



## SBA Loan Application

Applicant, please note : if you are married or a registered domestic partner and live in a community property state such as California or Texas, all questions related to your spouse or registered domestic partner must be answered, even if this is an application for credit in your name only.

I understand I may apply for this credit in my name alone, without my spouse or any other person, regardless of my marital status. I am applying:

Check one box :  in the business legal entity only  in my name alone  jointly with my spouse, registered domestic partner or other entity

**Business Name:** \_\_\_\_\_

**D.B.A. Name:** \_\_\_\_\_

**Current Address:** \_\_\_\_\_

**City, State and ZIP:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Type of Business:** \_\_\_\_\_ **Date Established:** \_\_\_\_\_

**Number of Employees BEFORE / AFTER Loan:** \_\_\_\_\_ / \_\_\_\_\_ **Tax ID:** \_\_\_\_\_

**Proposed New Address:** \_\_\_\_\_ **Gross Annual Sales:** \_\_\_\_\_

**Current Bank:** \_\_\_\_\_ **Account Open Since:** \_\_\_\_\_

**Checking Account Number:** \_\_\_\_\_ **Average Balance:** \$ \_\_\_\_\_

**Savings Account Number:** \_\_\_\_\_ **Average Balance:** \$ \_\_\_\_\_

### Estimated Use of Proposed Loan Proceeds

<input type="checkbox"/> Land Acquisition	\$ _____
<input type="checkbox"/> New Building Construction	\$ _____
<input type="checkbox"/> Land and Building Acquisition	\$ _____
<input type="checkbox"/> Building Improvements or Repairs	\$ _____
<input type="checkbox"/> Leasehold Improvements	\$ _____
<input type="checkbox"/> Machinery & Equipment	\$ _____
<input type="checkbox"/> Furniture & Fixtures	\$ _____
<input type="checkbox"/> Inventory Purchase	\$ _____
<input type="checkbox"/> Acquisition of Existing Business	\$ _____
<input type="checkbox"/> Refinance Existing Bank Loan	\$ _____
<input type="checkbox"/> Other Debt Repayment	\$ _____
<input type="checkbox"/> Working Capital	\$ _____

<b>TOTAL CAPITAL REQUIREMENTS</b>	\$ _____
Cash Being Provided by Borrower	\$ _____ ( _____ )
Funds Provided by Other Sources	\$ _____ ( _____ )
<b>LOAN AMOUNT REQUESTED</b>	\$ _____



Loan Application Continued...

List any previous SBA or other Federal Government Debt

NAME OF AGENCY	ORIGINAL AMOUNT OF LOAN	DATE OF REQUEST	APPROVED OR DECLINED	BALANCE	CURRENT OR PAST DUE

**ASSISTANCE** - List the name and occupation of anyone who assisted in the preparation of this form. (For SBA Loans Only)

Name: \_\_\_\_\_ Fee Paid \$ \_\_\_\_\_

Occupation: \_\_\_\_\_

**MANAGEMENT** (proprietor, partners, officers, directors, and all holders of outstanding stock - 100% of ownership must be shown)

NAME	TITLE	% OWNERSHIP

**AFFILIATES** (List below any business concerns in which the application company or any of the individuals listed above have any ownership)

NAME	TITLE	% OWNERSHIP

	YES *	NO
● Have you or any officer of your company ever been involved in bankruptcy or insolvency proceedings?	<input type="checkbox"/>	<input type="checkbox"/>
● Are you or your business involved in any pending lawsuits?	<input type="checkbox"/>	<input type="checkbox"/>
● Are there any outstanding tax liens or judgements filed against you or your company?	<input type="checkbox"/>	<input type="checkbox"/>
● Does any applicant or their spouse or any member of their household, or anyone who owns, manages or directs your business or their spouse or members of their household work for the Small Business Administration, Small Business Advisory Council, SCORE or ACE, and Federal Agency, or the participating lender?	<input type="checkbox"/>	<input type="checkbox"/>
● Does your business presently, or as a result of this loan, engage in export trade?	<input type="checkbox"/>	<input type="checkbox"/>
● Does the company or any owner own title to a patented, trademarked, or copyrighted product?	<input type="checkbox"/>	<input type="checkbox"/>
● Does the company maintain Life Insurance on any owner or officer?	<input type="checkbox"/>	<input type="checkbox"/>

Insured \_\_\_\_\_ Beneficiary \_\_\_\_\_ Amount \$ \_\_\_\_\_  
 Insured \_\_\_\_\_ Beneficiary \_\_\_\_\_ Amount \$ \_\_\_\_\_

\* If Yes, please provide the details.



## Loan Application Continued...

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### CERTIFICATION AND SIGNATURES

By signing below, I certify that I am authorized to submit this application on behalf of the business named above and that all information and documents made in connection with this application, including federal tax returns (if any) are true, correct, and complete. I authorize Open Bank ("We", "Us", "Bank") to obtain balance and payoff information on all accounts requiring payoff as a condition of approving this application and to obtain at any time consumer and business reports from credit reporting agencies. I agree to notify the Bank promptly of any material changes related to the principals, the business, or other information in connection to this application. I acknowledge that this application is subject to a final decision and that additional information may be required in order for the Bank to make a final decision.

Married applicants may apply for either separate or joint credit. Depending on the legal form of the business, the following persons are required to sign this application: Corporation - Unless otherwise designated in the Articles or Resolution, the Chairman, President or any Vice President and the Secretary, Assistant Secretary, Chief Financial Officer or Assistant Treasurer; Partnership - All General Partners; Sole Proprietor - Owner; LLC - Unless otherwise designated in the Operating Agreement or Resolution, Manager or Managing Member.

#### Principal #1

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Signature

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Print Name

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Title

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Date

#### Principal #2

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Signature

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Print Name

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Title

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Date

#### Principal #3

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Signature

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Print Name

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Title

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Date



Loan Applicants – Please retain this portion for your records

**EQUAL CREDIT OPPORTUNITY ACT NOTICE**

**(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 Credit Administration at Open Bank or call (213) 892-9999 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 discrimination 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 binding contract) because all or part of the applicant's income derives from any public assistance program; or because applicant has in good faith exercised any right under the Consumer Protection Act. The Federal Agency that administers compliance with this law concerning this credit is the Division of Depositor and Consumer Protection, National Center for Consumer and Depositor Assistance, Federal Deposit Insurance Corporation, 1100 Walnut St., Box #11, Kansas City, MO 64106.

**APPRAISAL NOTICE**

You have the right to a copy of the appraisal report used in connection with your application for credit. If you wish a copy, please write to us at the branch at which you applied for your loan. We must hear from you no later than 90 days after we notify you about the action taken on your credit application or you withdraw your application. In your letter, give us the following information. Loan or Application Number, if known; Date of application; Name(s) of loan applicant(s); Property Address; and Your current mailing address.

**CIP NOTICE**

**Important Information about procedures for opening a new account:**

To help the government fight the funding of terrorism and money laundering activities, U.S. Federal law requires financial institutions to obtain, verify, and record information that identifies each person (individuals and businesses) who open an account. This means that we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may ask to see your driver's license or other identifying documents.

**CCPA NOTICE**

Open Bank's California Consumer Privacy Act (CCPA) Notice may be viewed in the link here:  
<http://myopenbank.com/privacy-policy/>

**FEES DISCLOSURE FOR SBA 7(a) AND 504 LOAN PROGRAMS**

You are not required to employ an Agent or representative (including the Lender) to assist you with the SBA loan application. An "agent" is defined to mean any authorized person representing you by conducting business with SBA for the purpose of obtaining or expediting an application for a loan guaranteed by the U.S. Small Business Administration (SBA).

**CREDIT ALERT VERIFICATION REPORTING SYSTEM (CAIVRS) DISCLOSURE**

If the small business defaults on the SBA guaranteed loan and SBA suffers a loss, the names of the small business and the guarantors of the SBA guaranteed loan will be referred for listing in the CAIVRS database, which may affect their eligibility for further financial assistance.





## PERSONAL FINANCIAL STATEMENT

### U.S. SMALL BUSINESS ADMINISTRATION

The purpose of this form is to collect information about the Business Applicant and its owners' financial condition. SBA uses the information required by this Form 413 as one of a number of data sources in analyzing the repayment ability and creditworthiness of an applicant for an SBA loan or, with respect to a surety bond, to assist in recovery in the event that the contractor defaults on the contract. SBA also uses the information to assess whether an individual meets the economic disadvantage threshold for the Women-Owned Small Business (WOSB) Program and the 8(a) Business Development (BD) Program. Submission of this information is required as part of your application for assistance. Failure to provide the information would impact the agency's decision on your application.

To complete this form

- 1) Check all that apply.
- 2) Complete the form in its entirety (attached a separate sheet, if necessary)
- 3) Review the applicable certifications and sign (spousal signature, if required)

**7(a) loan / 504 loan / Surety Bonds**  
Complete this form for: (1) each proprietor; (2) general partner; (3) managing member of a limited liability company (LLC); (4) each owner of 20% or more of the equity of the Applicant; and (5) any person providing a guaranty on the loan (including the assets and liabilities of the owner's spouse and any minor children).

