

# YOUR LOAN PACKAGE FROM SCHOOLS FOR SALE

# **SBA PACKAGE**

The items checked on the checklist are what we need to give you a decision. We prefer to get all of your forms and papers at the same time, so mail us one big package.

### IMPORTANT INFORMATION ABOUT PROCEDURES FOR APPLYING FOR A LOAN:

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each customer who applies for a loan.

What this means for you: When you apply for a loan, we will ask for certain information that will allow us to identify you. We may also ask for other information that will allow us to verify the information you supply to us.



#### Please provide the information checked. And don't forget to sign and date each form using a pen.

- O Loan Request Form (enclosed)
- O Management Profile (form enclosed)
- O Business Financial Statements, for the last three fiscal years.
- O Interim Financial Statement to include balance sheet and income statement dated within 60 days of application
- O Accounts Receivable and Accounts Payable Aging (same date as Interim Financial Statement).
- O Profit & Loss Projection, for next fiscal year (form enclosed).
- O Business Tax Returns, including all schedules for prior three years.
- O Personal Tax Returns, including all schedules for prior three years.
- O Personal Financial Statement (form enclosed)
- O Three Trade References. Please include company name, contact person and phone number.

#### If you own affiliated companies, please provide all of the following:

### O Affiliate Business Tax Returns for prior three years.

- O Affiliate Business Debt Schedule.
- O Interim Financial Statement to include balance sheet and income statement dated within 60 days of application.

#### If this is Real Estate:

- O Appraisal (old previously done)
- O Environmental (old previously done)
- O Value Estimate
- O Purchase & Sale Agreement

#### If this is Machinery & Equipment:

- O Appraisal
- O Invoices or estimates for new equipment

#### If this is a refinance loan, please provide all of the following:

- O Copy of notes of all debt to be refinanced.
- O Original Purchase Agreement. If the original loan was for the purchase of real estate
- or equipment, settlement sheet evidencing use of proceeds from original loan.
- $\rm O~$  If you are an existing SBA borrower, please provide a copy of SBA Authorization and Loan Agreement.

#### If this is a business acquisition loan, please provide:

- O A copy of signed business purchase agreement. Include asset cost breakdown, all amendments, extensions, and total purchase price.
- O Seller's tax returns for past three years and current financial statement for the business you are purchasing.

#### If a Franchise, please provide:

O Uniform Franchise Offering Circular and Franchise Agreement.

#### If this is a construction loan, please provide the following:

- O Contractor's written estimates or bids.
- O Other information on your specific project.

#### If this is a hotel/motel/inn/B&B loan, please provide all of the following:

- O Breakdown of revenues and expenses on a month-by-month basis for the last 12 months.
- O Occupancy percentage and average daily rate for the subject business property annually for the prior three years, year-to-date and monthly for the past 12 months.
- O Occupancy percentage and average daily rate for the market area.

Occupancy %

Average Daily Rate (#)

If you are starting or expanding a business, please provide the following:

O Complete Business Plan, including one year of projections with assumptions and/or other supporting documentation. (Projections Worksheet form available from your Business Lenders Representative.)

Anything else you want us to know? Now's your chance! Please attach a separate sheet.

Each business is unique and we may need some additional information depending on your specific needs. If we need more information, your Business Lenders Representative will provide additional forms and assistance.

