



First National Bank

SMALL BUSINESS FINANCE

Small Business Lending Application

Applicant Information

If applicant is a business entity, please complete this section.					
Full legal name of the business entity					
DBA					
State of Incorporation or organization			Country of Registration (Business Entity) <input type="checkbox"/> USA <input type="checkbox"/> Other:		No. of Business Locations
Federal Tax ID/SSN/EIN	Number of Employees	Date Business Established	Current Owner(s) Since		
Primary Business Location (P.O. Box not allowed)					
Street		City	State	Zip Code	Primary Phone
Mailing Address, if different (Street Address or P.O. Box)					
Street		City	State	Zip Code	Fax Number
Individual or Sole Proprietor Primary Residential Address					
Street		City	State	Zip Code	Email Address
Type of Ownership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> Individual <input type="checkbox"/> Limited Partnership <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Trust <input type="checkbox"/> Statutory/Business Trust <input type="checkbox"/> Other:			Nature of Business <input type="checkbox"/> Manufacturing <input type="checkbox"/> Wholesale <input type="checkbox"/> Retail <input type="checkbox"/> Services <input type="checkbox"/> Other: Describe product/service:		
If this application is by two or more persons or businesses for joint credit, insert the names of the co-applicant(s) here					
1.		2.		3.	

Owner Information

List owners below, 100% of ownership must be accounted for. Additional owners may be listed on the next page.

Name			% of Ownership		
Title	Date of Birth	Social Security Number	Phone		
Street Address	City	State	Zip Code		

Name			% of Ownership		
Title	Date of Birth	Social Security Number	Phone		
Street Address	City	State	Zip Code		

Name			% of Ownership		
Title	Date of Birth	Social Security Number	Phone		
Street Address	City	State	Zip Code		

Owner Information

Continue from previous page, if needed.

Name			% of Ownership
Title	Date of Birth	Social Security Number	Phone
Street Address	City	State	Zip Code

Name			% of Ownership
Title	Date of Birth	Social Security Number	Phone
Street Address	City	State	Zip Code

Are all the above U.S. Citizens? <input type="checkbox"/> Yes <input type="checkbox"/> No If the answer is NO, please list the name of the individual(s) and their country of citizenship and permanent resident alien status.					
Name	Country of Citizenship	Perm. Resident Alien? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Country of Citizenship	Perm. Resident Alien? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name	Country of Citizenship	Perm. Resident Alien? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Country of Citizenship	Perm. Resident Alien? <input type="checkbox"/> Yes <input type="checkbox"/> No

Applicant Information

If your answer to any of the questions below is YES, please attach a description providing further information.

1	Is the Applicant or any officer, Principal or Partner of the Applicant currently on the Board of Directors of an executive officer of First National Bank or any other bank, correspondent bank, thrift, or S&L? If YES, note the institution name:	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Has any Applicant, co-borrower, co-signer, or guarantor ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Has the Applicant used or done business under any other names?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	Does the Applicant use hazardous substances in the normal course of business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Does the Applicant or business guarantor hold any assets in trust? (AL, AR, AZ, CA, DE, ID, IA, IN, KS, MI, MN, MO, ND, NM, NV, OH, OR, SD, TN, TX, UT or WY customers provide a copy of the title page and signature page only. All other states should provide a copy of the complete Trust Agreement.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Does the Applicant own 25% or more of another company or any guarantor? If YES, note Company Name:	<input type="checkbox"/> Yes <input type="checkbox"/> No
7	Is the Applicant, or any officer, Principal or Partner of the Applicant, or a member of their respective household, currently a GS-13 or higher government employee, Major or Lieutenant Commander or higher in the military?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8	Have you ever filed bankruptcy? If so, please provide details.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Money Services Business Questions

1	Do you deal in or exchange currency for your customers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Do you issue or sell money orders, traveler's checks or open stored value cards to your customers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Do you cash checks, money orders, or traveler's checks from your customers? (e.g., Check Cashers)	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	Do you cash or provide money back from checks, money orders, traveler's checks or open stored value cards for your customers? (e.g., Check Cashers)	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Do you offer foreign exchange services for your customers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Do you ever do any of the prior items for more than \$1,000 in one day to the same customers in one or more transactions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7	Does your business accept funds from customers and send the funds based on customers' instructions (Money Transmitter)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8	Do you transmit funds for your customers in any amounts (send/receive wires or ACH transactions for your customers)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9	Do you sell prepaid access products such as gift cards to your customers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10	Do you offer Internet Gambling services to your customers?	<input type="checkbox"/> Yes <input type="checkbox"/> No

