



U.S. Small Business Administration
APPLICATION FOR BUSINESS LOAN

OMB Approval No. 3245-0016
Expiration Date: 11/30/2012

Individual		Full Address			
Name of Applicant Business				Tax I.D. No. or SSN	
Full Street Address of Business				Tel. No. (inc. A/C)	
City	County	State	Zip	Number of Employees (Including subsidiaries and affiliates)	
Type of Business			Date Business Established	At Time of Application _____	
Bank of Business Account and Address				If Loan is Approved _____	
				Subsidiaries or Affiliates (Separate from Above) _____	

Use of Proceeds: (Enter Gross Dollar Amounts Rounded to the Nearest Hundreds)	Loan Requested	Loan Requested	Loan Requested
Land Acquisition	\$0.00	Payoff SBA Loan	\$0.00
New Construction/ Expansion Repair	\$0.00	Payoff Bank Loan (Non SBA Associated)*	\$0.00
Acquisition and/or Repair of Machinery and Equipment	\$0.00	Other Debt Payment (Non SBA Associated)*	\$0.00
Inventory Purchase	\$0.00	All Other	\$0.00
Working Capital (Including Accounts Payable)	\$0.00	Total Loan Requested	
Acquisition of Existing Business	\$0.00	Term of Loan - (Requested Maturity.)	_____ 0 Yrs.

CURRENT AND PREVIOUS SBA AND OTHER GOVERNMENT DEBT: Complete the chart below if you, your business, any principal of your business, any affiliate of your business, any other business currently owned by a principal, or any business previously owned by you or a principal of your business has received or applied for any direct or guaranteed financial assistance from the Federal Government, including student loans and disaster loans. All current, previous, and pending Government debt must be listed, including loans that have been paid in full or those that resulted in a loss to the Government. (Note: Loans that resulted in a loss to the Government include loans that were charged off, compromised, or discharged as a result of bankruptcy. The amount of the loss is the outstanding principal balance of the loan that the Government had to write off after all collection activities (including compromise) were finalized.)

Name of Agency Agency Loan #	Borrower's Name	Original Amount of Loan	Date of Application	Loan Status	Outstanding Balance	\$ Amount of Loss to the Government
1.						
#						
2.						
#						
3.						
#						
4.						
#						

ASSISTANCE: Did you commit to pay -- or have you paid -- anyone (including the lender) to assist you in either obtaining this loan (such as a broker, consultant or referral agent) or in preparing the application or application materials for this loan (such as a loan packager)? Yes No
If "Yes" complete SBA Form 159 (7a) - (Fee Disclosure Form and Compensation Agreement) for each party that was paid or will be paid.

Note: The estimated burden completing this form is 12.0 hours per response. You will not be required to respond to collection of information unless it displays a currently valid OMB approval number. Comments on the burden should be sent to the U.S. Small Business Administration, Chief, AIB, 409 3rd St., S.W., Washington, DC. 20416 and Desk Office for Small Business Administration, Office of Management and Budget, New Executive Building, room 10202 Washington, D.C. 20503. OMB Approval (3245-0016). **PLEASE DO NOT SEND FORMS TO OMB. SUBMIT COMPLETED APPLICATION TO LENDER OF CHOICE.**

ALL EXHIBITS MUST BE SIGNED AND DATED BY PERSON SIGNING THIS FORM

BUSINESS INDEBTEDNESS: Furnish the following information on all outstanding installment debts, contracts, notes, and mortgages payable. Indicate by an asterisk (*) items to be paid by loan proceeds and reasons for paying them. (Present balance should agree with the latest balance sheet submitted).

To Whom Payable	Original Amount	Original Date	Present Balance	Rate of Interest	Maturity Date	Monthly Payment	Security	Current or Past Due
Acct. #								
Acct. #								
Acct. #								
Acct. #								
Acct. #								
Acct. #								
Acct. #								
Acct. #								
Acct. #								

MANAGEMENT (Proprietor, partners, officers, directors, all holders of outstanding stock – 100% of ownership must be shown .) Use separate sheet if necessary.