# Loan Request Form

Company Name		
ate ZipEmail		
	NAICS Code	
( )	Fax ( )	
O Company/Partnership	•	Jonp
After This Loan		
Phone( )		
Phone( )		
Address		
	·	ntified): Tax Identification #
ther company? If Yes, please identit	-	
current owners ever had an SBA loar	n or an interest in a company	y which has
ase identity:		
Amount	Collateral Offered	Value
\$	Land	\$
		<u>^</u>
	Machinery & Equipment	\$
\$		<b>.</b>
<u></u>	Furniture & Fixtures	\$
	Accounts Dessively	¢
<u>.</u>	Accounts Receivable	\$
<u></u>	Inventory	¢
\$	Inventory	\$
\$ \$	-	
\$	Inventory Residential Real Estate	<u>\$</u>
	ate Zip Email ( ) O Partnership O Company/Partnership After This Loan Phone ( ) Phone ( ) Phone ( ) Address ctors, partners, owners and co-owne address ctors, partners, owners and co-owners (100%) % Of Ownership t entity or any individual listed in the out other company? If Yes, please identif Owner er, had an ownership interest in or co current owners ever had an SBA loar pase identify: Amount	ate       Zip       Email

Real Estate: Indicate source of estimated value and date of source.

# Management Profile

For each owner of 20% or greater

Borrower First Na	ame		_ Middle	Maiden	Last		
Social Security #_			Date of Birth	P	lace of Birth		
Residence Phone ( )Business Phone ( )							
Residence Addre	SS	Street		State	Zip		
Previous Address	3	Street	City		State	Zip	
Lived in previous	address fi	rom	Month and Year	to	Month and Yea	r	
Spouse:							
First Name		Middle	Maiden	Last	SS#		
O Yes	O No	Do you or your spous	e have other income outsi	de of this business th	at can be used to pay the	loan?	
O Yes	O No	Have you or any mem	nber of your household eve	er been employed by	the U.S. Government or I	Vilitary?	
		If yes, name of persor	۱		Relation		
		Agency/position/rank/	grade		Dates of service -		
O Yes	O No	Are you a U.S. Citizer	n? If no, please provide Ali	en Registration Card	copies (front & back).		
O Yes	O No	Are you presently und	ler indictment, on parole o	r probation? If yes, pr	ovide details on a separa	te exhibit.	
O Yes	O No	-	charged, arrested or convidevious violation? If yes, provide	-			
O Yes	O No	-	ny lawsuits at this time or l vide details on a separate	-	r personal or business ba	nkruptcy	
O Yes	O No	Have you ever been k	known under any other na	me(s)? If yes, please	provide name(s):		
Education							
•	or Technical T nd Location)		tes Attended m/To	Major	Degree or	Certificate	
History of Busin	ess						
		•	siness. Include a written re ings, industry information	•	•		
Business Type							
		O Construction		O Retail Tra	ade		
		O Manufacturing		O Services			
		<ul><li>O Wholesale Trade</li><li>O Finance, Insurance</li></ul>	and Real Estate	<ul><li>O Transpor</li><li>O Other (de</li></ul>			
List Types of Pro	oducts/Se	rvices		·	·		

Company Name	Y, including lines	of credit, mo	rtgages, installπ	nent debts, a	ind other co	ntractual obligat	Date Date Date Date Date Date Date Date	notes being paid	d off or
refinanced with loan proceeds. If subject property is held personally, on the interim Business Financial Statement.	ct property is held ment.	l personally,	list the associat	ed mortgage	e note. Total	of the balance du	list the associated mortgage note. Total of the balance due column should coincide with the note balances	e with the note b	alances
Account Number & to Whom Payable	Original Amount	Original Date	Balance	Interest Rate	Maturity Date	Monthly Payment	Collateral	Use of Proceeds	Status* C or D
Totals									

