

**SUBJECT: APPLICATION PACKAGE**

**Dear Entrepreneur:**

We appreciate your inquiry about the Program. The goal of our Program is to provide loans to start-up and expanding small businesses.

**Washington office: (724) 225-8245** we serve Washington, Fayette, Greene, Beaver, Allegheny, and Westmoreland Counties in Pennsylvania.

**Wheeling area: (304) 604-3560** we serve; Barbour, Brooke, Calhoun, Doddridge, Gilmer, Hancock, Harrison, Jackson, Lewis, Marion, Marshall, Monongalia, Ohio, Pleasants, Preston, Randolph, Ritchie, Taylor, Tucker, Tyler, Upshur, Wetzel, Wirt, and Wood Counties in northern West Virginia

**Ohio area: (304) 604-3560** we serve; Columbiana, Jefferson, Belmont, Monroe, and Washington Counties in Ohio

**Charleston office: (304) 281-0488** we serve; Boone, Braxton, Cabell, Clay, Fayette, Kanawha, Lincoln, Mason, Nicholas, Putnam, Raleigh, Roane, Wayne, and Webster Counties in southern West Virginia.

**Once you have reviewed this information and are ready to make a formal application for a loan under the Program, we need the following, which is also listed in the application, from you:**

- A.) THIS COMPLETED APPLICATION FORM AND ALL APPLICABLE ATTACHMENTS
- B.) THREE YEARS CASH FLOW PROJECTION (PRESUMING THIS LOAN)
- C.) A COPY OF YOUR BUSINESS PLAN (Free help with your plan is available; see the list in our loan brochure).
- D.) YOUR PERSONAL FEDERAL INCOME TAX RETURNS FOR THE PAST THREE YEARS

**If you are an existing business, we also need copies of:**

- A.) BUSINESS - FEDERAL TAX RETURNS FOR THE PAST THREE YEARS
- B.) PROFIT AND LOSS STATEMENT
- C.) BALANCE SHEET

**So that we may pull a credit report on you:** (copy attached and must be completed by all applicants) Sign the attached permission form and attach a \$25 check for each applicant (excluding spouses) to cover the credit inquiry(s).

**If you are applying for a loan of \$20,000 or more:** A certification that you were unable to obtain credit through other financial sources

**If the business is a corporation:** A copy of your state acknowledgement of articles on incorporation.

**If the business is a partnership:** A copy of your Partnership Agreement.

**If you plan to offer collateral:** Documentation must be available to demonstrate ownership.

Mail the completed package to:

**Washington County Council on Economic Development  
273 South Main Street  
Washington PA 15301**

Our most successful applicants supply complete application packages, demonstrate a strong potential for job creation, and show the ability to repay the loan in a timely manner. Since every business venture involves a degree of risk, an approved loan applicant may be expected to share the risk by pledging additional collateral, or in appropriate cases, a mortgage on their residence.

Once we have received your completed application and required documentation, we will arrange a site visit as quickly as possible. We look forward to working with you in the near future!

Thomas Hartswick  
Executive Director  
(724)225-8223  
Enclosures

FILE NUMBER

APPLICATION FORM  
MICROLOAN PROGRAM

AMOUNT REQUESTED/ YEARS

If there is more than one applicant, please copy & fill out application forms for each applicant

BORROWER'S LAST NAME FIRST MIDDLE SOCIAL SECURITY No. DATE OF BIRTH DAY TELEPHONE

PRESENT RESIDENCE ADDRESS CITY COUNTY STATE ZIP HOME TELEPHONE

ARE YOU A US CITIZEN? YES NO HOW LONG HAVE YOU LIVED AT THIS ADDRESS?