Name and Social Security Number Position/Title	Complete Address	% Owned	*Gender
			*Veteran Status Veteran Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, service-disabled? Yes <input type="checkbox"/> No <input type="checkbox"/>
Race *: Amer. Ind./Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African - Amer <input type="checkbox"/> Native Haw. or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/>			*Veteran Status Veteran Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, service-disabled? Yes <input type="checkbox"/> No <input type="checkbox"/>
Race *: Amer. Ind./Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African - Amer <input type="checkbox"/> Native Haw. or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/>			*Veteran Status Veteran Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, service-disabled? Yes <input type="checkbox"/> No <input type="checkbox"/>
Race *: Amer. Ind./Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African - Amer <input type="checkbox"/> Native Haw. or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/>			*Veteran Status Veteran Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, service-disabled? Yes <input type="checkbox"/> No <input type="checkbox"/>
Race *: Amer. Ind./Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African - Amer <input type="checkbox"/> Native Haw. or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/>			*Veteran Status Veteran Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, service-disabled? Yes <input type="checkbox"/> No <input type="checkbox"/>
Race *: Amer. Ind./Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African - Amer <input type="checkbox"/> Native Haw. or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/>			*Veteran Status Veteran Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, service-disabled? Yes <input type="checkbox"/> No <input type="checkbox"/>

*This data is collected for statistical purposes only. It has no bearing on the credit decision. Disclosure is voluntary. One or more boxes for race may be selected.

For Guaranty Loans please provide an original and one copy (Photocopy is Acceptable) of the Application Form and all Exhibits to the participating Lender. For Direct Loans submit one original copy of the application and Exhibits to SBA.

1. Submit SBA Form 912 (Statement of Personal History) for each proprietor (if sole proprietorship), partner (if a partnership), and by each officer, director, and owner of 20% or more of the company's stock (if a corporation, limited liability company or development company).

2. If your collateral consists of (A) Land and Building, (B) Machinery and Equipment, (C) Furniture and Fixtures, (D) Accounts Receivable, (E) Inventory, (F) Other, please provide an itemized list that contains serial and identification numbers for all articles that had an original value of greater than \$5,000. Include a legal description of Real Estate offered as collateral. Label it Exhibit A.

3. Furnish a signed current personal balance sheet (SBA Form 413 may be used for this purpose) 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. Include the assets and liabilities of the spouse and any minor children.

Also, include the tax i.d. number [EIN or Social Security Number (SSN)] Label it Exhibit B.

4. Include the financial statements listed below: a, b, c for the last three years; also a, b, c, and d as of the same date, - current within 90 days of filing the application; and statement e, if applicable. **All** information must be signed and dated (a) Balance Sheet; (b) Profit and Loss Statement (if not available, explain why and substitute Federal income tax forms); (c) Reconciliation of Net Worth; (d) Aging of Accounts Receivable and Payable (summary); (e) Projection of earnings for at least one year where financial statements for the last three years are unavailable or when SBA requests them. Label it Exhibit C. (Contact SBA for a referral if assistance with preparation is wanted.)

5. Provide a brief history of your company and a paragraph describing the expected benefits it will receive from the loan. Label it Exhibit D.

6. Provide a brief description similar to a resume of the education, technical and business background for all the people listed under Management. Label it Exhibit E.

7. Submit the name, addresses, tax I.D. number (EIN or SSN), and current personal financial statement of any co-signers who are not otherwise affiliated with the business and any guarantors for the loan not covered by 3. above. Exhibit E.

8. Include a list of any machinery or equipment or other non-real estate assets to be purchased with loan proceeds and the cost of each item as quoted by the seller. Include the seller's name and address. Exhibit G.

9. Have you or any officer of your company ever been involved in bankruptcy or insolvency proceedings? Yes No. If yes, please provide the details as Exhibit H.

10. Are you or your business involved in any pending lawsuits? Yes No. If yes, provide the details as Exhibit I.

11. Do you or your spouse or any member of your household, or anyone who owns, manages, or directs your business or their spouses or members of their households work for the Small Business Administration, Small Business Advisory Council, SCORE or ACE, any Federal Agency, or the participating lender? Yes No. If yes, please provide the name and address of the person and the office where employed. Label this Exhibit J.

12. Does your business, its owners or majority stockholders own or have a controlling interest in other businesses? Yes No. If yes, please provide their names and the relationship with your company along with financial data requested in question 4. Label this Exhibit K.

13. Do you buy from, sell to, or use the services of any concern in which someone in your company has a significant financial interest? Yes No. If yes, provide details on a separate sheet of paper. Exhibit L.

14. Is your business is a franchise, Yes No. If yes, include a copy of the franchise agreement and a copy of the FTC disclosure statement supplied to you by the Franchisor. Label this Exhibit M.

CONSTRUCTION LOANS ONLY

15. Include as a separate exhibit the estimated cost of the project and a statement of the source of any additional funds. Label this Exhibit N.

16. Provide copies of preliminary construction plans and specifications. Label this Exhibit O. Final plans will be required prior to disbursement.