**Business Debt Schedule** 

Signature\_

- Title -

Date

\*C=Current D=Delinquent

U.S. SMALL BUSINESS ADMINISTRATION	PERSONAL FI	NANCIA	L STATEM	E	OMB APPROVAL EXPIRATION DAT	E:3/31/2008
Complete this form for: (1) each proprietor, or (2) each 20% or more of voting stock, or (4) any person or entity	limited partner who o	owns 20% v on the lo	or more intere	est and each gener	al partner, or (3) eac	h stockholder owning
Name	providing a gaarant	y on the lot			ss Phone	
Residence Address				Resider	nce Phone	
City, State, & Zip Code						
Business Name of Applicant/Borrower						
ASSETS	(Omit Cents	)		LIA	BILITIES	(Omit Cents)
IRA or Other Retirement Account       \$         Accounts & Notes Receivable       \$         Life Insurance-Cash Surrender Value Only       \$         (Complete Section 8)       \$         Stocks and Bonds       \$         (Describe in Section 3)       \$         Real Estate       \$         (Describe in Section 4)       \$         Automobile-Present Value       \$         Other Personal Property       \$         (Describe in Section 5)       \$         Other Assets       \$         (Describe in Section 5)       \$         Total       \$         Section 1.       Source of Income         Salary       \$		Notes           ()           Instal           Instal           N           Loan           Morto           ()           Unpa           ()           Othel           ()           Total           Net V              As En	A Payable to E Describe in S Iment Accour Ao. Payments Iment Accour Ao. Payments on Life Insura gages on Rea Describe in S id Taxes Describe in S Liabilities Describe in S Liabilities North Morth Liabilitien	Banks and Others _ ection 2) ht (Auto) ht (Auto) for (Auto) ht (Other) ance ance I Estate lection 4) for ection 6) for ection 7) T ties -Maker	\$\$\$\$\$\$\$\$	
Net Investment Income       \$         Real Estate Income       \$		Lega Provi	Claims & Ju	dgments ral Income Tax	\$_ \$_	
Other Income (Describe below)*\$				·	φ_	
*Alimony or child support payments need not be disclosed in	"Other Income" unless			· · ·		tement and signed )
Section 2. Notes Payable to Banks and Others. (US		essary. La				Ç ,
Name and Address of Noteholder(s)	Original Balance I	Current Balance	Payment Amount	Frequency (monthly,etc.)	How Secur Type o	ed or Endorsed f Collateral

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(tumble)

Section 3. Stocks a	and Bonds. (Use atta	chments if necessary.	Each attachm	nent must	t be identified as a pa	rt 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 Esta	te Owned.	(List each parcel separate of this statement and sign	ely. Use attach ied.)	iment if n	ecessary. Each attac	hment must be identified	l as a part
		Property A			Property B	F	Property C
Type of Property							
Address							
Date Purchased							
Original Cost							
Present Market Valu	e						
Name & Address of Mortgage	Holder						
Mortgage Account N	umber						
Mortgage Balance							
Amount of Payment	per Month/Year						
Status of Mortgage							
Section 5. Other Per	sonal Property and				l as security, state name escribe delinguency)	and address of lien holde	r, amount of lien, terms
Section 6. Unp	aid Taxes. (De	escribe in detail, as to type,	to whom paya	ble, wher	n due, amount, and to	what property, if any, a	tax lien attaches.)
Section 7. Othe	er Liabilities. (De	escribe in detail.)					
Section 8. Life	Insurance Held.	(Give face amount and	cash surrender	r value of	policies - name of ins	urance company and be	eneficiaries)
and the statements	contained in the attaing a loan. I understa	es as necessary to verify th chments are true and accu and FALSE statements ma	urate as of the	stated da	te(s). These statemer	nts are made for the purp	oose of either obtaining
Signature:				Date:	Social	Security Number:	
Signature:				Date:	Social	Security Number:	
	concerning this estim Administration, Washi	ge burden hours for the con nate or any other aspect of ngton, D.C. 20416, and Clea i03. PLEASE DO NOT SEND	this information rance Officer, Pa	i, please d aper Redu	contact Chief, Adminis	rative Branch, U.S. Sma	II Business



# **Request for Transcript of Tax Return**

Do not sign this form unless all applicable lines have been completed. Read the instructions on page 2.

(Rev. November 2005) Department of the Treasury Internal Revenue Service

# Request may be rejected if the form is incomplete, illegible, or any required line was blank at the time of signature.

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

1a	Name shown on tax return. If a joint return, enter the name shown first.	1b	First social security number on tax return or employer identification number (see instructions)
2a	If a joint return, enter spouse's name shown on tax return	2b	Second social security number if joint tax return
3	Current name, address (including apt., room, or suite no.), city, state, and ZIP c	ode	· · ·

- 4 Previous address shown on the last return filed if different from line 3
- 5 If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information.

