

CITY OF SAN DIEGO BUSINESS FINANCE LOAN APPLICATION

**Administered by the City of San Diego, Business Finance Section
1200 Third Avenue, 14th Floor, San Diego, CA 92101
Phone: 619-236-6323 Fax: 619-533-3219**

(Select One)

☐ **Small Business Micro Revolving Loan Fund**

Business loans for companies located in the City of San Diego. This is a gap financing program and can only finance 50% of the total project, up to \$150,000, with a minimum of \$25,000. The project must be located in the City of San Diego. Contact staff at the numbers above for eligibility. The applicant must also have at least one decline from a lender prior to applying for the program. Jobs must be created.

☐ **San Diego Regional Revolving Loan Fund**

Business loans for companies located in the Cities of San Diego and Chula Vista. This is a gap financing program and can only finance 33% of the total project, up to \$500,000, with a minimum of \$150,000. The project must be located in the Cities of San Diego or Chula Vista. Contact staff at the numbers above for eligibility. The applicant must also have at least one decline from a lender prior to applying for the program. Jobs must be created.

Eligibility Criteria

- Have an existing business in the Eligible Lending Area.
- Have firm commitments for the other pieces of the project;
 - Have received a decline from at least one lender; or
 - Be able to document that there is a financing gap in the project.
- Create employment, which means: Generally not less than one job for every \$30,000 being applied for. Note: Jobs to be created should be expected to carry a "family wage," being defined as an hourly rate from \$12-15, minimum.
- Have an eligible use for the loan, one or more of the following:
 - Supplement private financing for the acquisition of new or rehabilitated buildings;
 - Acquisition of fixed machinery and equipment;
 - Working capital and soft costs.

For all programs: A \$250.00 non-refundable Application Fee is due at the time this application is submitted. Also, note that the applicant/borrower will be responsible for paying the costs of legal review of security documents and other legal reviews which may be required for a specific project, as well as the cost of filing of such documents if a loan is finalized.

APPLICATION CHECKLIST
(Required attachments to Loan Application.)
Check all that apply and provide with completed, signed application, or mark "NA"

Applicant Name		Date:	
Loan Program			
	Accounts Payable Listing/Aging that matches interim Balance Sheet		
	Accounts Receivable Listing/Aging that matches interim Balance Sheet		
	Business History/Plan		
	Copy of Current Business Tax Certificate		
	Copies of Contracts: Major purchase orders, license agreements, exclusives, trademarks, copyrights, leases etc.		
	Copies of current insurance policies on company and/or owners, including liability, fire, hazard, life and worker's compensation		
	Credit Authorization for all principals/guarantors/spouses		
	Current interim business financial statements with Balance Sheet and Income Statements		
	Debt Schedule that matches interim Balance Sheet, including any current or delinquent taxes, business or personal. NOTE: All taxes must be paid prior to funding, though formal repayment plans with the taxing authority may be accepted.		
	Employee List: Provide job titles, full or part time status, and current annual salaries. (Form provided in loan application).		
	Executed Purchase Agreement and Escrow Instructions		
	Most recent three years of business tax returns		
	Personal Financial Statement(s) for all Borrowers/Guarantors		
	Projections: For new applicants, or applicants where the funding/loan will change the performance of the company, annual income and expense projections for the term of the loan are to be provided. Include monthly projections until breakeven is achieved and annual projections thereafter. Include detailed supporting written assumptions.		
	Shareholder Schedule: Provide names, amounts invested, number of shares held, share price paid, special rights, percentage ownership and purchase dates.		
	For United States citizens, copies of one of the following:		
	<input type="checkbox"/> State Driver's License or State ID Card		
	<input type="checkbox"/> Numbered Government Issued Identification of some kind		
	For non-citizens, copy of one of the following:		
	State Driver's License or State ID Card		
	Passport with the number and issuing country		
	Alien Identification card with the number		
	For non-citizens, copy of one of the following:		
	Insurance voucher or statement reflecting physical address account and name of holder		
	Current utility bill reflecting physical address and name		
	INS Form 825 with copy of front and back of green card		
	For Affiliates:		
	Certificate of Incumbency		
	Last three years tax returns		
	Current interim financials with Balance Sheet and Income Statements		
	Debt schedule that matches balance sheet		
	For ground lease/leasehold transactions Copy of ground Lease		
	For bankruptcies:		
	Copy of the bankruptcy discharge		
	Written/signed explanation from the borrower regarding the cause for the bankruptcy		
	For Construction loans:		
	Preliminary cost break down		
	Information on contractor		
	FF&E breakdown if applicable		
B. SUPPORTING INFORMATION			
	Use of Proceeds Statement: Provide a detailed breakdown of proposed expenditures of loan proceeds, with explanation and timing of each. (In application)		
	Private Matching Funds: All programs require some form of equity or capital coming in alongside		