PREVIOUS SBA OR OTHER FEDERAL GOVERNMENT DEBT: If you or any principals or affiliates have 1) ever requested Government Financing, or 2) are currently delinquent on the repayment of any Federal Debt, please complete the following:

Name of Agency	Original Amount of Loan	Date of Request	Approved or Declined	Balance	Current or Past Due

Information for Government Monitoring Purposes

The following information is requested by the U.S. Small Business Administration in order to monitor that SBA assistance is being provided to diverse populations. You are not required to furnish this information, but please provide both ethnicity and race. For race, you may check more than one designation. If you choose not to furnish ethnicity, race, or gender information, and you have made this application in person, under Federal regulations we are required to note that information on the basis of visual observation or surname. If you do not wish to furnish the information please check the box below. (Lender must review the above material to assure that the disclosures satisfy all requirements to which to lender is subject under applicable state law for the particular type of loan applied for.)

Applicant	<input type="checkbox"/> I do not wish to furnish gender, race or ethnicity information		
Race (Check all that apply)	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Pacific Islander		
Ethnicity	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male
Are you currently serving in the United States Military?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a Veteran of the United States Military?			<input type="checkbox"/> Yes <input type="checkbox"/> No

Applicant Questions

1	Are there co-applicants? (If "Yes," please complete a separate Section I: Applicant Business Information for each.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
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"/> Yes <input type="checkbox"/> No
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"/> Yes <input type="checkbox"/> No
3a	Is any of the financing currently delinquent?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3b	Did any of this financing ever default and cause a loss to the Federal Government?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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"/> Yes <input type="checkbox"/> No
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"/> Yes <input type="checkbox"/> No
6	Does the Applicant have any Affiliates per 13 CFR 121.301 ? (If "Yes," attach a listing of all Affiliates.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
7	Has the Applicant and/or its Affiliates ever filed for bankruptcy protection?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8	Is the Applicant and/or its Affiliates presently involved in any pending legal action?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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"/> Yes <input type="checkbox"/> No
9a	Provide the estimated total export sales this loan will support.	\$ _____
*(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.)		
9b	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"/> Yes <input type="checkbox"/> No
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"/> Yes <input type="checkbox"/> 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? (13 CFR 105.204). "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 (13 CFR §105.201(d)).	<input type="checkbox"/> Yes <input type="checkbox"/> No
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? (13 CFR 105.203)	<input type="checkbox"/> Yes <input type="checkbox"/> No
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? (13 CFR 105.301(c))	<input type="checkbox"/> Yes <input type="checkbox"/> No
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)? (13 CFR 105.301(a))	<input type="checkbox"/> Yes <input type="checkbox"/> No
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? (13 CFR 105.302(a))	<input type="checkbox"/> Yes <input type="checkbox"/> No
17	Are you presently subject to an indictment, criminal information, arraignment, or other means by which formal criminal charges are brought in any jurisdiction? (If "YES," the loan request is not eligible for SBA assistance.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
18	Have you been arrested in the last 6 months for any criminal offense?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Applicant Questions, continued

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"/> Yes <input type="checkbox"/> No
20	<input type="checkbox"/> I am a U.S. Citizen <u>OR</u> <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:	
* 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.			
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"/> Yes <input type="checkbox"/> No
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"/> Yes <input type="checkbox"/> No
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"/> Yes <input type="checkbox"/> No
24	Have you, or any business you controlled, ever filed for bankruptcy protection? If yes, provide details.		<input type="checkbox"/> Yes <input type="checkbox"/> No
25	Are you, or any business you control, presently involved in any legal action (including divorce)? If yes, provide details.		<input type="checkbox"/> Yes <input type="checkbox"/> No
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"/> Yes <input type="checkbox"/> No
26a	If you answered "Yes" to Question 26, is any of the financing presently considered delinquent?		<input type="checkbox"/> Yes <input type="checkbox"/> No
26b	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"/> Yes <input type="checkbox"/> No
If any of the questions below are answered "Yes," please provide details on a separate sheet.			
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"/> Yes <input type="checkbox"/> No
28	Does the entity have any Affiliates? (If "Yes," attach a listing of all Affiliates.)		<input type="checkbox"/> Yes <input type="checkbox"/> No
29	Has the entity and/or its Affiliates ever filed for bankruptcy protection?		<input type="checkbox"/> Yes <input type="checkbox"/> No
30	Is the entity and/or its Affiliates presently involved in any pending legal action?		<input type="checkbox"/> Yes <input type="checkbox"/> No
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"/> Yes <input type="checkbox"/> No
31a	If you answered "Yes" to Question 31, is any of the financing presently considered delinquent?		<input type="checkbox"/> Yes <input type="checkbox"/> No
31b	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? (If you answer "Yes" to either 31(a) or 31(b) above, please provide Lender with a written explanation).		<input type="checkbox"/> Yes <input type="checkbox"/> No