Caution:	If a third	partv	reauires	vou to	complete	Form	4506-T.	do	not sian	Form	4506-7	T if lines	6 and	9 ai	re bla	nk.
ouuuom	n a tima	pury	roganoo	you 10	0011101010		1000 1,		nocorgii		1000		o una	o ui	o biu	

6 Transcript requested. Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ►\_\_\_\_\_

а	Return Transcript, which includes most of the line items of a tax return as filed with the IRS. Transcripts are only available for
	the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120A, Form 1120H, Form 1120L, and Form 1120S.
	Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests
	will be processed within 10 business days

- **b** Account Transcript, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 30 calendar days.
- c Record of Account, which is a combination of line item information and later adjustments to the account. Available for current year and 3 prior tax years. Most requests will be processed within 30 calendar days.
- 8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript. The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2003, filed in 2004, will not be available from the IRS until 2005. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 45 days

**Caution:** If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

9 Year or period requested. Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, either husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer.

	Spouse's signature	Date	
Here	Title (if line 1a above is a corporation, partnership, estate, or trust)		
Sign Here			
0	Signature (see instructions)	Date	
			( )
			line 1a or 2a

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

OMB No. 1545-1872

### General Instructions

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

Tip. Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

Where to file. Mail or fax Form 4506-T to the address below for the state you lived in when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

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

### Chart for individual transcripts (Form 1040 series and Form W-2)

If you filed an individual return and lived in:	Mail or fax to the "Internal Revenue Service" at:
District of Columbia, Maine, Maryland, Massachusetts, New Hampshire, New York,	RAIVS Team 310 Lowell St. Stop 679 Andover, MA 01810
Vermont	978-247-9255
Alabama, Delaware, Florida, Georgia, North Carolina, Rhode Island, South Carolina, Virginia	RAIVS Team 4800 Buford Hwy. Stop 91 Chamblee, GA 30341 678-530-5326
Arkansas, Kansas, Kentucky, Louisiana, Mississippi, Oklahoma, Tennessee, Texas,	RAIVS Team 3651 South Interregional Hwy. Stop 6716 AUSC Austin, TX 78741
West Virginia	512-460-2272
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nebraska, Nevada, New Mexico, Oregon, South Dakota, Utah, Washington,	RAIVS Team 5045 E. Butler Ave. Stop 38101 Fresno, CA 93727
Wyoming	559-253-4990
Connecticut, Illinois, Indiana, Iowa, Michigan, Minnesota, Missouri, North Dakota, Ohio,	RAIVS Team 2306 E. Bannister Road Stop 6705–B41 Kansas City, MO 64130
Wisconsin	816-823-7667
New Jersey, Pennsylvania, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team DP 135SE Philadelphia, PA 19255-0695
	215-516-2931

### Chart for all other transcripts

If you lived in or your business was in:	Mail or fax to the "Internal Revenue Service" at:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Georgia, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Tennessee, Texas, Utah, Washington, Wyoming	RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409 801-620-6922
Connecticut, Delaware, District of Columbia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia, Wisconsin	RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250 859-669-3592
A foreign country, or A.P.O. or F.P.O. address	RAIVS Team DP 135SE Philadelphia, PA 19255-0695
	215-516-2931

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

Line 6. Enter only one tax form number per reauest.

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

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

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

Partnerships. Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

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

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

**Privacy Act and Paperwork Reduction** Act Notice. We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. Sections 6103 and 6109 require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to 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-T 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.; and Copying, assembling, and sending the form to the IRS, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6406, Washington, DC 20224. Do not send the form to this address. Instead, see Where to file on this page.