	the City loan Program. Specific match requirements vary by program. (See program descriptions).
	Credit Report Authorization: Complete, sign, form in application
	Application Fee: Provide a (non-refundable) \$250 check Payable to the City of San Diego prior to processing.
C. PERSONAL INFORMATION	
	Each principal active in management holding 20% or more in company stock are required to submit the following:
	Resume
	Personal Financial Statement: Complete attached form or similar format, with information less than 60 days old.
	Personal Federal Income Tax Returns: For the prior 3 years, including all schedules and K-1's if applicable.
D. OTHER	
	Copies of other financing in the project and a project description. Such as, will your company be the only one occupying the building, etc.

NOTE: Please complete all sections of the application forms. An incomplete application may result in a decline of your request which might otherwise have been approved if the package was complete. If a portion of the application does not apply to your request, mark "NA" in that section so that the finance officer will know that the area was reviewed.

APPLICATION FOR FINANCING

1. Applicant: _____
2. Trade Name(s): _____
3. Address: _____ City: _____ State: CA
Zip Code: _____
4. Principal office (if different from address): _____
5. Business Telephone: () _____ Contact Telephone: () _____
6. Date of Incorporation (or Date Started): _____
State of Incorporation or Operation: _____
Federal Employer Identification Number: _____
7. Type of organization:
☐ Corporation ☐ Sole Proprietorship ☐ General Partnership ☐ Limited Partnership ☐ Other
8. List all debt of company. Include lender and present balance; collateral securing loan; term and payment amounts. Next payment due and maturity date. **A Debt Schedule Form is included in this application.**
9. Does applicant have any loans/leases/commitments from other sources?
☐ YES ☐ NO

If yes, list dates, lenders, collateral and repayment terms on separate sheet.
10. Is Applicant involved in or threatened with any lawsuit or litigation?
☐ YES ☐ NO

If yes, describe on separate sheet.
11. Has Applicant or its principals ever been involved in bankruptcy proceedings?
☐ YES ☐ NO

List details: _____
12. Do you or your business have any past due taxes:
☐ YES ☐ NO

Period Due: _____ \$ Amount: _____

Period Due: _____ \$ Amount: _____

Projected Employment/Job Creation:

List all positions presently available in your business. Note if the positions are filled as of this application, or vacant. Note: Full-time employee is one employee working a 40-hour week, year round. Part-time employee should be adjusted.

13. Existing Jobs:

JOB TITLE	# of Positions in this Job Title	# of FTE	Jobs Filled or Vacant	Annual/Hourly Wages	Health or Other Benefits Provided

14. List types of jobs that will be CREATED within 12-24 months of funding:

JOB TITLE	# FTE Positions Projected	Annual/ Hourly Wages	Health or Other Benefits Provided

15. Applicant Certification:

I certify for the purpose of obtaining credit that the information and representations contained in this application and any supplementary information are true, complete, accurate and current, to the best of my knowledge. I acknowledge that should I be funded I agree to comply with the provisions of 13 CFR §307.10 to protect and hold the Federal Government harmless. I also acknowledge that the loan application procedure has been reviewed with me and I understand that the City may decline a loan application.