**Return completed form to:**  
**For 7(a) loans:** the Lender processing the application for SBA guaranty  
**For 504 loans:** the Certified Development Company (CDC) processing the application for SBA guaranty  
**For Surety Bonds:** the Surety Company or Agent processing the application for surety bond guarantee

**Disaster Business Loan Application (Excluding Sole Proprietorships)**  
Complete this form for: (1) each applicant; (2) each general partner; (3) each managing member of a limited liability company (LLC); (4) each owner of 20% or more of the equity of the Applicant business; and (5) any person providing an unlimited guaranty on the loan.

**Return completed form to: Disaster Processing and Disbursement Center at 14925 Kingsport Road, Fort Worth, TX 76155-2243 or FAX to 1-202-481-1505 or [disasterloans@sba.gov](mailto:disasterloans@sba.gov)**

**Women Owned Small Business (WOSB) Federal Contracting Program**  
This form must be completed by each individual claiming economic disadvantage in connection with the SBA's Women-Owned Small Business (WOSB) Federal Contracting Program. A separate form must be completed by the individual's spouse, unless the individual and the spouse are legally separated. Use attachments if necessary. Each attachment must be identified as a part of this statement and signed. In addition, each individual claiming economic disadvantage must update the form as changes arise, but at least annually, to ensure the information is current, accurate and complete.

SBA's regulations state that to be considered economically disadvantaged for purposes of the WOSB Program, a woman must have an adjusted gross income averaged over the three prior fiscal years of \$350,000 or less; less than \$6 million in the fair market value of all her assets (to include her primary residence and value of the business concern); and less than \$750,000 in personal net worth (excluding equity interest in her personal residence and ownership interest in the business, and funds invested in a retirement account that are unavailable until retirement age). 13 C.F.R. §127.203. The information contained in this form must be submitted and certified through [beta.certify.sba.gov](http://beta.certify.sba.gov)

**8(a) Business Development Program**  
8(a) applicants must show that 51% of the firm is owned by one or more individuals determined by the SBA to be socially and economically disadvantaged. The information contained in this form must be submitted by each socially and economically disadvantaged individual using their one time 8(a) eligibility to qualify this firm for 8(a) certification. If married, the spouse must complete a separate SBA Form 413, except when the individual and the spouse are legally separated. If separated, provide copy of separation document.

SBA's regulations state that to be considered economically disadvantaged for purposes of the 8(a) Business Development Program, an individual must have an adjusted gross income averaged over the three prior fiscal years of \$350,000 or less; less than \$6 million in the fair market value of all assets (to include primary residence and value of the business concern); and less than \$750,000 in personal net worth (excluding equity interest in the personal residence and ownership interest in the business, and funds invested in a retirement account that are unavailable until retirement age). 13 C.F.R. §124.104.

**Note:** Please complete this form with Personal Information not Business Information and divide all jointly owned assets and liabilities, as appropriate with spouse or others. The information contained in this form must be submitted and certified through [certify.sba.gov](http://www.sba.gov/8abd). For additional information go to: <http://www.sba.gov/8abd>

Name	Business Phone (xxx-xxx-xxxx)	
Home Address	Home Phone (xxx-xxx-xxxx)	
City, State, & Zip Code		
Business Name of Applicant/Borrower		
Business Address (if different than home address)		
Business Type: <input type="checkbox"/> Corporation <input type="checkbox"/> S-Corp. <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor (does not apply to ODA applicant)		
<b>This information is current as of [month/day/year]</b> (within 90 days of submission for 7(a)/504/SBG/ODA/WOSB or within 30 days of submission for 8(a) BD)		
WOSB applicant only, Married <input type="checkbox"/> Yes <input type="checkbox"/> No		
ASSETS  (Omit Cents)	LIABILITIES  (Omit Cents)	
Cash on Hand & in banks..... Savings Accounts..... IRA or Other Retirement Account..... (Describe in Section 5) Accounts & Notes Receivable..... (Describe in Section 5) Life Insurance – Cash Surrender Value Only..... (Describe in Section 8) Stocks and Bonds..... (Describe in Section 3) Real Estate..... (Describe in Section 4) Automobiles..... (Describe in Section 5, and include Year/Make/Model) Other Personal Property..... (Describe in Section 5) Other Assets..... (Describe in Section 5)	Accounts Payable..... Notes Payable to Banks and Others..... (Describe in Section 2) Installment Account (Auto)..... Mo. Payments Installment Account (Other)..... Mo. Payments Loan(s) Against Life Insurance..... Mortgages on Real Estate..... (Describe in Section 4) Unpaid Taxes..... (Describe in Section 6) Other Liabilities..... (Describe in Section 7) Total Liabilities..... Net Worth.....  <b>Total</b> _____ Must equal total in assets column.	
Section 1. Source of Income.	Contingent Liabilities	
Salary..... Net Investment Income..... Real Estate Income..... Other Income (Describe below).....	As Endorser or Co-Maker..... Legal Claims & Judgments..... Provision for Federal Income Tax..... Other Special Debt.....	
<b>Description of Other Income in Section 1</b> (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 and the spouse of any 20% or more owner when spousal assets are included)

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, surety bond, or participation in the WOSB or 8(a) BD program. 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. \_\_\_\_\_

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**NOTICE TO 7(a) LOAN, 504 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.

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

Whoever wrongfully misapplies the proceeds of an SBA disaster loan shall be civilly liable to the Administrator in an amount equal to one-and-one half times the original principal amount of the loan under 15 U.S.C. § 636(b). In addition, any false statement or misrepresentation to SBA may result in criminal, civil or administrative sanctions including, but not limited to: 1) fines and imprisonment, or both, under 15 U.S.C. § 645, 18 U.S.C. § 1001, 18 U.S.C. § 1014, 18 U.S.C. § 1040, 18 U.S.C. § 3571, and any other applicable laws; 2) treble damages and civil penalties under the False Claims Act, 31 U.S.C. § 3729; 3) double damages and civil penalties under the Program Fraud Civil Remedies Act, 31 U.S.C. § 3802; and 4) suspension and/or debarment from all Federal procurement and non-procurement transactions. Statutory fines may increase if amended by the Federal Civil Penalties Inflation Adjustment Act Improvements Act of 2015.

**NOTICE TO APPLICANTS OR PARTICIPANTS IN THE WOSB FEDERAL CONTRACTING PROGRAM: CRIMINAL PENALTIES AND ADMINISTRATIVE REMEDIES FOR FALSE STATEMENTS:**

Any person who misrepresents a business concern's status as a WOSB or EDWOSB, or makes any other false statement in order to influence the WOSB Program eligibility determination or other review process in any way (e.g., protest), shall be: (1) subject to fines and imprisonment of up to 5 years, or both, as stated in Title 18 U.S.C. § 1001; (2) subject to fines of up to \$500,000 or imprisonment of up to 10 years, or both, as stated in Title 15 U.S.C. § 645; (3) subject to civil and administrative remedies, including suspension and debarment; and (4) ineligible for participation in programs conducted under the authority of the Small Business Act.

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

Any person who misrepresents a business concern's status as an 8(a) BD Program participant or SDB concern, or makes any other false statement in order to influence the 8(a) certification or other review process in any way (e.g., annual review, eligibility review), shall be: (1) subject to fines and imprisonment of up to 5 years, or both, as stated in Title 18 U.S.C. § 1001; (2) subject to fines of up to \$500,000 or imprisonment of up to 10 years, or both, as stated in Title 15 U.S.C. § 645; (3) subject to treble damages and civil penalties under the False Claims Act, 31 U.S.C. § 3729; (4) subject to administrative remedies, including suspension and debarment; and (5) ineligible for participation in programs conducted under the authority of the Small Business Act.

PLEASE NOTE: According to the Paperwork Reduction Act, you are not required to respond to this request for information unless it displays a valid OMB Control Number. The estimated average burden hours for the completion of this form is 1.5 hour per response. If you have questions or comments concerning this estimate or any other aspect of this information collection, please contact: Director, Records Management Division, Small Business Administration, 409 Third Street SW, Washington, D.C. 20416, and SBA Desk Officer, Office of Management and Budget, New Executive Office Building, Room 10202, Washington, D.C. 20503. PLEASE DO NOT SEND COMPLETED FORMS TO OMB.

## **PLEASE READ, DETACH, AND RETAIN FOR YOUR RECORDS**

### **Privacy Act (5 U.S.C. 552a) and Debt Collection Improvement Act (31 U.S.C. 7701)**

*Authorities and Purpose for Collecting Information:* SBA is collecting the information on this form, including social security numbers and other personal information, to make a character and credit or other eligibility decision in connection with you or your company's application for SBA assistance. SBA may also use social security numbers for the purpose of collecting and reporting on any delinquent fees or other amounts owed SBA, where applicable.

For purposes of SBA's financial assistance programs, 31 U.S.C. 7701 requires loan applicants and guarantors, or any indemnitor of a surety bond to provide their social security numbers, or other taxpayer identification numbers. Failure to provide this information would affect your ability to obtain an SBA loan or bond. For other individuals signing this form, the submission of the social security number is voluntary and failure to provide your social security number may not affect any right, benefit or privilege to which you are entitled. However, your social security number or other taxpayer identification number helps SBA to distinguish you from other individuals with the same or similar name or other personal identifier. This use is permitted under Executive Order 9397. Personal information collected is protected to the extent permitted by law, including the Freedom Information Act, 5 U.S.C. 552, and the Privacy Act 5 U.S.C. 552. Such information is maintained pursuant to SBA's Privacy Act System of Records at

<https://www.sba.gov/sites/default/files/2020-01/sba-sorns.pdf>.