CURRENT EMPLOYER ADDRESS ZIP HOW LONG WORKED THERE

PREVIOUS ADDRESS (PAST 5 YRS) CITY COUNTY STATE ZIP NO. OF DEPENDENTS (incl. self and Spouse)

SPOUSE'S LAST NAME FIRST MIDDLE SOCIAL SECURITY No. DATE OF BIRTH

SPOUSE'S PRESENT RESIDENCE ADDRESS CITY COUNTY STATE ZIP SPOUSE'S PHONE NUMBER

SPOUSE'S CURRENT EMPLOYER ADDRESS ZIP HOW LONG WORKED THERE

\*\*\*\*\*BUSINESS INFORMATION\*\*\*\*\*

BUSINESS NAME TYPE OF BUSINESS PRODUCT/SERVICE PRIMARY LOCATION(TOWN) MARKETING AREA

PRESENT RESIDENCE ADDRESS CITY COUNTY STATE ZIP HOW LONG IN BUSINESS THERE? RENT/OWN

TYPE OF BUSINESS: Sole Proprietorship Partnership Corporation PRINCIPALS: NAME: ADDRESSES: SPOUSES NAMES:

DESCRIPTION OF BUSINESS ACTIVITY:

PURPOSE OF LOAN:

COLLATERAL TO BE OFFERED

TYPES OF JOBS TO BE CREATED: NO. FULL TIME: NO. PART TIME:

EMPLOYER I.D. NO. START UP? (UNDER 6 MOS) EXISTING (OVER 6 MOS) DATE ESTAB.

THE FOLLOWING DOCUMENTS ARE REQUIRED: (at a minimum)

- THIS COMPLETED APPLICATION FORM AND ALL APPLICABLE ATTACHMENTS
THREE YEARS CASH FLOW PROJECTION (Presuming this loan)
A COPY OF YOUR BUSINESS PLAN (Free help with your plan is available; see the list in our loan brochure)
YOUR PERSONAL FEDERAL INCOME TAX RETURNS FOR THE PAST THREE YEARS

If you are an existing business, we also need copies of:

- BUSINESS - FEDERAL TAX RETURNS FOR THE PAST THREE YEARS
PROFIT AND LOSS STATEMENT
BALANCE SHEET

So that we may pull a credit report on you: (copy attached and must be completed by all applicants)

Sign the attached permission form and attach a \$25 check for each applicant (excluding spouses) to cover the credit inquiry(s).

**If you are applying for a loan of \$20,000 or more:**

\_\_\_\_\_ A certification that you were unable to obtain credit through other financial sources (copy attached)

**If the business is a corporation:**

\_\_\_\_\_ A copy of your state acknowledgement of articles on incorporation.

**If the business is a partnership:**

\_\_\_\_\_ A copy of your Partnership Agreement.

**Name, Address and phone number of three relatives not living with you:**

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

**If you plan to offer collateral:**

\_\_\_\_\_ Documentation must be available to demonstrate ownership. (If there are more items, please attach additional sheets)

Item \_\_\_\_\_ Serial Number \_\_\_\_\_

Item \_\_\_\_\_ Serial Number \_\_\_\_\_

Item \_\_\_\_\_ Serial Number \_\_\_\_\_

Item \_\_\_\_\_ Serial Number \_\_\_\_\_

Item \_\_\_\_\_ Serial Number \_\_\_\_\_

Item \_\_\_\_\_ Serial Number \_\_\_\_\_

**SBA DEMOGRAPHIC INFORMATION**

BUSINESS OWNED BY	FEMALE _____	MALE _____	JOINTLY _____	
VETERAN STATUS:	NON-VET _____	VIET-NAM ERA _____	OTHER VET _____	
RACE/ETHNICITY:	WHITE _____	BLACK _____	NATIVE AMERICAN _____	HISPANIC _____
	ESKIMO OR ALEUT _____	PUERTO RICAN _____	ASIAN OR PACIFIC IS _____	MULTI-GROUP _____

<b>TECHNICAL ASSISTANCE:</b> (TO BE COMPLETED BY TECHNICAL ASSISTANCE PROVIDER)		
TECHNICAL ASSISTANCE PROVIDER NAME: _____		ORGANIZATION: _____
/_/Business Plan Assistance Hrs. _____	/_/Peer Group Training _____	/_/Classroom Instruction Hrs _____
/_/One-on-One Counseling Hrs. _____	/_/ Related Issues Assistance Hrs. ____ (attached)	/_/Other-Describe Hrs. _____