I understand this is a preliminary application for an initial determination whether the proposed business or borrowers meet the basic eligibility requirements for any of the lending programs available. I agree that the City staff may, at their discretion, order a credit report on me at any time after signing this form.

I understand that after the initial determination has been made, additional information may be necessary. Applicants who meet the eligibility requirements will be furnished with a list of attachments necessary to complete a thorough assessment of the business-financing proposal.

Prior to the initial assessment and before ordering the credit report, a **one-time \$250 non-refundable processing fee is collected with the completed preliminary application**. This covers the costs involved in the initial assessment and credit review. **Acceptance of my application for processing does not constitute any guarantee or implication that a loan will be approved. Nor does it mean that I meet all the requirements for any of the loan programs.**

I certify that all the information in this application is true and accurate to the best of my knowledge:

Applicant Signature: _____

Title: _____

Date: _____

16. BUSINESS INFORMATION

Please provide the following information on your business:

CORPORATE OFFICERS (if incorporated):

<u>Name</u>	<u>Title</u>	<u>% Ownership</u>	<u>Primary Duties</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ACCOUNTING FIRM:

Address: _____

Contact Person: _____ Phone: _____

ATTORNEY:

Address: _____

Contact Person: _____ Phone: _____

INSURANCE AGENCY:

Address: _____

Contact Person/Phone: _____

17. Right to Request Specific Reasons for Credit Denial:

If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact the Business Finance Section at the City of San Diego City Planning and Community Investment Department, 1200 Third Avenue, Suite 1400 (MS 56D), San Diego, CA 92101 or (619) 236-6323 within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement.

Notice: The federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with ECOA concerning the City of San Diego is noted below.

Federal Trade Commission
Equal Credit Opportunity
Washington, D.C. 20580

I acknowledge the right to request specific reasons for credit denial:

Applicant Signature: _____

Title: _____

Date: _____

**18. DECLARATION OF PRINCIPAL OWNERS, OFFICERS, AND DIRECTORS:
ARE YOU NOW OR HAVE YOU EVER BEEN: (circle yes or no)**

1. Involved in any claim or lawsuit?	Yes	No
2. Delinquent on any federal, state, or local taxes?	Yes	No
3. Liable under any contingency agreements?	Yes	No
4. Involved in bankruptcy or insolvency proceedings?	Yes	No
5. Involved in outstanding judgments?	Yes	No
6. Involved in property foreclosed upon or given title in lieu of foreclosure?	Yes	No
7. Delinquent for child support payments?	Yes	No
8. Under indictment or on parole or probation?	Yes	No
9. Charged with or arrested for any criminal offense other than minor motor vehicle violation?	Yes	No
10. Debarred from receiving federal assistance?	Yes	No

If YES is answered for any question, please furnish details on an attached sheet.

19. Ownership in Other Businesses or Firms:

Do you own 20% or more in any other businesses or firms?

Yes ____ No ____ if yes, explain:

Name of Business _____

Nature of Business _____ % Ownership _____

Name of Business _____

Nature of Business _____ % Ownership _____

20. DEMOGRAPHICS:

The following information is for statistical and funding purposes. All information provided is used without your name(s) and is kept confidential. Please check the appropriate answer for each of the following questions as it applies to the business owner(s).

Are you a business owner at this time? Yes____ No____

Ownership of Business: Male ____ Female ____

If co-owned, percentage of ownership by all owners: (____%)

Female Head of Household: Yes____ No____

Ethnicity:

Asian or Pacific Islander ____ Caucasian ____ African American ____

Hispanic ____ Native American ____ Native Alaskan ____ Other ____

Education: Less than High School ____ High School/GED ____ Some College ____

Veteran Status:

Non-Veteran ____ Veteran ____ Disabled Veteran ____ Vietnam Veteran ____

Is this business under special ownership (physically challenged/handicapped)?