**Right to Financial Privacy Act of 1978 (12 U.S.C. 3401)** -- This is notice to you as required by the Right to Financial Privacy Act of 1978, of SBA's access rights to financial records held by financial institutions that are or have been doing business with you or your business, including any financial institutions participating in a loan or loan guaranty. The law provides that SBA shall have a right of access to your financial records in connection with its consideration or administration of assistance to you in the form of a Government guaranteed loan or guaranteed bond. SBA is required to provide a certificate of its compliance with the Act to a financial institution in connection with its first request for access to your financial records, after which no further certification is required for subsequent accesses. The law also provides that SBA's access rights continue for the term of any approved loan guaranty agreement or any approved bond agreement. No further notice to you of SBA's access rights is required during the term of any such agreement. The law also authorizes SBA to transfer to another Government authority any financial records included in an application for a loan or bond guarantee, or concerning an approved loan or loan guarantee or bond guarantee, as necessary to process, service or foreclose on a loan guaranty or collect on a defaulted loan guaranty, or to process or service the bond guarantee. No other transfer of your financial records to another Government authority will be permitted by SBA except as required or permitted by law.

### **Freedom of Information Act (5 U.S.C. 552)**

This law provides, with some exceptions, that SBA must supply information contained in agency files and records to a person requesting it. Information about approved loans that will be automatically released includes, among other things, statistics on our loan programs (individual borrowers are not identified in the statistics), and other information such as the names of the borrowers (and their officers, directors, stockholders or partners), the collateral pledged to secure the loan, the amount of the loan, its purpose in general terms, and the maturity. With respect to SBA's bond guarantee program, SBA will release, among other things, statistics on the Surety Bond Guarantee (SBG) programs and other information such as the names of small businesses (and their officers, directors, stockholders or partners) and the amount of the bond guarantees. Proprietary data on a borrower would not routinely be made available to third parties. All requests under this Act are to be addressed to the nearest SBA office and be identified as a Freedom of Information request.

Do not sign this form unless all applicable lines have been completed.

Request may be rejected if the form is incomplete or illegible.

For more information about Form 4506-C, visit [www.irs.gov](http://www.irs.gov) and search IVES.

<b>1a. Current name</b>			<b>2a. Spouse's current name (if joint return and transcripts are requested for both taxpayers)</b>		
i. First name	ii. Middle initial	iii. Last name/BMF company name	i. Spouse's first name	ii. Middle initial	iii. Spouse's last name
<b>1b. First taxpayer identification number (see instructions)</b>			<b>2b. Spouse's taxpayer identification number (if joint return and transcripts are requested for both taxpayers)</b>		
i. First name	ii. Middle initial	iii. Last name	i. First name	ii. Middle initial	iii. Last name
<b>3. Current address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)</b>					
a. Street address (including apt., room, or suite no.)		b. City	c. State	d. ZIP code	
<b>4. Previous address shown on the last return filed if different from line 3 (see instructions)</b>					
a. Street address (including apt., room, or suite no.)		b. City	c. State	d. ZIP code	
<b>5a. IVES participant name, ID number, SOR mailbox ID, and address</b>					
i. IVES participant name <b>IDEAL TAX SERVICES</b>		ii. IVES participant ID number <b>301360</b>	iii. SOR mailbox ID <b>IDEALTAX 2</b>		
iv. Street address (including apt., room, or suite no.) <b>P.O. BOX 91</b>		v. City <b>AVON PARK</b>	vi. State <b>FL</b>	vii. ZIP code <b>33826</b>	
<b>5b. Customer file number (if applicable) (see instructions)</b>			<b>5c. Unique identifier (if applicable) (see instructions)</b>		
<b>5d. Client name, telephone number, and address (this field cannot be blank or not applicable (NA))</b>					
i. Client name				ii. Telephone number	
iii. Street address (including apt., room, or suite no.)		iv. City	v. State	vi. ZIP code	
<b>Caution:</b> This tax transcript is being sent to the third party entered on Line 5a and/or 5d. Ensure that lines 5 through 8 are completed before signing. (see instructions)					
<b>6. Transcript requested.</b> Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request for line 6 transcripts					
a. Return Transcript <input type="checkbox"/>	b. Account Transcript <input type="checkbox"/>	c. Record of Account <input type="checkbox"/>			
<b>7. Wage and Income transcript (W-2, 1098-E, 1099-G, etc.)</b> <input type="checkbox"/>					
a. Enter a max of three form numbers here; if no entry is made, all forms will be sent.					
b. Mark the checkbox for taxpayer(s) requesting the wage and income transcripts. If no box is checked, transcripts will be provided for all listed taxpayers					
Line 1a <input type="checkbox"/>	Line 2a <input type="checkbox"/>				
<b>8. Year or period requested.</b> Enter the ending date of the tax year or period using the mm dd yyyy format (see instructions)					
/ /	/ /	/ /	/ /	/ /	

**Caution:** Do not sign this form unless all applicable lines have been completed.

**Signature of taxpayer(s).** I declare that I am either the taxpayer whose name is shown on line 1a or, if applicable, line 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign; however, if both spouses' names and TINs are listed in lines 1a-1b and 2a-2b, both spouses must sign the request. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, 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-C on behalf of the taxpayer. **Note:** This form must be received by IRS within 120 days of the signature date.

**Signatory attests that he/she has read the above attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-C. See instructions.**

<b>Sign Here</b>	Signature for Line 1a (see instructions)		Date	Phone number of taxpayer on line 1a or 2a
	<input checked="" type="checkbox"/> Form 4506-C was signed by an Authorized Representative		<input type="checkbox"/> Signatory confirms document was electronically signed	
	Print/Type name			
	Title (if line 1a above is a corporation, partnership, estate, or trust)			
	Spouse's signature (required if listed on Line 2a)			Date
	<input checked="" type="checkbox"/> Form 4506-C was signed by an Authorized Representative		<input type="checkbox"/> Signatory confirms document was electronically signed	
Print/Type name				

# Instructions for Form 4506-C, IVES Request for Transcript of Tax Return

Section references are to the Internal Revenue Code unless otherwise noted.

## Future Developments

For the latest information about Form 4506-C and its instructions, go to [www.irs.gov](http://www.irs.gov) and search IVES. Information about any recent developments affecting Form 4506-C (such as legislation enacted after we released it) will be posted on that page.

**What's New.** Form 4506-C includes the Client company requesting transcripts and increased the number of Wage and Income transcripts requests.

## General Instructions

**Caution:** Do not sign this form unless all applicable lines have been completed.

**Designated Recipient Notification.** Section 6103(c) limits disclosure and use of return information received pursuant to the taxpayer's consent and holds the recipient subject to penalties for any unauthorized access, other use, or redisclosure without the taxpayer's express permission or request.

**Taxpayer Notification.** Section 6103(c) limits disclosure and use of return information provided pursuant to your consent and holds the recipient subject to penalties, brought by private right of action, for any unauthorized access, other use, or redisclosure without your express permission or request.

**Purpose of form.** Use Form 4506-C to request tax return information through an authorized IVES participant. You will designate an IVES participant to receive the information on line 5a.

**Note:** If you are unsure of which type of transcript you need, check with the party requesting your tax information.

**Where to file.** The IVES participant will fax Form 4506-C with the approved IVES cover sheet to their assigned Service Center.

## Chart for ordering transcripts

If your assigned Service Center is:	Fax the requests with the approved coversheet to:
Austin Submission Processing Center	Austin IVES Team 844-249-6238
Kansas City Submission Processing Center	Kansas City IVES Team 844-249-8128
Ogden Submission Processing Center	Ogden IVES Team 844-249-8129

## Specific Instructions

**Line 1a/2a (if spouse is also requested).** For IMF Requests: Enter the First, Middle Initial, and Last Name in the indicated fields. If all characters will not fit, please enter up to 12 for First name and 22 for Last name. For BMF Requests: Enter the company name in the Last Name field. If all characters will not fit, please enter up to 22.

**Line 1b/2b (if spouse is also requested).** Enter the social security number (SSN) or individual taxpayer identification number (ITIN) for the individual listed on line 1a including the dashes in the correct format, or enter the employer identification number (EIN) for the business listed on line 1a including the dashes in the correct format.

**Line 1c/2c (if spouse is also requested).** Enter your previous name as shown on your last filed tax return if different than line 1a.

**Line 3.** Enter your current address in the indicated fields. If you use a P.O. Box, include it and the number in the Current Address field.

**Line 4.** Enter the address shown on the last return filed if different from the address entered on line 3.

**Note:** If the addresses on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address, or Form 8822-B, Change of Address or Responsible Party — Business, with Form 4506-C.

**Line 5b.** Enter up to 10 numeric characters to create a unique customer file number that will appear on the transcript. The customer file number cannot contain an SSN, ITIN or EIN. Completion of this line is not required.

**Line 5c.** Enter up to 10 alpha-numeric characters to create a unique identifier that will show in the mailbox file information. The unique identifier cannot contain an SSN, ITIN or EIN. Completion of this line is not required.

**Note.** If you use an SSN, we will not input the information and the customer file number or unique identifier will reflect a generic entry of "9999999999".

**Line 5d.** Enter the Client company name, address, and phone number in the indicated fields. A Client company receives the requested tax transcripts from the IVES participant. If the IVES participant is also the Client company, the IVES participant information should be entered on Line 5a and 5d. These fields cannot be blank or Not Applicable (NA).

