Program

PERSONAL INFORMATION

Last Name			First			M.I.		Maiden		
Home Address						Apartment/Unit #				
City				State			ZIP			
Residence Phone				Business Phone						
Social Security No.			Date of Birth			Place of Birth				
Previous Address										
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>					
Are you employed by the U.S. Government?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain							
Have you, or the officers of the company, been involved in bankruptcy or insolvency proceedings?						YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Are you or the business involved in any pending lawsuits?						YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Have you ever been charged with, or arrested for, any criminal offense other than a minor vehicle violation?						YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Are you presently under indictment, on parole or probation?						YES <input type="checkbox"/>	NO <input type="checkbox"/>			

EDUCATION

Technical Training					Address					
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree					
College					Address					
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree					
Other					Address					
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree					

WORK EXPERIENCE (LIST CHRONOLOGICALLY, BEGINNING WITH CURRENT EMPLOYMENT)

Company					Phone						
Address					Job Title						
Responsibilities					From			To			

Company					Phone						
Address					Job Title						
Responsibilities					From			To			

Company	Phone
Address	Job Title
Responsibilities	From To

MILITARY SERVICE

Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

FOR GOVERNMENT STATISTICAL PURPOSES ONLY: THE FOLLOWING INFORMATION IS REQUIRED BY THE U.S. SMALL BUSINESS ADMINISTRATION IN ORDER TO REFLECT THE PARTICIPATION OF VARIOUS GROUPS UTILIZING THE 504 LOAN PROGRAM. THIS INFORMATION IS FOR STATISTICAL PURPOSES ONLY AND IS NECESSARY TO DOCUMENT SBA FAIR LENDING PRACTICES. IT HAS NO BEARING ON THE CREDIT DECISION TO APPROVE OR DECLINE THIS APPLICATION, BUT MUST BE COLLECTED

Indicate your percentage ownership of the applicant small business	%
Gender Male <input type="checkbox"/> Female <input type="checkbox"/>	Veteran Status Non-Veteran <input type="checkbox"/> Veteran <input type="checkbox"/>
Which race do you most closely identify? (Choose one)	
African American <input type="checkbox"/> Asian, Pacific Islander <input type="checkbox"/> Eskimo or Aleut <input type="checkbox"/> Native American <input type="checkbox"/> White <input type="checkbox"/> Spanish/Hispanic <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Other <input type="checkbox"/> _____	

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

By signing below, you authorize Growth Corp to verify your statements with any source, and to obtain credit and employment history. You agree to provide any additional information that we may require to process this application.

Signature	Date
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