<b>TO BE COMPLETED BY THE LOAN OFFICER: NAICS CODE</b> _____
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Signature of Applicant(s): \_\_\_\_\_ Date: \_\_\_\_\_ Email: \_\_\_\_\_

Signature of Applicant(s): \_\_\_\_\_ Date: \_\_\_\_\_ Email: \_\_\_\_\_

Signature of Applicant(s): \_\_\_\_\_ Date: \_\_\_\_\_ Email: \_\_\_\_\_

**PERMISSION FOR CREDIT INQUIRIES**

I/We authorized the Washington County Council on Economic Development (Lender) to make whatever credit inquiries are required in support of this loan application and at any time during the loan period. I/We authorize and instruct any person or consumer reporting agency to comply and furnish to Lender any information it may have or obtain in response to such credit inquiries and agree that the same will remain Lender's property whether or not a loan is granted.

I/We recognize that we are seeking a loan from a non-profit organization composed of volunteers working to help our community. In consideration of Lender reviewing this application, we hereby expressly release, waive and discharge the Washington County Council on Economic Development and its directors, officers, employees and agents from any and all claims arising out of or related to this loan application or any loan we may or may not receive, as well as any subsequent dealings we may have with the Washington County Council on Economic Development, especially with respect to any consultation and Technical Assistance which might be provided. We understand that, without this release, the Washington County Council on Economic Development will not consider our loan request.

All information set forth in this application is declared to be a true representation of the facts for the purpose of obtaining this loan, and I/We recognize that any willful misrepresentation on this application could result in criminal action.

\_\_\_\_\_  
Business Name

\_\_\_\_\_  
Borrower's Signature

\_\_\_\_\_  
Print Borrower's Name & S.S. Number

\_\_\_\_\_  
Partner or Co-signer Signature

\_\_\_\_\_  
Print Partner or Co-signer's Name & S.S. Number

\_\_\_\_\_  
\*Suretyship Signer (Print & Sign Name)

\_\_\_\_\_  
Address

\_\_\_\_\_  
S.S. Number

\_\_\_\_\_  
\*Suretyship Signer (Print & Sign Name)

\_\_\_\_\_  
Address

\_\_\_\_\_  
S.S. Number

WITNESS:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\*Often, in order to grant an applicant, the loan requested, it is necessary for WCCED to ask for a Suretyship Signer- someone who will guarantee the loan if the Borrower is unable to pay or if the collateral offered is jointly owned.

In order for us to assure ourselves that this Surety Signer has the financial substance to back the Borrower's pledge, it is necessary for us to request a credit report on the surety Signer(s).

Therefore, if you, the Borrower, can *foresee* the need for a Surety Signer, it can measurably shorten the time to loan closing if you get their signature(s) address(s) and Social Security number(s) early in the application process.

**Please attach a check to cover the cost of credit investigations**

**Make check payable to: WCCED**

**Thank you**

**LOAN REQUEST CERTIFICATION FORM**

Washington County Council on  
Economic Development  
273 South Main Street  
Washington, PA 15301

**RE: APPLICATION**

I hereby certify that I am unable to obtain sufficient credit elsewhere to finance my actual needs at reasonable rates and terms, taking into consideration prevailing private and cooperative rates and terms in my community area.