Yes____ No ____

21. OWNERS QUESTIONNAIRE

Please provide the following information on every individual who is a Corporate Officer or Investor of 20% or greater ownership in the applicant firm; this includes non-owner officers as well as owner-officers. Spouses of owners must also provide this information (unless the owner holds the legal ownership interest in the firm as separate property. Please provide copies of legal documentation as proof of separate property.)

NAME: (Must include full middle name) _____

HOME ADDRESS: _____

Dates at this address: From: _____ To: _____

HOME TELEPHONE NUMBER: _____

SOCIAL SECURITY NUMBER: _____

DRIVER'S LICENSE NUMBER: _____ STATE: _____

DATE OF BIRTH: _____

PLACE OF BIRTH: _____

ETHNIC ORIGIN: _____

NOTE: If more than one owner, please copy this page and have all owners prepare individually.

22. LOAN REQUEST

Use of Proposed Loan:

How will the loan benefit your business?

23. SOURCE AND USE OF FUNDS

List all major costs to be incurred prior to opening.

	COST	ALREADY PAID	UNPAID
Franchise Fee	\$	\$	\$
Furniture, Fixtures & Equipment			
Leasehold Improvements			
Signage			
Opening Inventory			
Deposits			
Training			
Other/Miscellaneous			
Working Capital			
Total "A"	\$ =	\$ +	\$
	AMOUNT	ALREADY PAID	UNPAID
Cash You Will Invest or Have Invested*	\$	\$	\$
Requested for RLF			
Bank Loan or LOC			
Home Equity Loan			
Personal Loans/Gifts			
Leaseholds Paid by Landlord			
Other (Explain)			
Total "B"	\$ =	\$ +	\$

NOTE: TOTAL "A" MUST BE THE SAME AS TOTAL "B"

***Where is the cash on deposit/or where is the equity/cash held pending the project approval?**

24. PROJECT DETAILS

PROJECT ITEMS

Land and Building Acquisition

Building Construction/Improvement

Business Acquisition (list of assets required)

Machinery/Equipment Acquisition

Inventory

Furniture/Fixtures

Working Capital (provide explanation for use)

Other

Total Project Costs

Less Other Loans/Leases

Less Borrower's Cash Injection

TOTAL LOAN REQUESTED

PROJECT COST

[illegible]

COLLATERAL TO BE PLEDGED: (Provide a detailed list of all assets to be pledged, with supporting material to validate valuation)

Asset to Secure Loan	Present Liens	Value
Personal residence	\$	\$
Business equipment	\$	\$
Business Inventory	\$	\$
Accounts Receivable	\$	\$
Leasehold Improvements	\$	\$
Other Assets	\$	\$
Totals	\$	\$

25. DEBARMENT/SUSPENSION CERTIFICATION

Applicants must certify that no debarred, suspended, ineligible or voluntarily excluded persons or organizations will participate in the City of San Diego loan programs. The certification extends to procurement contracts for goods and services over \$100,000 or where the applicant or its officers will have a critical influence or control over any transaction related to this application/loan.

I hereby certify that neither my/our company nor any employees or officers thereof have been debarred, suspended, ineligible or involuntarily excluded from any government contract, program or other activity.

Applicant Signature: _____

Title: _____

Date: _____

26. PROJECT ASSURANCES

The applicant/borrower will be required to certify and assure compliance with all regulations, policies, guidelines, and requirements as they relate to the revolving loan fund (RLF) program. The following are regulations, laws and acts, which must be complied with in order to qualify for CITY funding. A full list of the required laws, etc. with accompanying citations will be provided upon request.