**Line 6.** Enter only one tax form number (1040, 1065, 1120, etc.) per request for all line 6 transcripts request types.

**Line 6a.** Return Transcript includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-H, Form 1120-L, and Form 1120-S. Return transcripts are available for the current year and returns processed during the prior 3 processing years.

**Line 6b.** Account Transcript 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.

**Line 6c.** Record of Account provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years.

**Line 7.** The IRS can provide a transcript that includes data from these information returns: Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript. Enter up to three information return types. If no specific type is requested, all forms will be provided. 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, Form W-2 information for 2016, filed in 2017, will likely not be available from the IRS until 2018. If you need Form W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213.

**Line 8.** Enter the end date of the tax year or period requested in mm dd yyyy format. This may be a calendar year, fiscal year or quarter. Enter each quarter requested for quarterly returns. Example: Enter 12 31 2018 for a calendar year 2018 Form 1040 transcript.



*You must check the box in the signature area to acknowledge you have the authority to sign and request the information. The form will not be processed if unchecked.*

**Signature and date.** Form 4506-C must be signed and dated by the taxpayer listed on line 1a and, if listed, 2a. The IRS must receive Form 4506-C within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines, including lines 5a through 8, are completed before signing.

**Authorized Representative:** A representative can sign Form 4506-C for a taxpayer if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 5a, and Form 2848 is attached to the Form 4506-C request. If you are Heir at Law, Next of Kin, or Beneficiary, you must be able to establish a material interest in the estate or trust. If Form 4506-C is signed by a representative, the Authorized Representative check box must be marked.

**Electronic Signature:** Only IVES participants that opt in to the Electronic Signature usage can accept electronic signatures. Contact the IVES participant for approval and guidance for electronic signatures. If the Form 4506-C is signed electronically, the Electronic Signature check box must be marked.

**Individuals.** Transcripts listed on line 6 may be furnished to either spouse if jointly filed. Signatures are required for all taxpayers listed on Line 1a and 2a.

**Corporations.** Generally, Form 4506-C 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. A bona fide shareholder of record owning 1 percent or more of the outstanding stock of the corporation may submit a Form 4506-C but must provide documentation to support the requester's right to receive the information.

**Partnerships.** Generally, Form 4506-C can be signed by any person who was a member of the partnership during any part of the tax period requested on line 8.

**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. You are not required to request any transcript; if you do request a transcript, sections 6103 and 6109 and their regulations 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, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies 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-C will vary depending on individual circumstances. The estimated average time is:

**Learning about the law or the form . . . . .** 10 min.  
**Preparing the form . . . . .** 12 min.  
**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-C simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service  
Tax Forms and Publications Division  
1111 Constitution Ave. NW, IR-6526  
Washington, DC 20224

Do not send the form to this address. Instead, see Where to file on this page.



## Business Profile *(if not attached)*

Please provide a brief background including the year founded and by whom, products and/or services provided, and location of the business

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**Who are your major customers?**

Name	Location	Percent (%) of Sales

**Who are your major suppliers?**

Name	Location	Percent (%) of Purchase

**Who are your major competitors?**

Name	Location	Competing Product

**How will the Loan change or aid the growth of the business?**

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## Business Debt Schedule

Company Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

INDEBTEDNESS: Furnish the following information on all installment debt, contracts, notes, and mortgages payable. Indicate by asterisk (\*) items to be paid by loan proceeds and reason for paying them (presnet balance should agree with latest balance sheet submitted). Do not include accounts payable or accrued liabilities.

CREDITOR Name and Address	Original Date	Original Amount	Present Balance	Interest Rate	Monthly Payment	Maturity Date	Collateral / Security
Total Present Balance:							



United States of America  
SMALL BUSINESS ADMINISTRATION  
**STATEMENT OF PERSONAL HISTORY**

**Please Read Carefully and Fully Complete:** 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](http://www.sba.gov). **DO NOT SEND COMPLETED FORMS TO OMB as this will delay the processing of your application; send forms to the address provided by your lender or SBA representative.**

## NOTICES REQUIRED BY LAW

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

PLEASE NOTE: The estimated time for completing this request for information, including time for reviewing instructions, gathering the information needed, and completing and reviewing your responses, is 15 minutes. You are not required to respond to this collection of information unless it displays a currently valid OMB Approval Number. The number for this collection of information is 3245-0178. If you wish to submit comments on the estimated completion time or any other aspect of this collection of information, direct these comments to: Small Business Administration, Director, Records Management Division, 409 3rd St., S.W., Washington D.C. 20416 and/or Desk Officer for the Small Business Administration, Office of Management and Budget, New Executive Office Building, Room 10202, Washington, D.C. 20503.

### Privacy Act Statement ( 5 U.S.C. 552a)

*Purpose for Collecting Information:* SBA is collecting the information on this form, including your social security number and other personal information to make a character and credit eligibility decision in connection with you or your company's application for a loan or other form of SBA assistance. Submission of the requested information is voluntary; however, because the information is required in order for SBA to have sufficient information to determine whether to provide you with the requested assistance, if you do not provide the information, we would be unable to make a final decision on your application.

*Authorities:* Under the Privacy Act, 5 U.S.C. § 552a, failure to provide your social security number may not affect any right, benefit or privilege to which you are entitled. However, disclosures of name and other personal identifiers are required for a benefit, as SBA requires an individual seeking assistance from the Agency to provide it with sufficient information 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. SBA is specifically authorized to verify your criminal history, or lack thereof, pursuant to section 7(a)(1)(B) of the Small Business Act, (the SBAct), 15 USC § 636(a)(1)(B). Additionally, in making loans pursuant to section 7(a)(6) the SBAct, 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. 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 SBAct or 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 when making a character determination to distinguish you from other individuals with the same or similar name, date of birth or other personal identifier. This request is permitted under EO 9397.

*Routine Uses:* The information collected may be checked against criminal history indices of the Federal Bureau of Investigation. When the information collected 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, SBA's Privacy Act System of Records, at 74 Fed. Reg. 14890 (2009), as amended for other published routine uses for the collected information.

# INS Form G-845

## Document Verification Request

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

ZIP: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

I authorize the Immigration and Naturalization Service to release information regarding my immigration status to Open Bank, because I am applying for a U.S. Small Business Administration Loan.

Lender Name: Open Bank

Contact Person: \_\_\_\_\_

Street Address: 1000 Wilshire Blvd., Suite 500

City, State and ZIP: Los Angeles, CA 90017

Phone: (213) 892-9999

Fax: (213) 892-1711

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Signature

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Date



# MANAGEMENT RESUME

Please fill in all spaces. If an item is not applicable, please indicate as such. You may include additional relevant information on a separate exhibit. SIGN/DATE where indicated.

PERSONAL INFORMATION					
Name:	Social Security Number:				
Date of Birth:	Place of Birth:				
Residence Telephone:	Business Telephone:				
Current Residence Address:			From:		
			To: <b>Present Date</b>		
Previous Residence Address:			From:		
			To:		
Spouse's Name:		Social Security Number:			
EDUCATION					
High School / College / Technical - Name / Location	Dates Attended	Major	Degree / Certificate		
ELIGIBILITY QUESTIONS:					
1. Are you a U.S. Citizen?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If NO, give alien registration number:			
2. Have you ever filed a petition of bankruptcy?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, when?			
3. Have you ever served in U.S. Armed Forces?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, when?			
4. Are you employed by the U.S. Government?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, give Agency / Position:			
5. Have you ever requested government financing? or are delinquent on the repayment of any federal debt including SBA Loan?			<input type="checkbox"/> YES <input type="checkbox"/> NO		
If YES, please fill out below information:					
Name of Agency	Original Loan Amount	Date Requested	Funding Status	Balance	Payment Status
			<input type="checkbox"/> Approved <input type="checkbox"/> Declined		<input type="checkbox"/> Current <input type="checkbox"/> Past Due
			<input type="checkbox"/> Approved <input type="checkbox"/> Declined		<input type="checkbox"/> Current <input type="checkbox"/> Past Due
6. Have you ever been charged with and/or convicted of any criminal offense other than a minor vehicle violation?				<input type="checkbox"/> YES <input type="checkbox"/> NO	
If YES, please explain:					
WORK EXPERIENCE					
Company Name / Location:					
Title:		From:		To:	
Duties					
Company Name / Location:					
Title:		From:		To:	
Duties					
Company Name / Location:					
Title:		From:		To:	
Duties					

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Signature

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Date



**SBA 7a Borrower Information Form**  
For use with all 7(a) Programs

OMB Control No.: 3245-0348  
Expiration Date: 09/30/2023

**Purpose of this form:**

The purpose of this form is to collect information about the Small Business Applicant ("Applicant") and its owners, the loan request, existing indebtedness, information about current or previous government financing, and certain other topics. The information also facilitates background checks as authorized by section 7(a)(1)(B) of the Small Business Act, 15 U.S.C. 636(a)(1)(B). Submission of the requested information is required for SBA or the Lender to determine eligibility for financial assistance. Failure to submit the information would affect that determination.