EXPORT LOANS

17. Does your business currently export, or will it start exporting, pursuant to this loan (if approved) ?
Check here: Yes No

18. If you answered yes to item 17, what is your estimate of the total export sales this loan would support? _____

19. Would you like information on Exporting?
Check here: Yes No

COUNSELING/TRAINING

20. Have you received counseling or training from SBA (e.g., SCORE, ACE, SBDC, WBC, etc.) ?
Check here: Yes No

AGREEMENTS AND CERTIFICATIONS

AGREEMENTS:

By signing below you agree to the following:

(a) Agreements of non-employment of SBA Personnel. I agree that if SBA approves this application I will not, for at least two years, hire as an employee or consultant anyone that was employed by the SBA during the one year period prior to the loan disbursement.

(b) Waiver of Claims. As consideration for any Management, Technical, and/or Business Development Assistance that may be provided, I waive all claims against SBA and its consultants.

(c) Criminal Background. I authorize the SBA's Office of Inspector General to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for assistance under the Small Business Act.

(d) Reimbursement of Expenses. I agree to pay for or reimburse SBA for the cost of any surveys, title or mortgage examinations, appraisals, credit reports, etc., performed by non-SBA personnel provided I have given my consent.

(e) Reporting. I agree to report to the SBA Office of the Inspector General, Washington, DC 20416 any federal government employee who offers, in return for any type of compensation, to help get this loan approved.

READ THE FOLLOWING CAREFULLY -- FALSE STATEMENTS ARE SUBJECT TO CRIMINAL PROSECUTION:

If you knowingly make a false statement, you can be fined up to \$250,000 and/or imprisoned for not more than five years under 18 USC 1001; if submitted to a Federally insured institution, under 18 USC 1014 by Imprisonment of not more than twenty years and/or a fine of not more than \$1,000,000

CERTIFICATIONS:

By signing below you certify as to the following:

(a) **All information in this Application and the Exhibits is true and complete to the best of your knowledge.** You understand that this information is being submitted to a lender and SBA so they can decide to make a loan or give a loan guaranty, and that the lender and SBA are relying on this information.

(b) You have not paid anyone employed by the Federal Government for help in getting this loan. You understand that you do not need to pay any other third-party for assistance in locating a lender or preparing this Application or Exhibits, and **you certify that you will disclose all parties that were paid for such assistance** to the Lender and will complete the SBA Form 159 for all such persons.

(c) I have read a copy of the "Statements Required By Law And Executive Order," which is attached to this application and agree to comply with the requirements in this Notice.

If Applicant is a proprietor or general partner, sign below:

By: _____ Date _____

If Applicant is a Corporation, sign below:

Corporate Name and Seal _____ Date _____

By: _____
Signature of President

Attested by: _____

Signature of Corporate Secretary

This form was electronically produced by PCFS 2000.

SUBMIT COMPLETED APPLICATION TO LENDER OF CHOICE.

Other than the person that signed on page 3, each Partner, each Stockholder owning 20% or more, and each Guarantor must sign below. In addition, if a husband and wife collectively own 20% or more of a company, each spouse must also sign. No one should sign more than once.

Business Name _____

APPLICANT'S CERTIFICATION

READ THE FOLLOWING CAREFULLY -- FALSE STATEMENTS ARE SUBJECT TO CRIMINAL PROSECUTION:
If you knowingly make a false statement, you can be fined up to \$250,000 and/or imprisoned for not more than five years under 18 USC 1001; if submitted to a Federally insured institution, under 18 USC 1014 by Imprisonment of not more than twenty years and/or a fine of not more than \$1,000,000

READ THE FOLLOWING CAREFULLY -- FALSE STATEMENTS ARE SUBJECT TO CRIMINAL PROSECUTION:

(a) You have reviewed (1) the responses to the question about debt on page 1 of the application; (2) the responses to questions 11, 12, and 13 (application-page 3), and (3) any financial statement that you were required to complete as Exhibit B or F to the application and **certify that as to as to you personally all information in this Application and Financial Statement is true and complete to the best of your knowledge.** You acknowledge that this information is being submitted to a lender and SBA so they can decide to make a loan or give a loan guaranty, and that the lender and SBA are relying on this information.

(b) You have read a copy of the "Statements Required By Law And Executive Order," which is attached to this application and agree to comply with the requirements in this Notice.