- A. Title VI of the Civil Rights Act of 1964. Discrimination on the ground of race, color, national origin, handicap or sex.
- B. Discriminating against employees or applicants for employment or providers of goods and services.
- C. Facilities under borrower's ownership, lease, or supervision, are not listed on the Environmental Protection Agency's (EPA) list of violating facilities. (The City of San Diego will be notified of any communication from the Director or the EPA Office of Federal Activities, indicating that a facility to be used in the project is under consideration for listing by the EPA.)
- D. Any applicant, whose project would adversely (without mitigation) impact:
 - 1. Clean Air Act
 - 2. Flood plains
 - 3. Wetlands
 - 4. Significant historic or archeological properties
 - 5. Drinking water resources
 - 6. Nonrenewable natural resources
 - 7. Federal Water Pollution Control Act
 - 8. Coastal Zone Management Act of 1972
 - 9. Endangered Species Act
 - 10. Wild and Scenic Rivers Act
 - 11. Comprehensive Environmental Response, Compensation and Liability Act of 1980 (CERCLA)
 - 12. National Historic Preservation Act
 - 13. Coastal Barriers Resources Act
 - 14. All state and local environmental review requirements with all applicable Federal, state and local standards.
 - 15. Earthquake Requirements
- E. Davis-Bacon and related State of California Law. Any CITY project that falls under the guidelines of Davis-Bacon (construction financed whole or in part by the RLF and when any related construction contract exceeds \$2000); must comply with this act, and all reporting requirements stated in the Act.
- F. Contract Work Hours and Safety Standards Act & Anti-Kickback Act.
- G. Access for the Handicapped. (For construction projects, additional requirements may apply).
- H. Relocation of jobs to or from another community area.

The borrower will give the City of San Diego, the sponsoring City agency, through any authorized representative, the access to and the right to examine all records, books, papers or documents related to the loan.

The borrower recognizes the right of the City of San Diego to accelerate maturity of any loan granted under this program upon failure of the borrowers or his agents to comply with the terms of these assurances. Note that you are assuring full compliance to any or all of the following by signing at the bottom of this list.

Date

Signature and Title

27. ENVIRONMENTAL QUESTIONNAIRE

Instructions: The following shall be used as a guide to determine if a Phase I or Phase II audit is needed. Your response to these questions may require additional research, including an on-site inspection by Business Finance staff or by a designated alternative, where commercial real estate is to be taken as collateral (residential real estate is excluded).

1. Determine the prior, current and planned use of the property. If any of these uses involved (or involves) an operation that used or uses toxic chemicals, a Phase I audit is required.
(Discussions with current/prospective owners can help identify uses.)

History: _____

2. To the extent possible, determine the prior, current, and planned uses of all adjoining property. If any of these uses involves an operation that used or uses toxic chemicals, a Phase I will be required.

3. From a visual or factual inspection of the property, respond to the following observations:

- _____ Any evidence that chemicals are used or have been used on the property or in the operation of the current operation?
- _____ are any discarded chemical containers on the property?
- _____ are any "environmentally classified" waste piles of any type on the property?
- _____ is there any buried waste or presence of underground storage tanks?
- _____ is there evidence of distressed vegetation or non-vegetative areas?
- _____ are any oily films visible on standing water?
- _____ are there any areas of soil discoloration?
- _____ are there any unusual odors?

4. Provide copies of any and all environmental permits and/or notifications in or on the project site.

5. Has the facility/property ever been involved in:

- _____ Any citations;
- _____ Claims, or complaints regarding environmental problems;
- _____ Any notices of violation;
- _____ Any environmental cleanup actions?

COMPLETED BY: _____

SIGNATURE OF INDIVIDUAL WHO COMPLETED FORM: _____

DATE COMPLETED: _____

28. CREDIT REQUEST and RELEASE

I/We hereby request and authorize you to release to the City of San Diego and/or the City Loan Fund for verification purposes, personal and business 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 (open date, high credit, payment amount, loan balance, and payment)
- Any information deemed necessary concerning a consumer credit report for my loan application.