Instructions for completing this form: *This form is to be completed by the Applicant and all individuals identified below and submitted to an SBA Participating Lender.* This form is divided into three sections: Section I requests

information about the Small Business Applicant and must be completed in its entirety, signed and dated by an authorized representative of the Small Business Applicant that is requesting a business loan. *A separate Section I is required to be completed and signed for each co-applicant (e.g. "Eligible Passive Company (EPC)" or "Operating Company (OC)").*

Sections II and III of this form requests information about each of the Applicant's owners - Section II for individuals, Section III for each entity owning an equity interest in the Applicant (e.g. Employee Stock Ownership Plan ("ESOP"), 401(k) plan, Limited Liability Company, or other entity owner entities and trusts. *A separate Section II and/or Section III is required to be completed and signed by:*

- For a sole proprietorship, the sole proprietor;
- For a partnership, all general partners, and all limited partners owning 20% or more of the equity of the firm; or any partner that is involved in management of the applicant business;
- For a corporation, all owners of 20% or more of the corporation, and each officer and director;
- For limited liability companies, all members owning 20% or more of the company, each officer, director, and managing member;
- Any person hired by the Applicant to manage day-to-day operations of the Applicant business ("key employee"); and
- Any Trustor (if the Applicant is owned by a trust).
- Each entity owning an equity interest in the Applicant.

All parties listed above are considered "Associates" of the Small Business Applicant as defined in [13 CFR § 120.10](#). *A separate Section I (for the Applicant and each Co-Applicant), Section II (for individuals), and Section III (for entities) is required to be completed and signed by each Associate of the Small Business Applicant.*

**Definitions:**

1. **Affiliation** - Concerns and entities are affiliates of each other when one controls or has the power to control the other, or a third party (or parties) controls or has power to control both. For example, affiliation may arise through ownership, common management (including through a management agreement), or when there is an identity of interest between close relatives with identical, or substantially identical, business interests. The complete definition of "affiliation" is found at 13 CFR § 121.301(f).
2. **Close Relative** - Close Relative is a spouse; a parent; or a child or sibling, or the spouse of any such person.
3. **Eligible Passive Company ("EPC")** - is a small entity or trust which does not engage in regular and continuous business activity which leases real or personal property to an Operating Company for use in the Operating Company's business, and which complies with the conditions set forth in 13 CFR § 120.111.
4. **Household Member** - A "household member" of an SBA employee includes: a) the spouse of the SBA employee; b) the minor children of said individual; and c) the blood relatives of the employee, and the blood relatives of the employee's spouse who reside in the same place of abode as the employee. [13 CFR § 105.201(d)]
5. **Operating Company ("OC")** - is an eligible small business actively involved in conducting business operations now or about to be located on real property owned by an Eligible Passive Company, or using or about to use in its business operations personal property owned by an Eligible Passive Company.

*For clarification regarding any of the questions or terms contained herein, please contact your Lender.*



**SBA 7(a) Borrower Information Form**  
(Section I: Business Information)

OMB Control No.: 3245-0348  
Expiration Date: 09/30/2023

<b>Applicant Business Legal Name (OC <input type="checkbox"/> EPC <input type="checkbox"/>):</b>		
<b>Operating Business Legal Name (OC):</b>		
<b>DBA or Trade name, if applicable:</b>		
Is the Applicant a?: Cooperative: <input type="checkbox"/> ESOP: <input type="checkbox"/> 401(k) Plan: <input type="checkbox"/> Trust: <input type="checkbox"/> Other: <input type="checkbox"> N/A: <input type="checkbox"/></input>		
Do you plan to use a 401(K) Plan (including a Rollover for Business Start Up (ROBS) Plan) for equity? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Will a Management Company be hired by the Applicant to manage the day-to-day operations? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, provide a copy of the management agreement)		
<b>Primary Business Address</b>		<b>Business Tax ID</b>
<b>Project Address (if other than primary business address)</b>		<b>Primary Contact Name</b>
		<b>Email Address</b>
<b>Amount of Loan Request:</b>	\$ _____	# of existing employees employed by business? (including owners):
	# of jobs to be created as a result of the loan? (including owners):	
	# of jobs that will be retained as a result of the loan that otherwise would have been lost? (including owners):	
<b>Purpose of the loan (i.e. Purchase Real Estate; Construction; Equipment; Inventory; Eligible Debt Refinancing; Working Capital; etc.):</b>	\$ _____ for: _____	\$ _____ for: _____
	\$ _____ for: _____	\$ _____ for: _____
	\$ _____ for: _____	\$ _____ for: _____

***If financial statements provided to the lender do not include a schedule of business debt, provide on a separate attachment.***

#### **Ownership of the Applicant**

List all proprietors, partners, officers, directors, members, and holders of outstanding stock. 100% of ownership must be reflected. Attach a separate sheet if necessary. Based on the instructions to this form not all owners will need to complete the Associate's Information section of this form.

<b>Owner's Legal Name</b>	<b>Title</b>	<b>% Owned</b>	<b>TIN (SSN/EIN)</b>	<b>Address</b>	<b>ESOP*</b>	<b>401K*</b>	<b>COOP*</b>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If any owner(s) is an ESOP, a 401(k) plan, or a Cooperative, please provide details and relevant documentation to the Lender as appropriate.

\* Any Applicant owned in part, or in whole, by an ESOP or 401(k) plan must also provide to the Lender evidence that the Applicant, ESOP or the 401(k) plan are in compliance with all applicable IRS, Treasury, and Department of Labor requirements and it will comply with all relevant operating and reporting requirements.



**SBA 7(a) Borrower Information Form**  
(Section I: Business Information)

OMB Control No.: 3245-0348  
Expiration Date: 09/30/2023

**Unless stated otherwise, if any of the questions below are answered "Yes," please provide details on a separate sheet.**

#	Question	Yes	No
1	Are there co-applicants? (If "Yes," please complete a separate Section I: Applicant Business Information for each.)	<input type="checkbox"/>	<input type="checkbox"/>
2	Has an application for the requested loan ever been submitted to the SBA, a lender, or a Certified Development Company, in connection with any SBA program?	<input type="checkbox"/>	<input type="checkbox"/>
3	Has the Applicant and/or its Affiliates ever obtained or applied for a direct or guaranteed loan from SBA, or another Federal agency loan program (including, but not limited to USDA, B&I, FSA, EDA), or been a guarantor on such a loan? (If "Yes," answer questions 3.a) and 3.b) below.)	<input type="checkbox"/>	<input type="checkbox"/>
	a) Is any of the financing currently delinquent?	<input type="checkbox"/>	<input type="checkbox"/>
	b) Did any of this financing ever default and cause a loss to the Federal Government?	<input type="checkbox"/>	<input type="checkbox"/>
4	Is the Applicant presently suspended, debarred, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency?	<input type="checkbox"/>	<input type="checkbox"/>
5	Does the Applicant Business operate under a Franchise/License/Distributor/Membership/Dealer/Jobber or other type of Agreement? (If "Yes," provide copies of your agreement(s) and any other relevant documents.)	<input type="checkbox"/>	<input type="checkbox"/>
6	Does the Applicant have any Affiliates per <a href="#">13 CFR 121.301</a> ? (If "Yes", attach a listing of all Affiliates.)	<input type="checkbox"/>	<input type="checkbox"/>
7	Has the Applicant and/or its Affiliates ever filed for bankruptcy protection?	<input type="checkbox"/>	<input type="checkbox"/>
8	Is the Applicant and/or its Affiliates presently involved in any pending legal action?	<input type="checkbox"/>	<input type="checkbox"/>
9	Are any of the Applicant's products and/or services exported (directly or indirectly), is there a plan to begin exporting (directly or indirectly) as a result of this loan, or is this an Export Working Capital Program (EWCP)* loan? (If "Yes," answer questions 9.a) and 9.b) below.)	<input type="checkbox"/>	<input type="checkbox"/>
	a) Provide the estimated total export sales this loan will support.	\$	
	<i>* (For EWCP loans, in a separate attachment, provide details of the underlying transaction(s) for which the loan is needed, countries where the buyers are located and a description of products and/or services to be exported.)</i>		
	b) List of principal countries of export (list at least 1)		
10	Has the Applicant paid or committed to pay a fee to the Lender or a third party to assist in the preparation of the loan application or application materials, or has the Applicant paid or committed to pay a referral agent or broker a fee?	<input type="checkbox"/>	<input type="checkbox"/>
11	Are any of the Applicant's revenues derived from gambling, loan packaging, or from the sale of products or services, or the presentation of any depiction, displays or live performances, of a prurient sexual nature? If "Yes," provide details under a separate attachment.	<input type="checkbox"/>	<input type="checkbox"/>



**SBA 7(a) Borrower Information Form**  
(Section I: Business Information)

OMB Control No.: 3245-0348  
Expiration Date: 09/30/2023

**SBA may not provide financial assistance to an applicant where there is any appearance of a conflict of interest with an SBA or other Federal government employee. If any of the questions below are answered "Yes," please provide details on a separate sheet.**

**With the exception of question 15, if any of the questions below are answered "Yes," this application may not be submitted under any delegated processing method, but must be submitted by the Lender under non-delegated processing. Note: This does not mean that your loan will be denied, only that your Lender will need to use different SBA procedures to process this loan. If the answer to question 15 is "Yes," the application may be processed under a lender's delegated authority only after the lender receives clearance to do so from SBA.**