Agreement

By signing below, the signer(s) certifies that he/she is authorized to execute this Application for the business named above ("Applicant") and that I (we) further certify that I (we) have verified that all the information in this application and all related documents, forms, financial information, and federal income tax returns is complete and correct. The signer(s) further agrees to notify First National Bank ("Bank") promptly of any material change in any such information. The signer(s) authorizes Bank to obtain consumer and/or business reports, including, inquiries to the Internal Revenue Services or the Franchise Tax Board, in their names as individuals at any time. The signer(s) further authorizes the Bank to obtain balance and payoff information on all accounts requiring payoff as a condition of gaining credit. The signer(s) understands and agrees that this application is subject to final credit approval. Except in Arizona, if the business owner is married, a spouse's signature is not required unless he or she is a co-owner of the business. An electronic transmission or other facsimile of this signed document shall be deemed an original and shall be admissible as evidence of the document and the signer's execution.

If Applicant's request for credit is approved, the credit approval will expire without notice no later than 90 calendar days following approval. Closing the approved credit facility must be completed and all conditions of approval must be satisfied within 90 calendar days of approval, or within any shorter time period that might be specified with respect to this credit request. Bank in its sole discretion and at its own initiative may reconsider any application if its credit approval might otherwise expire, and may in its discretion reapprove and extend the credit approval. Bank may in its discretion obtain additional personal credit reports as part of the reconsideration process. Applicant agrees to pay any appraisal costs, attorney's fees and other expenses incurred in connection with Applicant's credit request under all circumstances, including without limitation, failure to close due to inadequate collateral value, title or environmental problems, or Applicant's inability or refusal to meet all closing conditions.

THIS APPLICATION MUST BE REVIEWED, SIGNED, AND INITIALED BY ONE OR MORE OWNERS / OFFICERS / MEMBERS / PARTNERS / INDIVIDUALS HAVING THE AUTHORITY TO SIGN AND MAKE THE STATEMENTS CONTAINED HEREIN ON BEHALF OF THE APPLICANT.

	Owner Applicant Signature(s)	Title	Date
1	X		
2	X		
3	X		
4	X		
5	X		

Notice of Right to Receive Copy of Appraisals



First National Bank

SMALL BUSINESS FINANCE

Loan Number:	Date:
Full legal name of the business entity	
DBA	
Property Address:	

NOTICE TO APPLICANT

We 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 costs.

By signing below, you acknowledge that you have received and read a copy of the above Notice.

	Owner/Applicant Signature(s)	Date
1	X	
2	X	
3	X	
4	X	
5	X	

Under Federal law, we are required to provide you a copy of any appraisals promptly upon completion or three days prior to closing, whichever is earlier. You may waive this timing requirement and instead receive a copy at closing or account opening, or if the loan is not completed, within 30 days.

By signing below, you waive your right to receive a copy of any appraisals prior to closing or account opening (in which case, you will receive a copy at time of loan closing, or consummation).

	Owner/Applicant Signature(s)	Date
1	X	
2	X	
3	X	
4	X	
5	X	

Applicant Owner Authorization to Release Information

I hereby authorize First National Bank or any credit bureau or investigative agency employed by the bank, to investigate the references, credit and employment history I have listed and the statement or other information I or any person have supplied relative to my credit and financial responsibility and to exchange information about how I handle my account with proper persons and credit bureaus. I am hereby notified that a consumer report may be requested in connection with this credit application. If I request, I will be informed whether or not a consumer report was requested, and if such report was requested, I will be informed of the name and address of the consumer reporting agency that furnished the report. The bank may at any time in the future obtain additional credit reports to review my account. I certify that the financial statements given to you herewith are true and correct with knowledge that you will rely on them.