BUS       United States of America         SMALL BUSINESS ADMINISTRATION         STATEMENT OF PERSONAL HISTOR         Name and Address of Applicant (Firm Name)(Street, City, State, and ZIP Code)         1. Personal Statement of: (State name in full, if no middle name, state (NMN), or if initia only, indicate initial.) List all former names used, and dates each name was used. Use separate sheet if necessary.         First       Middle	Y       2. By each partner, if a partnership.         3. By each officer, director, and additionally by each holder of 20% or more of the ownership stock, if a corporation, limited liability company, or a development company.         SBA District/Disaster Area Office         Amount Applied for (when applicable)       File No. (if known)         al       2. Give the percentage of ownership or stocked owned or to be owned in the small business or the development company         3. Date of Birth (Month, day, and year)
Name and Address of participating lender or surety co. (when applicable and known)	4. Place of Birth: (City & State or Foreign Country)      5. U.S. Citizen? YES NO      If No, are you a Lawful YES NO      Permanent resident alien: YES NO
	If non- U.S. citizen provide alien registration number:
6. Present residence address:	Most recent prior address (omit if over 10 years ago):
From:	From:
To: Address:	To: Address:
Home Telephone No. (Include A/C): Business Telephone No. (Include A/C): PLEASE SEE REVERSE SIDE FOR EXPLANATION REGARDING DISCLO	SURE OF INFORMATION AND THE USES OF SUCH INFORMATION
NECESSARILY DISQUALIFY YOU; HOWEVER, AN UNTRUTHFUL ANSW IF YOU ANSWER "YES" TO 7, 8, OR 9, FURNISH DETAILS ON A SEPAR	ERED COMPLETELY. AN ARREST OR CONVICTION RECORD WILL NOT ER WILL CAUSE YOUR APPLICATION TO BE DENIED. RATE SHEET. INCLUDE DATES, LOCATION, FINES, SENTENCES, WHETHER AID FINES OR PENALTIES, NAME(S) UNDER WHICH CHARGED, AND ANY
7. Are you presently under indictment, on parole or probation?	
Yes No (If yes, indicate date parole or probation is to exp	bire.)
<ul> <li>8. Have you ever been charged with and or arrested for any criminal offense other than not prosecuted (All arrests and charges must be disclosed and explained on an attace Ves No</li> </ul>	a minor motor vehicle violation? Include offenses which have been dismissed, discharged, or ched sheet.)
<ul> <li>9. Have you <u>ever</u> been convicted, placed on pretrial diversion, or placed on any form of than a minor vehicle violation?</li> <li>Yes</li> <li>No</li> <li>10. I authorize the Small Business Administration Office of Inspector General to request</li> </ul>	probation, including adjudication withheld pending probation, for any criminal offense other
determining my eligibility for programs authorized by the Small Business Act, and the	
surety bond, or other program participation. A false statement is punishable under 18 L	w and could result in criminal prosecution, significant civil penalties, and a denial of your loan, JSC 1001 by imprisonment of not more than five years and/or a fine of not more than \$10,000; nore than \$5,000; and, if submitted to a Federally insured institution, under 18 USC 1014 by
Signature Title	Date
Agency Use Only	12. Cleared for Processing Date Approving Authority
11. Fingerprints Waived Date Approving Authority	13. Request a Character Evaluation
Fingerprints Required	Date Approving Authority
Date Approving Authority Date Sent to OIG	(Required whenever 7, 8 or 9 are answered "yes" even if cleared for processing.)
PLEASE NOTE: The estimated burden for completing this form is 15 minutes per re sponse. You a approval number. Comments on the burden should be sent to U.S. Small Business Administration, C Administration, Office of Management and Budget, New Executive Office Building, Room 10202, Wa	hief, AIB, 409 3rd St., S.W., Washington D.C. 20416 and Desk Officer for the Small Business

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# NOTICES REQUIRED BY LAW

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

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

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

# Privacy Act (5 U.S.C. § 552a)

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

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

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