#	Question	Yes	No
12	Is any sole proprietor, partner, officer, director, stockholder with a 10 percent or more interest in the Applicant an SBA employee or a Household Member of an SBA employee? ( <a href="#">13 CFR 105.204</a> ). "Household Member" means spouse and minor children of an employee, all blood relations of the employee and any spouse who resides in the same place of abode with the employee ( <a href="#">13 CFR §105.201(d)</a> ).	<input type="checkbox"/>	<input type="checkbox"/>
13	Is any employee, owner, partner, attorney, agent, owner of stock, officer, director, creditor or debtor of the Applicant a former SBA employee who has been separated from SBA for less than one year prior to the request for financial assistance? ( <a href="#">13 CFR 105.203</a> )	<input type="checkbox"/>	<input type="checkbox"/>
14	Is any sole proprietor, general partner, officer, director, or stockholder with a 10 percent or more interest in the Applicant, or a household member of such individual, a member of Congress, or an appointed official or employee of the legislative or judicial branch of the Federal Government? ( <a href="#">13 CFR 105.301(c)</a> )	<input type="checkbox"/>	<input type="checkbox"/>
15	Is any sole proprietor, general partner, officer, director, or stockholder with a 10 percent or more interest in the Applicant, or a household member of such individual, a Federal Government employee or Member of the Military having a grade of at least GS-13 or higher (or Military equivalent)? ( <a href="#">13 CFR 105.301(a)</a> )	<input type="checkbox"/>	<input type="checkbox"/>
16	Is any sole proprietor, general partner, officer, director, or stockholder with a 10 percent or more interest in the Applicant, or a household member of such individual, a member or employee of a Small Business Advisory Council or a SCORE volunteer? ( <a href="#">13 CFR 105.302(a)</a> )	<input type="checkbox"/>	<input type="checkbox"/>



**SBA 7(a) Borrower Information Form**  
(Section I: Business Information)

OMB Control No.: 3245-0348  
Expiration Date: 09/30/2023

**By Signing Below, You Make the Following Representations, Acknowledgement, and Certification**  
**REPRESENTATIONS**

I represent that:

- I have read the Statements Required by Law and Executive Order included in this form, and I understand them.
- I will comply, whenever applicable, with the hazard insurance, lead-based paint, civil rights and other limitations in this form.
- All SBA loan proceeds will be used only for business related purposes as specified in the loan application.
- The Applicant is not knowingly engaged and will not knowingly engage in any activity that is illegal under federal, state, or local law or that can reasonably be determined to support or facilitate any activity that is illegal under federal, state, or local law.
- I understand, acknowledge, agree, and consent that the Lender can use and share any tax information that I have provided and/or that the Lender has obtained from the Internal Revenue Service with SBA's authorized representatives, including authorized representatives of the SBA Office of Inspector General, for the purpose of compliance with SBA Loan Program Requirements and all SBA reviews.

**ACKNOWLEDGEMENT**

I acknowledge that:

- SBA encourages the purchase, to the extent feasible, of American-made equipment and supplies.

**ACCURACY CERTIFICATION**

I certify that the information provided in this application and the information that I have provided in all supporting documents and forms is true and accurate. I realize that the penalty for knowingly making a false statement to obtain a guaranteed loan from SBA is that I may be fined up to \$250,000 and/or be put in jail for up to 5 years under 18 USC § 1001; under 15 USC 645 by imprisonment of not more than two years and/or a fine of not more than \$5,000; and, if false statements are submitted to a Federally insured institution, I may be fined up to \$1,000,000 and/or be put in jail for up to 30 years under 18 USC § 1014.

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Signature of Authorized Representative of Applicant

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Date:

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Print Name

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Title



**SBA 7(a) Borrower Information Form**  
(Section II: Individual Owner Information)

OMB Control No.: 3245-0348  
Expiration Date: 09/30/2023

<b>Individual Owner's Full Legal Name</b>	<b>Social Security / Tax ID No.</b>	<b>Date of Birth</b>	<b>Place of Birth (City, State, Country)</b>
<b>Home Address</b>		<b>Home Phone</b>	<b>% of Ownership</b>
<b>Applicant Legal Name:</b>			

**Veteran/Gender/Race/Ethnicity data is collected for program reporting purposes only.**

**Disclosure is voluntary and has no bearing on the credit decision.**

		<b>Enter Response</b>
Veteran	1=Non-Veteran; 2=Veteran; 3=Service-Disabled Veteran; 4=Spouse of Veteran; X=Not	
Gender	M=Male; F=Female; X=Not Disclosed	
Race (more than 1 may be selected)	1=American Indian or Alaska Native; 2=Asian; 3=Black or African-American; 4=Native Hawaiian or Pacific Islander; 5=White; X=Not Disclosed	
Ethnicity	H=Hispanic or Latino; N=Not Hispanic or Latino; X=Not Disclosed	

<b>Question</b>		<b>Yes</b>	<b>No</b>
17	Are you presently subject to an indictment, criminal information, arraignment, or other means by which formal criminal charges are brought in any jurisdiction? ( <i>If "YES," the loan request is not eligible for SBA assistance.</i> )	<input type="checkbox"/>	<input type="checkbox"/>
<b>Initial here to confirm your response to question 17 (originally initialed, or an acceptable electronic signature, and not typed.) →</b>			
18	Have you been arrested in the last 6 months for any criminal offense?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Initial here to confirm your response to question 18 (originally initialed, or an acceptable electronic signature, and not typed.) →</b>			
19	For any criminal offense - other than a minor vehicle violation - have you ever: 1) been convicted; 2) pleaded guilty; 3) pleaded nolo contendere; 4) been placed on pretrial diversion; or 5) been placed on any form of parole or probation (including probation before judgment)?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Initial here to confirm your response to question 19 (originally initialed, or an acceptable electronic signature, and not typed.) →</b>			

**If you answer "Yes" to questions 18 or 19, you must furnish details, including dates, location, fines, sentences, level of charge (whether misdemeanor or felony), dates of parole/probation, unpaid fines or penalties, name(s) under which charged, and any other pertinent information. If you answer "Yes" to question 19 and are currently on parole or probation, the loan request is not eligible for SBA assistance.**

20	<input type="checkbox"/> I am a U.S. Citizen OR <input type="checkbox"/> I have Lawful Permanent Resident (LPR) status. <input type="checkbox"/> I am not a U.S. Citizen or Lawful Permanent Resident.*	USCIS Registration Number:  Country of Citizenship:	
<b>Initial here to confirm your response to question 20 (originally initialed, or an acceptable electronic signature, and not typed.) →</b>			

**\* Businesses with ownership that includes Foreign Nationals or Foreign Entities may be eligible only if the business is at least 51% owned and controlled by U.S. citizens and/or those who have LPR status from USCIS whose status will be verified by the Lender in accordance with SBA Loan Program Requirements.**



**SBA 7(a) Borrower Information Form**  
(Section II: Individual Owner Information)

OMB Control No.: 3245-0348  
Expiration Date: 09/30/2023

**If any of the questions below are answered "Yes," please provide details on a separate sheet.**

	<b>Question</b>	<b>Yes</b>	<b>No</b>
21	Are you presently suspended, debarred, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency? (If "Yes," the application is not eligible for SBA financial assistance)	<input type="checkbox"/>	<input type="checkbox"/>
22	If you are a 50% or more owner of the Applicant, are you more than 60 days delinquent on any obligation to pay child support arising under an administrative order, court order, repayment agreement between the holder and a custodial parent, or repayment agreement between the holder and a state agency providing child support enforcement services. (If "Yes," the application is not eligible for SBA financial assistance)	<input type="checkbox"/>	<input type="checkbox"/>
23	Do you have any ownership in other businesses which would be defined as an Affiliate of the Applicant in the definition found on page 1? (If "Yes," attach a listing of all businesses, your title and ownership percentage in the business.)	<input type="checkbox"/>	<input type="checkbox"/>
24	Have you, or any business you controlled, ever filed for bankruptcy protection? If yes, provide details.	<input type="checkbox"/>	<input type="checkbox"/>
25	Are you, or any business you control, presently involved in any legal action (including divorce)? If yes, provide details.	<input type="checkbox"/>	<input type="checkbox"/>
26	Have you or any business owned or controlled by you ever obtained a direct or guaranteed loan from SBA or any other Federal agency or been a guarantor on such a loan? (This includes, but is not limited to USDA, FHA, EDA, and student loans.)	<input type="checkbox"/>	<input type="checkbox"/>
	(a) If you answered "Yes" to Question 26, is any of the financing presently considered delinquent?	<input type="checkbox"/>	<input type="checkbox"/>
	(b) If you answered "Yes" to Question 26, did any loan that was made for business purposes ever default and cause a loss to the Government, including a compromise, resolution or settlement of a loan's principal balance for less than the full amount due? (If you answer "Yes" to either 26(a) or 26(b) above, please provide Lender with a written explanation.)	<input type="checkbox"/>	<input type="checkbox"/>



**SBA 7(a) Borrower Information Form**  
(Section II: Individual Owner Information)

OMB Control No.: 3245-0348  
Expiration Date: 09/30/2023

**By Signing Below, You Make the Following Representations, Acknowledgement, Authorization, and Certification**

**REPRESENTATIONS, ACKNOWLEDGEMENT AND AUTHORIZATION**

I represent that:

- I have read the Statements Required by Law and Executive Order and I understand them.
- I will comply, whenever applicable, with the hazard insurance, lead-based paint, civil rights or other limitations in this form.
- All SBA loan proceeds will be used only for business related purposes as specified in the loan application.
- The Applicant is not knowingly engaged and will not knowingly engage in any activity that is illegal under federal, state, or local law or that can reasonably be determined to support or facilitate any activity that is illegal under federal, state, or local law.
- I understand, acknowledge, agree, and consent that the Lender can use and share any tax information that I have provided and/or that the Lender has obtained from the Internal Revenue Service with SBA's authorized representatives, including authorized representatives of the SBA Office of Inspector General, for the purpose of compliance with SBA Loan Program Requirements and all SBA reviews.