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

Name of Applicant:
Name of Business:
(If different from "applicant")
Telephone: ()
Fax: ()
Cell: ()
E-mail address:
Web Address:
Name of Officer/Owner:
Address for the last two years:
Social Security Number:
Signature:

Note: This form may be copied if the applicant/company has more than one officer/owner owning 20% or greater of the company and/or actively involved in management of the company.

29. DEBT SCHEDULE (attach additional sheets if needed)

Company Name	Signature	Date
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<u>Creditor Name/Address</u>	<u>Original Date</u>	<u>Original Amount</u>	<u>Present Balance</u>	<u>Interest Rate</u>	<u>Monthly Payment</u>	<u>Maturity Date</u>	<u>Collateral/ Security</u>

30. Certificate of Incumbency (Corporate):

I, _____ (Secretary of Corporation), do hereby certify as follows:

1. That I am the duly elected, qualified and acting Secretary of _____ (Corporate Name) (the "Corporation"), a _____ (State) corporation, created and existing under the laws of the State of _____ (State), and that, as such Secretary, I have access, custody and/or control of the corporate seal and records of the Corporation.

2. That set forth below are the names and signatures of the duly elected, qualified and acting officers and directors of the Corporation, holding on (Date) the offices set forth opposite their names:

<u>NAME</u>	<u>POSITION</u>	<u>SIGNATURE</u>
_____	President	_____
_____	Secretary	_____
_____	Treasurer	_____
_____	Director	_____
_____	Director	_____
_____	Director	_____

3. That set forth below are the names of all shareholders of the Corporation and the amount of shares owned by the Shareholders:

<u>SHAREHOLDER</u>	<u>SHARES/%</u>
_____	_____
_____	_____
_____	_____
_____	_____

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of the Corporation this _____ day of _____ 200____.

(Name) Secretary

31. PERSONAL FINANCIAL STATEMENT TO BE COMPLETED BY ALL OWNER'S EMPLOYEES ACTIVE IN MANAGEMENT



OMB APPROVAL NO.: 3245-0188
EXPIRATION DATE: 01/31/2018

**PERSONAL FINANCIAL STATEMENT
7(a) / 504 LOANS AND SURETY BONDS**

U.S. SMALL BUSINESS ADMINISTRATION

As of _____, _____

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 application for an SBA guaranteed 7(a) or 504 loan or a guaranteed surety.

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 guaranty

Name	Business Phone
Home Address	Home Phone
City, State, & Zip Code	
Business Name of Applicant	
ASSETS (Omit Cents)	LIABILITIES (Omit Cents)
Cash on Hand & in banks.....\$ _____	Accounts Payable.....\$ _____
Savings Accounts.....\$ _____	Notes Payable to Banks and Others.....\$ _____ (Describe in Section 2)
IRA or Other Retirement Account.....\$ _____ (Describe in Section 5)	Installment Account (Auto).....\$ _____ Mo. Payments \$ _____
Accounts & Notes Receivable.....\$ _____ (Describe in Section 5)	Installment Account (Other).....\$ _____ Mo. Payments \$ _____
Life Insurance – Cash Surrender Value Only.....\$ _____ (Describe in Section 8)	Loan(s) Against Life Insurance.....\$ _____
Stocks and Bonds.....\$ _____ (Describe in Section 3)	Mortgages on Real Estate.....\$ _____ (Describe in Section 4)
Real Estate.....\$ _____ (Describe in Section 4)	Unpaid Taxes.....\$ _____ (Describe in Section 6)
Automobiles.....\$ _____ (Describe in Section 5, and include Year/Make/Model)	Other Liabilities.....\$ _____ (Describe in Section 7)
Other Personal Property.....\$ _____ (Describe in Section 5)	Total Liabilities.....\$ 0
Other Assets.....\$ _____ (Describe in Section 5)	Net Worth.....\$ 0
Total Assets \$ 0	Total Liabilities & Net Worth \$ 0 *Must equal total in assets column.
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 should 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 part of this statement and signed.)