Name	Signature X		Date
Title	Date of Birth	Social Security Number	Phone
Street Address	City	State	Zip Code

Name	Signature X		Date
Title	Date of Birth	Social Security Number	Phone
Street Address	City	State	Zip Code

Name	Signature X		Date
Title	Date of Birth	Social Security Number	Phone
Street Address	City	State	Zip Code

Name	Signature X		Date
Title	Date of Birth	Social Security Number	Phone
Street Address	City	State	Zip Code

Name	Signature X		Date
Title	Date of Birth	Social Security Number	Phone
Street Address	City	State	Zip Code

Equal Credit Opportunity Act Notice of Important Information

This Notice is being provided to you to inform you about your rights under the Equal Credit Opportunity Act. Please retain this Notice for your records.

The Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract), because all or part of the applicant's income derives from any public assistance program or because the applicant has in good faith exercised any right under the Consumer Protection Act. The Federal agency that administers compliance with this law concerning this creditor is the Bureau of Consumer Financial Protection (CFPB) 1700 G Street NW., Washington, DC 20006.

Right to Request Specific Reasons for Credit Denial

If your credit request is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact the person or office from which the request for credit was submitted or contact Customer Service at 855-935-6722 located at 10200 Mallard Creek Rd., Charlotte, NC 28262 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.

Schedule of Debt

As of (Date)	Full legal name of the business entity
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Creditor	Line (LOC) Loan (LN) Lease (LE) Other (o)	Collateral	Commitment or Original Amount	Note Date (mm/yyyy)	Current Balance	Maturity Date (mm/yyyy)	Interest Rate	Monthly Payment	Annual Payments (Bank Use Only)

Owner Applicant Signature	Title	Date
X		

Management Resume

Owner/Applicant Name

General Information

If married, these questions apply to both you and your spouse.

1	Have you ever obtained credit under any other name(s)? If YES, furnish details under a separate page.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Have you ever been a principal or guarantor of a firm that declared bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Are any assets held in a Trust? If YES, please include a copy of the first and last page of the Trust Agreement.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	Are you party to any claims or lawsuits?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Do you have any outstanding judgments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Are you a co-signer or guarantor of any other debt?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7	Have you ever been disbarred from doing business with the U.S. Government?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8	Are all your business and personal taxes current?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Work Experience

List chronologically for the past 10 years, beginning with present employment. Attach additional sheets if necessary.

Company Name		Location	
From	To	Title	
Duties			
Company Name		Location	
From	To	Title	
Duties			

Military Service Background

Branch	From	To
Honorable Discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No	Rank at Discharge	Grade

Education

College or Technical Training	Location	Dates Attended (From / To)		Major	Degrees or Certificates

Signature X	Date
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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"/> 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

<input type="checkbox"/> 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

<input type="checkbox"/> 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

<input type="checkbox"/> 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 . 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)	
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 <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

CERTIFICATION: (to be completed by each person submitting the information requested on this form 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. _____

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.

IVES Request for Transcript of Tax Return**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 and search IVES.**

1a. Name shown on tax return (<i>if a joint return, enter the name shown first</i>)	1b. First social security number on tax return, individual taxpayer identification number, or employer identification number (<i>see instructions</i>)
2a. If a joint return, enter spouse's name shown on tax return	2b. Second social security number or individual taxpayer identification number if joint tax return
3. Current name, address (including apt., room, or suite no.), city, state, and ZIP code (<i>see instructions</i>)	
4. Previous address shown on the last return filed if different from line 3 (<i>see instructions</i>)	
5a. IVES participant name, address, and SOR mailbox ID First National Bank C/O DataVerify, 250 East Broad, Suite 2100, Columbus, OH 43215	
5b. Customer file number (<i>if applicable</i>) (<i>see instructions</i>)	

Caution: This tax transcript is being sent to the third party entered on Line 5a. Ensure that lines 5 through 8 are completed before signing. (*see instructions*)

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 _____	
a.	Return Transcript , which 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-A, Form 1120-H, Form 1120-L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years	<input type="checkbox"/>
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	<input type="checkbox"/>
c.	Record of Account , which 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	<input type="checkbox"/>
7.	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 2016, filed in 2017, will likely not be available from the IRS until 2018. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213	<input type="checkbox"/>

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.