I acknowledge that:

- SBA encourages the purchase, to the extent feasible, of American-made equipment and supplies.

I authorize the SBA 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, as amended.

**ACCURACY CERTIFICATION**

I certify that the information provided in this application and the information that I have provided in all supporting documents and forms is true and accurate. I realize that the penalty for knowingly making a false statement to obtain a guaranteed loan from SBA is that I may be fined up to \$250,000 and/or be put in jail for up to 5 years under 18 USC § 1001; under 15 USC 645 by imprisonment of not more than two years and/or a fine of not more than \$5,000; and, if false statements are submitted to a Federally insured institution, I may be fined up to \$1,000,000 and/or be put in jail for up to 30 years under 18 USC § 1014.

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Signature

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Date:

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Print Name and Title



**SBA 7(a) Borrower Information Form**  
(Section III: Entity Owner Information)

OMB Control No.: 3245-0348  
Expiration Date: 09/30/2023

<b>Applicant Legal Name:</b>				
<b>Entity Owner Legal Name</b>		<b>Tax ID</b>		<b>Phone</b>
<b>Address of Entity Owner</b>		<b>Primary Contact Name</b>		<b>Email Address</b>

**Identify in what capacity you are Completing this Section? Check all that apply.**

**401(k) Plan**    **ESOP**    **Other (Explain in separate attachment):**

**Entity Ownership**

List all proprietors, partners, officers, directors, members, Trustees, and holders of outstanding stock in the entity owner. 100% of ownership must be disclosed. Attach a separate sheet if necessary.

<b>Owner's Legal Name</b>	<b>Title</b>	<b>% Owned</b>	<b>TIN (SSN/EIN)</b>	<b>Address</b>	<b>ESOP *</b>	<b>401(k) *</b>	<b>Co-Op *</b>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*If any of the questions below are answered "Yes," please provide details on a separate sheet.*

<b>#</b>	<b>Question</b>	<b>Yes</b>	<b>No</b>
27	Is the Entity, or any of its owners, presently suspended, debarred, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency? (If "Yes," the application is not eligible for SBA financial assistance.)	<input type="checkbox"/>	<input type="checkbox"/>
28	Does the entity have any Affiliates? (If "Yes," attach a listing of all Affiliates.)	<input type="checkbox"/>	<input type="checkbox"/>
29	Has the entity and/or its Affiliates ever filed for bankruptcy protection?	<input type="checkbox"/>	<input type="checkbox"/>
30	Is the entity and/or its Affiliates presently involved in any pending legal action?	<input type="checkbox"/>	<input type="checkbox"/>
31	Has the Entity ever obtained a direct or guaranteed loan from SBA or any other Federal agency or been a guarantor on such a loan? (This includes, but is not limited to USDA, FHA, EDA.)	<input type="checkbox"/>	<input type="checkbox"/>
	(a) If you answered "Yes" to Question 31, is any of the financing presently considered delinquent?	<input type="checkbox"/>	<input type="checkbox"/>
	(b) If you answered "Yes" to Question 31, did any loan that was for a business purpose ever default and cause a loss to the Government, including a compromise, resolution or settlement of a loan's principal balance for less than the full amount due? <i>(If you answer "Yes" to either 31(a) or 31(b) above, please provide Lender with a written explanation)</i>	<input type="checkbox"/>	<input type="checkbox"/>



**SBA 7(a) Borrower Information Form**  
(Section III: Entity Owner Information)

OMB Control No.: 3245-0348  
Expiration Date: 09/30/2023

**By Signing Below, You Make the Following Representations, Acknowledgement, Authorization, and Certification**

**REPRESENTATIONS, ACKNOWLEDGEMENT AND AUTHORIZATION**

I represent that:

- I have read the Statements Required by Law and Executive Order and I understand them.
- I will comply, whenever applicable, with the hazard insurance, lead-based paint, civil rights or other limitations in this form.
- All SBA loan proceeds will be used only for business related purposes as specified in the loan application.
- The Applicant is not knowingly engaged and will not knowingly engage in any activity that is illegal under federal, state, or local law or that can reasonably be determined to support or facilitate any activity that is illegal under federal, state, or local law.
- I understand, acknowledge, agree, and consent that the Lender can use and share any tax information that I have provided and/or that the Lender has obtained from the Internal Revenue Service with SBA's authorized representatives, including authorized representatives of the SBA Office of Inspector General, for the purpose of compliance with SBA Loan Program Requirements and all SBA reviews.

I acknowledge that:

- SBA encourages the purchase, to the extent feasible, of American-made equipment and supplies.

I authorize the SBA 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, as amended.

**ACCURACY CERTIFICATION**

I certify that the information provided in this application and the information that I have provided in all supporting documents and forms is true and accurate. I realize that the penalty for knowingly making a false statement to obtain a guaranteed loan from SBA is that I may be fined up to \$250,000 and/or be put in jail for up to 5 years under 18 USC § 1001; under 15 USC 645 by imprisonment of not more than two years and/or a fine of not more than \$5,000; and, if false statements are submitted to a Federally insured institution, I may be fined up to \$1,000,000 and/or be put in jail for up to 30 years under 18 USC § 1014.

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Signature of Authorized Representative of Entity

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Date:

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Print Name and Title



**SBA 7(a) Borrower Information Form**  
Statements Required by Law and Executive Order

OMB Control No.: 3245-0348  
Expiration Date: 09/30/2023

**Please read the following notices regarding use of federal financial assistance programs and then sign and date the certification.**

This application and any assistance provided pursuant to this application is subject to the following laws, regulations, and Executive Orders. .

**Privacy Act (5 U.S.C. 552a); Collection of Social Security Number (31 U.S.C.7701)**

*Authorities and Purpose for Collecting Information:* SBA is collecting the information on this form, including social security numbers and other personal information, to make a character and credit eligibility decision in connection with you or your company's application for SBA assistance. SBA may also use social security numbers for the purpose of collecting and reporting on any delinquent fees or other amounts owed SBA. Under the provisions of 31 U.S.C. 7701, the applicant business and any guarantor of the loan are required to provide their social security numbers or other taxpayer identification numbers in order to do business with SBA. Failure to provide this information would affect your ability to obtain a 7(a) loan. For other individuals signing this application, the submission of the social security number is voluntary and failure to provide your social security number may not affect any right, benefit or privilege to which you are entitled.

In evaluating whether the applicant satisfies the criteria for a 7(a) loan, SBA considers whether the applicant and each of its Associates possess good character. In making this determination, SBA considers the person's integrity, candor, and criminal history if any. SBA is specifically authorized to verify your criminal history, or lack thereof, pursuant to section 7(a)(1)(B), of the Small Business Act, 15 USC Section 636(a)(1)(B). In addition, 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 Small Business Act, 15 U.S.C. 634(b)(11). In conducting the criminal background check, SBA also uses your social security number to distinguish you from other individuals with the same or similar name or other personal identifiers. This use is permitted under Executive Order 9397.

*Routine Uses:* Some of the information collected may be checked against criminal history indices of the Federal Bureau of Investigation. When the information collected 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 SBA's Privacy Act System of Records, at 74 Fed. Reg. 14890 (2009) (as amended from time to time) for other published routine uses for the collected information.

**Right to Financial Privacy Act of 1978 (12 U.S.C. 3401)** -- As required by this statute, SBA provides this notice of its right to access your financial records held by financial institutions, including any institution participating in a loan or loan guarantee, that are or have been doing business with you or your business. The law provides that SBA shall have a right of access to your financial records in connection with its consideration or administration of assistance to you in the form of a Government loan or loan guaranty agreement. SBA is required to provide a certificate of its compliance with the Act to a financial institution in connection with its first request for access to your financial records, after which no further certification is required for subsequent access. The law also provides that SBA's access rights continue for the term of any approved loan or loan guaranty agreement. No further notice to you of SBA's access rights is required during the term of any such agreement.

The law also authorizes SBA to transfer to another Government authority any financial records included in an application for a loan, or concerning an approved loan or loan guarantee, as necessary to process, service or foreclose on a loan or loan guarantee or to collect on a defaulted loan or loan guarantee. No other transfer of your financial records to another Government authority will be permitted by SBA except as required or permitted by law.

**Freedom of Information Act (5 U.S.C. 552)** -- This law provides, with some exceptions, that SBA must supply information reflected in agency files and records to a person requesting it. Information about approved loans that is generally released includes, among other things, statistics on our loan programs (individual borrowers are not identified in the statistics) and other information such as the names of the borrowers the amount of the loan, and the type of loan. Proprietary data on a borrower would not routinely be made available to third parties. All requests under this Act are to be addressed to the nearest SBA office and be identified as a Freedom of Information request.