WCCED's participation in my proposed project is essential in finalizing my overall package.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant



## 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)

<input type="checkbox"/> <b>7(a) loan / 504 loan / Surety Bonds</b> 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).  <b>Return completed form to:</b> <b>For 7(a) loans:</b> the Lender processing the application for SBA guaranty <b>For 504 loans:</b> the Certified Development Company (CDC) processing the application for SBA guaranty <b>For Surety Bonds:</b> the Surety Company or Agent processing the application for surety bond guarantee
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<input type="checkbox"/> <b>Disaster Business Loan Application (Excluding Sole Proprietorships)</b> 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.  <b>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 <a href="mailto:disasterloans@sba.gov">disasterloans@sba.gov</a></b>
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<input type="checkbox"/> <b>Women Owned Small Business (WOSB) Federal Contracting Program</b> 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 <a href="http://beta.certify.sba.gov">beta.certify.sba.gov</a>
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<input type="checkbox"/> <b>8(a) Business Development Program</b> 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.  <b>Note:</b> 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 <a href="http://certify.sba.gov">certify.sba.gov</a> . For additional information go to: <a href="http://www.sba.gov/8abd">http://www.sba.gov/8abd</a>
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<b>Name</b>	<b>Business Phone</b> (xxx-xxx-xxxx)
<b>Home Address</b>	<b>Home Phone</b> (xxx-xxx-xxxx)
<b>City, State, &amp; Zip Code</b>	
<b>Business Name of Applicant/Borrower</b>	
<b>Business Address</b> (if different than home address)	
<b>Business Type:</b> ___ Corporation ___ S-Corp. ___ LLC ___ Partnership ___ Sole Proprietor (does not apply to ODA applicant)	

**This information is current as of [month/day/year]**  
 (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** \_\_\_ Yes \_\_\_ No

<b>ASSETS</b>	<b>LIABILITIES</b>
(Omit Cents)	(Omit Cents)
Cash on Hand & in banks..... _____	Accounts Payable..... _____
Savings Accounts..... _____	Notes Payable to Banks and Others..... _____
IRA or Other Retirement Account..... _____	(Describe in Section 2)
(Describe in Section 5)	Installment Account (Auto)..... _____
Accounts & Notes Receivable..... _____	Mo. Payments _____
(Describe in Section 5)	Installment Account (Other)..... _____
Life Insurance – Cash Surrender Value Only..... _____	Mo. Payments _____
(Describe in Section 8)	Loan(s) Against Life Insurance..... _____
Stocks and Bonds..... _____	Mortgages on Real Estate..... _____
(Describe in Section 3)	(Describe in Section 4)
Real Estate..... _____	Unpaid Taxes..... _____
(Describe in Section 4)	(Describe in Section 6)
Automobiles..... _____	Other Liabilities..... _____
(Describe in Section 5, and include	(Describe in Section 7)
Year/Make/Model)	Total Liabilities..... _____
Other Personal Property..... _____	Net Worth..... _____
(Describe in Section 5)	
Other Assets..... _____	
(Describe in Section 5)	
<b>Total</b> _____	<b>Total</b> _____
	Must equal total in assets column.

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

**Description of Other Income in Section 1** (Alimony or child support payments should not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income)

**Section 2. Notes Payable to Banks and Others.** (Use attachments if necessary. Each attachment must be identified as part of this statement and signed.)

Names and Addresses of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed Type of Collateral

**Section 3. Stocks and Bonds.** (Use attachments if necessary. Each attachment must be identified as part of this statement and signed.)

Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

**Section 4. Real Estate Owned.** (List each parcel separately. Use attachment if necessary. Each attachment must be identified as a part of this statement and signed.)

	Property A	Property B	Property C
Type of Real Estate (e.g. Primary Residence, Other Residence, Rental Property, Land, etc.)			
Address			
Date Purchased			
Original Cost			
Present Market Value			
Name & Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment per Month/Year			
Status of Mortgage			

**Section 5. Other Personal Property and Other Assets.** (Describe, and, if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment and, if delinquent, describe delinquency.)



**Section 6. Unpaid Taxes.** (Describe in detail as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)

**Section 7. Other Liabilities.** (Describe in detail.)

**Section 8. Life Insurance Held.** (Give face amount and cash surrender value of policies – name of insurance company and Beneficiaries.)

I authorize the SBA/Lender/Surety Company to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness.

**CERTIFICATION:** (to be completed by each person submitting the information requested on this form 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 guaranty or bond guaranty, 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 guaranty. 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.