Names and Addresses 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 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			
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 the SBA/Lender/Surety Company 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 or Surety Companies will rely on this information when making decisions regarding an application for a loan or a surety bond. I further certify that I have read the attached statements required by law and executive order.

Signature _____

Date _____

Print Name _____

Social Security No. _____

Signature _____

Date _____

Print Name _____

Social Security No. _____

NOTICE TO LOAN AND SURETY BOND 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 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.

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.

32. PERSONAL HISTORY

PERSONAL HISTORY FORM			
1. Last name	2. First Name	3. Other names	4. Maiden Name
5. 2. Date of birth (day, month, year)	6. Place of birth	7. U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	8. Sex <input type="checkbox"/> Female <input type="checkbox"/> Male
9. Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widow(er) <input type="checkbox"/> Divorced			
10. Residence address	11. Previous address	12. Residence telephone ()	
		Fax (if any).	
		13. Business telephone no. () Fax	
14. Have you any dependents? <input type="checkbox"/> Yes <input type="checkbox"/> No			
15. Spouse's Last name	16. Spouse's First Name	17. Other names	18. Maiden Name
19. Spouse's Social Security No.	20. Spouse's Place of Birth	21. U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
22. Are you employed by the U.S. Government? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If answer is "yes", what is your position?			
23. Have you ever been convicted, charged with or arrested for any criminal offense other than a minor motor vehicle violation? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If answer is "yes", explain fully:			
24. Have you or any officers of your company been involved in bankruptcy or insolvency proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If answer is "yes", give the following information:			
NAME	Relationship		Type of Filing and Date
25. EDUCATION. <i>Please give exact name of institution and titles of degrees.</i>			
A. University or equivalent			
Name, place and country	Years attended		Degrees and academic distinctions
	From	To	Main course of study

B. Schools or other formal training or education from age 14 (e.g., high school, technical school or apprenticeship)

Name, place and country	Type	Years attended		Certificate or diploma obtained
		From	To	

26. List professional societies and activities in civic, public or international affairs

27. List any significant publications you have written (do not attach)

28. EMPLOYMENT RECORD: Starting with your present post, list in *reverse order* every employment you have had. Use a separate block for each post. Include also service in the armed forces and note any period during which you were not gainfully employed. If you need more space, attach additional pages of the same size.

From	To	Salaries per annum (\$)		Exact title of your post
Month/ Year	Month/ Year	Starting	Final	
Name of employer:				Type of business:
Address of employer:				Name of supervisor:
				Number and kind of employees supervised by you:
				Reason for leaving:

DESCRIPTION OF YOUR DUTIES

29. Have you any objections to our making inquiries of your present employer?

☐ Yes ☐ No

30. Are you now, or have you ever been, a permanent civil servant in your government's employ? ☐ Yes

☐ No

31. REFERENCES: List three persons, not related to you, who are familiar with your character and qualifications.

Do not repeat names of supervisors listed under other sections

FULL NAME	FULL ADDRESS	BUSINESS OR OCCUPATION
1.		
2.		
3.		

32. State any other relevant facts. Include information regarding any residence outside the country of your nationality.

33. Have you ever been arrested, indicted, or summoned into court as a defendant in a criminal proceeding, or convicted, fined or imprisoned for the violation of any law (excluding minor traffic violations)? ☐ Yes ☐ No

If "Yes", give full particulars of each case in an attached statement.

34. I certify that the statements made by me in answer to the foregoing questions are true, complete and correct to the best of my knowledge and belief.

DATE:

SIGNATURE:

You may be requested to supply documentary evidence, which supports the statements you have made above. Do not, however, send any documentary evidence until you have been asked to do so, in any event, do not submit original texts of references or testimonials unless they have been obtained for the sole use of the City.

36. ASSUMPTIONS TO PROJECTIONS

Company Name _____

Please use this page to explain the assumptions used to generate the projection figures. Be sure to include the specific reasons as to why the figures differ significantly from previous years for Revenues, Costs of Goods Sold, Expenses and Withdrawals.

[illegible]