**SBA 7(a) Borrower Information Form**  
Statements Required by Law and Executive Order

OMB Control No.: 3245-0348  
Expiration Date: 09/30/2023

**Debt Collection Act of 1982 (5 U.S.C. 5514 note) and Debt Collection Improvement Act of 1996 (31 U.S.C. 3701 et seq.)** -- These laws require SBA to aggressively collect any loan or other payments that become delinquent. SBA must obtain your taxpayer identification number when you apply for a loan. If you receive a loan, and do not make payments as they come due, SBA may take one or more of the following actions: (1) report the status of your loan(s) or other debt owed to SBA to credit bureaus, (2) hire a collection agency to collect your loan or other delinquent debt, (3) offset your income tax refund or other amounts due to you from the Federal Government, (4) suspend or debar you or your company from doing business with the Federal Government, (5) refer your loan to the Department of Justice or other attorneys for litigation, or (6) foreclose on collateral or take other action permitted in the loan instruments. Finally, if you default on an SBA loan and fail to fully reimburse the Agency for any resulting loss, SBA may refer you to the computer database of delinquent Federal debtors maintained by the Department of Housing and Urban Development or another Federal agency. This referral may result in your being disqualified from receiving financial assistance from other Federal agencies. In addition, unless SBA is reimbursed in full for the loss, you will not be eligible for additional SBA financial assistance.

**Flood Disaster Protection Act (42 U.S.C. 4011)** -- Regulations have been issued by the Federal Insurance Administration (FIA) and by SBA implementing this Act and its amendments. These regulations prohibit SBA from making certain loans in an FIA designated floodplain unless Federal Flood insurance is purchased as a condition of the loan. Failure to maintain the required level of flood insurance makes the applicant ineligible for any financial assistance from SBA, including disaster assistance.

**Executive Orders -- Floodplain Management and Wetland Protection (42 F.R. 26951 and 42 F.R. 26961)** -- SBA discourages settlement in or development of a floodplain or a wetland. This statement is to notify all SBA loan applicants that such actions are hazardous to both life and property and should be avoided. The additional cost of flood preventive construction must be considered in addition to the possible loss of all assets and investments due to a future flood.

**Occupational Safety and Health Act (15 U.S.C. 651 et seq.)** -- The Occupational Safety and Health Administration (OSHA) can require businesses to modify facilities and procedures to protect employees. Businesses that do not comply may be fined and required to abate the hazards in their workplaces. They may also be ordered to cease operations posing an imminent danger of death or serious injury until employees can be protected. Signing this form is certification that the applicant, to the best of its knowledge, is in compliance with the applicable OSHA requirements, and will remain in compliance during the life of the loan.

**Civil Rights Legislation (13 C.F.R. 112, 113, 117)** -- All businesses receiving SBA financial assistance must agree not to discriminate in any business practice, including employment practices and services to the public on the basis of categories cited in 13 C.F.R., Parts 112, 113, and 117 of SBA Regulations. This includes making their goods and services available to handicapped clients or customers. All business borrowers will be required to display the "Equal Employment Opportunity Poster" prescribed by SBA.

**Equal Credit Opportunity Act (15 U.S.C. 1691)** -- 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 or 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.

**Executive Order 11738 -- Environmental Protection (38 F.R. 251621)** -- The Executive Order charges SBA with administering its loan programs in a manner that will result in effective enforcement of the Clean Air Act, the Federal Water Pollution Act and other environment protection legislation.



**SBA 7(a) Borrower Information Form**  
Statements Required by Law and Executive Order

OMB Control No.: 3245-0348  
Expiration Date: 09/30/2023

**Lead-Based Paint Poisoning Prevention Act (42 U.S.C. 4821 et seq.)** -- Borrowers using SBA funds for the construction or rehabilitation of a residential structure are prohibited from using lead-based paint (as defined in SBA regulations) on all interior surfaces, whether accessible or not, and exterior surfaces, such as stairs, decks, porches, railings, windows and doors, which are readily accessible to children under 7 years of age. A "residential structure" is any home, apartment, hotel, motel, orphanage, boarding school, dormitory, day care center, extended care facility, college or other school housing, hospital, group practice or community facility and all other residential or institutional structures where persons reside.

**Executive Order 12549, Debarment and Suspension (2 CFR 180, adopted by reference in 2 CFR Part 2700 (SBA Debarment Regulations))**

-- By submission of this loan application, you certify and acknowledge that neither you nor any Associates have within the past three years been: (a) debarred, suspended, declared ineligible from participating in, or voluntarily excluded from participation in a transaction by any Federal department or agency; (b) formally proposed for debarment, with a final determination still pending; (c) indicted, convicted, or had a civil judgment rendered against you for any of the offenses listed in the Regulations; or (d) delinquent on any amounts due and owing to the U.S. Government or its agencies or instrumentalities as of the date of execution of this certification.

If you are unable to certify and acknowledge (a) through (d), you must obtain and attach a written statement of exception from SBA permitting participation in this loan. You further certify that you have not and will not knowingly enter into any agreement in connection with the goods and/or services purchased with the proceeds of this loan with any individual or entity that has been debarred, suspended, declared ineligible from participating in, or voluntarily excluded from participation in a Transaction. All capitalized terms have the meanings set forth in 2 C.F.R. Part 180.

**NOTE:** According to the Paperwork Reduction Act, you are not required to respond to this collection of information unless it displays a currently valid OMB Control Number. The estimated burden for completing this form, including time for reviewing instructions, gathering data needed, and completing and reviewing the form is 15 minutes per response. Comments or questions on the burden estimates should be sent to U.S. Small Business Administration, Director, Records Management Division, 409 3rd St., SW, Washington DC 20416, and/or SBA Desk Officer, Office of Management and Budget, New Executive Office Building, Rm. 10202, Washington DC 20503.

**PLEASE DO NOT SEND FORMS TO THESE ADDRESSES.**

## **NOTICE TO APPLICANT OF RIGHT TO RECEIVE COPY OF APPRAISAL REPORT**

DATE:

LOAN NO:

PROPERTY ADDRESS:

The Equal Credit Opportunity Act (Regulation B) requires creditors to provide applicants with a copy of the appraisal report used in conjunction with their loan application.

Open Bank may order an appraisal to determine the property's value and charge you for this appraisal. We will promptly give you a copy of any appraisal, even if your loan does not close.

You can pay for an additional appraisal for your own use at your own cost.

Please select from the following options:

I/We want the appraisal report to be sent:

- By mail to my residence
- By e-mail: \_\_\_\_\_
- Other: \_\_\_\_\_

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Applicant's Signature

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Date

---

Co-Applicant's Signature

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Date



Lending Department

## Consent to Receive Communications Electronically

The following disclosures are required by the federal Electronic Signatures in Global and National Commerce Act (“ESIGN”). In order for you to receive Communications electronically in connection with your loan application, you must consent to Open Bank – Lending Department providing you these Communications electronically. Your consent to receive electronic Communications includes but is not limited to: loan documents, disclosures, and the appraisal report. By providing your email address and your signature below, you consent to receiving Communications by email. Each borrower must provide this form even if all borrowers may share the same email address.

**How to Withdraw Consent:** You may withdraw your consent to receiving Communications electronically, at no charge to you, by calling 213-892-9999 or emailing [cad@myopenbank.com](mailto:cad@myopenbank.com)

**How to Update Your Records:** It is your responsibility to provide us with true, accurate, and complete e-mail address, contact, and other information related to this disclosure and your residential mortgage application, and to maintain and update promptly any changes in this information. You can update information by calling 213-892-9999 or emailing [cad@myopenbank.com](mailto:cad@myopenbank.com)

**Hardware and Software Requirements:** In order to access, view, and retain electronic Communications that we make available to you, you must have:

- A computer with Internet connectivity, sufficient storage space, and a supported Internet browser capable of 128-bit encryption;
- A supported PDF viewer, such as the current version of Adobe® Reader® ([www.adobe.com/reader](http://www.adobe.com/reader)) and a browser that can print PDF documents;
- A valid e-mail address including an account with an e-mail service provider compatible with your e-mail software.

If we change the computer hardware or software requirements, we will provide you with advance notice of the new requirements.

**Requesting Paper Copies:** We will not send you a paper copy of any Communication from us, unless you request it or we otherwise deem it appropriate to do so. During the loan application process, you can obtain a paper copy of the electronic Communications by printing them yourself or by requesting that we mail you a paper copy. To request a paper copy, at no charge to you, call us at 213-892-9999 or email [cad@myopenbank.com](mailto:cad@myopenbank.com).

Name: \_\_\_\_\_

E-mail address: \_\_\_\_\_

By signing below, I consent to receiving Communications electronically from Open Bank- Lending Department.

---

Borrower's Signature

---

Date



## Taxpayer Consent to the Use of Tax Return Information

I/We have provided various financial information, including but not limited to tax returns and permission to obtain tax transcripts from the IRS to Open Bank for the purpose of a U.S. Small Business Administration Loan. I/We give express consent that Open Bank is authorized to use the financial information and tax transcripts as needed for the purpose of a U.S. Small Business Administration Loan, and that Open Bank is authorized to share the financial information with other third parties, including but not limited to escrow company, title company, IRS verification vendor, appraisal company, and business evaluation company for the express purpose of a U.S. Small Business Administration Loan. Furthermore, I/We give consent for Open Bank to share the tax transcript(s) with SBA and its agents for the purpose of compliance with SBA Loan Program Requirements, including discrepancy resolution, lender oversight activities, purchase reviews, complete file reviews, and other SBA reviews.

**Taxpayer/Entity Name:** \_\_\_\_\_

Name	Signature	Date
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Name	Signature	Date
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