Signature:

Date

Check all that apply: guarantor owner-indicate percentage owned: [] partner-indicate whether general or []limited

Signature:

Date

Check all that apply: guarantor owner-indicate percentage owned: [] partner-indicate whether general or []limited

Signature:

Date

Check all that apply: guarantor owner-indicate percentage owned: [] partner-indicate whether general or []limited

Signature:

Date

Check all that apply: guarantor owner-indicate percentage owned: [] partner-indicate whether general or []limited

Signature:

Date

Check all that apply: guarantor owner-indicate percentage owned: [] partner-indicate whether general or []limited

Signature:

Date

Check all that apply: guarantor owner-indicate percentage owned: [] partner-indicate whether general or []limited

Signature:

Date

Check all that apply: guarantor owner-indicate percentage owned: [] partner-indicate whether general or []limited



PERSONAL FINANCIAL STATEMENT

U.S. SMALL BUSINESS ADMINISTRATION

As of _____

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: 7(a) loans - to the lender processing the SBA application; 504 loans - to the Certified Development Company processing the SBA application; Disaster loans - to the Disaster Processing and Disbursement Center at 14925 Kingsport Road, Fort Worth, TX 76155 -2243; and 8(a)/ BD applicants who are *individuals claiming social and economic disadvantaged status and their spouses* - electronically at <http://www.sba.gov> or send hard copy with paper application to either of the two following offices:

8(a) BD only	Mail to the following address, if your firm is located in one of the states below:	Mail to the following address, if your firm is located in one of the states below:
	US Small Business Administration DPCE Central Office Duty Station Parkview Towers 1150 First Avenue 10th Floor, Suite 1001 King of Prussia, PA 19406	Small Business Administration Division of Program Certification and Eligibility 455 Market Street, 6th Floor San Francisco, CA 94105
	MA, ME, NH, CT, VT, RI, NY, PR (Puerto Rico), VI (US Virgin Islands), NJ, PA, MD, VA, WV, DC, D E, GA, AL, NC, SC, MS, FL, KY, TN	IL, OH, MI, IN, MN, WI, TX, NM, AR, LA, OK, MO, IA

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)	
(Describe in Section 5)		Installment Account (Auto)	\$ _____
Accounts & Notes Receivable	\$ _____	Mo. Payments \$ _____	
(Describe in Section 5)		Installment Account (Other)	\$ _____
Life Insurance -Cash Surrender Value Only	\$ _____	Mo. Payments \$ _____	
(Complete Section 8)		Loan on Life Insurance	\$ _____
Stocks and Bonds	\$ _____	Mortgages on Real Estate	\$ _____
(Describe in Section 3)		(Describe in Section 4)	
Real Estate	\$ _____	Unpaid Taxes	\$ _____
(Describe in Section 4)		(Describe in Section 6)	
Automobiles - Total Present Value	\$ _____	Other Liabilities	\$ _____
(Describe in Section 5, and include		(Describe in Section 7)	
Year/Make/Model)		Total Liabilities	\$ _____
Other Personal Property	\$ _____	Net Worth	\$ _____
(Describe in Section 5)			
Other Assets	\$ _____		
(Describe in Section 5)			
Total	\$ _____	Total	\$ _____

Section 1. Source of Income	Contingent Liabilities
Salary	As Endorser or Co -Maker
\$ _____	\$ _____
Net Investment Income	Legal Claims & Judgments
\$ _____	\$ _____
Real Estate Income	Provision for Federal Income Tax
\$ _____	\$ _____
Other Income (Describe below)*	Other Special Debt
\$ _____	\$ _____

Description of Other Income in Section 1.

*Alimony or child support payments 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 Endors ed 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 Real Estate (e.g. Primary Residence, Other Residence, Rental Property, Land, etc.)			
Address	MM		
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.
CERTIFICATION: (to be completed by each person submitting the information requested on this form)

By signing this form, I certify under penalty of criminal prosecution that all information on this form and any additional supporting information submitted with this form is true and complete to the best of my knowledge. I understand that SBA or its participating Lenders, or Certified Development Companies will rely on this information when making decisions regarding an application for a loan from SBA or an SBA Participating Lender, or for participation in the SBA 8(a) Business Development (BD) program.

Signature _____ Date _____

Print Name _____ Social Security No. _____

Signature _____ Date _____

Print Name _____ Social Security No. _____

NOTICE TO LOAN APPLICANTS: CRIMINAL PENALTIES AND ADMINISTRATIVE REMEDIES FOR FALSE STATEMENTS:

Knowingly making a false statement on this form is a violation of Federal law and could result in criminal prosecution, significant civil penalties, and a denial of your loan. 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 30 years and/or a fine of not more than \$1,000,000.

NOTICE TO APPLICANTS OR PARTICIPANTS IN THE 8(a) BD PROGRAM : CRIMINAL PENALTIES AND ADMINISTRATIVE REMEDIES FOR FALSE STATEMENTS:

Any person who misrepresents a business concern's status as an 8(a) 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 civil and administrative remedies, including suspension and debarment; and (4) Ineligible for participation in programs conducted under the authority of the Small Business Act.

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.**



United States of America
SMALL BUSINESS ADMINISTRATION
STATEMENT OF PERSONAL HISTORY

Please Read Carefully : SBA uses Form 912 as one part of its assessment of program eligibility. Please reference SBA Regulations and Standard Operating Procedures if you have any questions about who must submit this form and where to submit it. For further information, please call SBA's Answer Desk at 1-800-U-ASK-SBA (1-800-827-5722), or check SBA's website at www.sba.gov.

Name and Address of Applicant (Firm Name)(Street, City, State, and ZIP Code)		SBA District/Disaster Area Office	
		Amount Applied for (when applicable)	File No. (if known)
1. Personal Statement of: (State name in full, if no middle name, state (NMN), or if initially, 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 stock owned or to be owned in the small business or the development Company	Social Security No.
		3. Date of Birth (Month, day, and year)	
Name and Address of participating lender or surety co. (when applicable and known)		4. Place of Birth: (City & State or Foreign Country)	
		5. U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No INITIALS: _____ 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:	
6. Present residence address: From: To: Address: Home Telephone No. (Include Area Code): Business Telephone No. (Include Area Code):		Most recent prior address (omit if over 10 years ago): From: To: Address:	

PLEASE SEE REVERSE SIDE FOR EXPLANATION REGARDING DISCLOSURE OF INFORMATION AND THE USES OF SUCH INFORMATION. YOU MUST INITIAL YOUR RESPONSES TO QUESTIONS 5,7,8 AND 9.

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. AN ARREST OR CONVICTION RECORD WILL NOT NECESSARILY DISQUALIFY YOU; HOWEVER, UNTRUTHFUL ANSWER WILL CAUSE YOUR APPLICATION TO BE DENIED AND SUBJECT YOU TO OTHER PENALTIES AS NOTED BELOW.

7. Are you presently under indictment, on parole or probation? INITIALS: _____ <input type="checkbox"/> Yes <input type="checkbox"/> 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.) <input type="checkbox"/> Yes <input type="checkbox"/> No INITIALS: _____
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? <input type="checkbox"/> Yes <input type="checkbox"/> No INITIALS: _____
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 - PENALTIES 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, surety bond, or other program participation. A false statement is punishable under 18 USC 1001 AND 3571 by imprisonment of not more than five years and/or a fine of up to \$250,000; 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
-----------	-------	------

Agency Use Only		12. <input type="checkbox"/> Cleared for Processing	Date _____	Approving Authority _____
11. <input type="checkbox"/> Fingerprints Waived	Date _____	Approving Authority _____		
<input type="checkbox"/> Fingerprints Required	Date _____	Approving Authority _____		
Date Sent to OIG _____	Date _____	Approving Authority _____		
		13. <input type="checkbox"/> Request a Character Evaluation	Date _____	Approving Authority _____

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**

Memorandum

To:
From:
Re: Grow America Fund, Inc. - Credit Release
Date:

I/We hereby request and authorize you to release to Grow America Fund, Inc. and/or the National Development Council for verification purposes, personal and corporate credit reports and information concerning the company/corporation/partnership and/or the officers and individuals listed below. That information may include but is not limited to:

- Employment history dates, title, Income, hours worked, etc.
- Banking (checking & savings) accounts of record.
- Mortgage loan rating (opening date, high credit, payment amount, loan balance, and payment.)
- Any information deemed necessary in connection with a consumer credit report for my loan application.

This information is for the confidential use of this lender, Grow America Fund, Inc. (GAF) in compiling a loan report.

A photographic or carbon copy of this authorization (being a photographic or carbon copy of the signature(s) of the undersigned), may be deemed to be the equivalent of the original and may be used as a duplicate original.

~~Enclosed is a check made payable to Grow America Fund, Inc. for \$9 for each personal credit report and \$75 for each business credit report ordered.~~

Name of Application (Please print or type): _____

- A. Name of Business: _____
 - a. Telephone: () _____
- B. Name of Affiliated Business: _____
 - a. Telephone: () _____

1. Name of Officer/Owner: _____
Address for last two years: _____
Social Security #: _____ Signature: _____
Date of Birth: _____

2. Name of Officer/Owner: _____
Address for last two years: _____
Social Security #: _____ Signature: _____
Date of Birth: _____