8.	Year or period requested. Enter the ending date of the tax year or period using the mm/dd/yyyy format (<i>see instructions</i>) ____ / ____ / ____ / ____ / ____ / ____ / ____ / ____ / ____ / ____
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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 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. 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 attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-C. See instructions.**

Sign Here	Signature (<i>see instructions</i>)	Date	Phone number of taxpayer on line 1a or 2a
	Print/Type name		
	Title (<i>if line 1a above is a corporation, partnership, estate, or trust</i>)		
	Spouse's signature	Date	
	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 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 was created to be utilized by authorized IVES participants to order tax transcripts with the consent of the taxpayer.

General Instructions

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

Designated Recipient Notification. Internal Revenue Code, 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. Internal Revenue Code, 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
Fresno Submission Processing Center	Fresno IVES Team 844-249-6239
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 1b. Enter the social security number (SSN) or individual taxpayer identification number (ITIN) for the individual listed on line 1a, or enter the employer identification number (EIN) for the business listed on line 1a.

Line 3. Enter your current address. If you use a P.O. box, include it on this line.

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.

Note. If you use an SSN, name or combination of both, we will not input the information and the customer file number will reflect a generic entry of "9999999999" on the transcript.

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.

Signature and date. Form 4506-C must be signed and dated by the taxpayer listed on line 1a or 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.



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.

Individuals. Transcripts listed on line 6 may be furnished to either spouse if jointly filed. Only one signature is required. Sign Form 4506-C exactly as your name appeared on the original return. If you changed your name, also sign your current name.

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.

Note: 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.

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.

Signature by a representative. A representative can sign Form 4506-C for a taxpayer only if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 5. The representative must attach Form 2848 showing the delegation to sign Form 4506-C.

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.



First National Bank

SMALL BUSINESS FINANCE

Small Business Lending
Co-Applicant Application

Co-Applicant Information

If co-applicant is a business entity, please complete this section.					
Full legal name of the business entity					
DBA					
State of Incorporation or organization			Country of Registration (Business Entity) <input type="checkbox"/> USA <input type="checkbox"/> Other:		No. of Business Locations
Federal Tax ID/SSN/EIN	Number of Employees	Date Business Established	Current Owner(s) Since		
Primary Business Location (P.O. Box not allowed)					
Street		City	State	Zip Code	Primary Phone
Mailing Address, if different (Street Address or P.O. Box)					
Street		City	State	Zip Code	Fax Number
Individual or Sole Proprietor Primary Residential Address					
Street		City	State	Zip Code	Email Address
Type of Ownership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> Individual <input type="checkbox"/> Limited Partnership <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Trust <input type="checkbox"/> Statutory/Business Trust <input type="checkbox"/> Other:			Nature of Business <input type="checkbox"/> Manufacturing <input type="checkbox"/> Wholesale <input type="checkbox"/> Retail <input type="checkbox"/> Services <input type="checkbox"/> Other: Describe product/service:		
If this application is by two or more persons or businesses for joint credit, insert the names of the co-applicant(s) here					
1.		2.		3.	

Co-Applicant Owner Information

List owners below, 100% of ownership must be accounted for.
Additional owners may be listed on the next page.

Name			% of Ownership		
Title	Date of Birth	Social Security Number	Phone		
Street Address	City	State	Zip Code		

Name			% of Ownership		
Title	Date of Birth	Social Security Number	Phone		
Street Address	City	State	Zip Code		

Name			% of Ownership		
Title	Date of Birth	Social Security Number	Phone		
Street Address	City	State	Zip Code		

Co-Applicant Owner Information

Continue from previous page, if needed.

Name			% of Ownership
Title	Date of Birth	Social Security Number	Phone
Street Address	City	State	Zip Code

Name			% of Ownership
Title	Date of Birth	Social Security Number	Phone
Street Address	City	State	Zip Code

Are all the above U.S. Citizens? ☐ Yes ☐ No If the answer is NO, please list the name of the individual(s) and their country of citizenship and permanent resident alien status.

Name	Country of Citizenship	Perm. Resident Alien? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Country of Citizenship	Perm. Resident Alien? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name	Country of Citizenship	Perm. Resident Alien? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Country of Citizenship	Perm. Resident Alien? <input type="checkbox"/> Yes <input type="checkbox"/> No

Co-Applicant Information

If your answer to any of the questions below is YES, please attach a description providing further information.

1	Is the Co-Applicant or any officer, Principal or Partner of the Co-Applicant currently on the Board of Directors of an executive officer of First National Bank or any other bank, correspondent bank, thrift, or S&L? If YES, note the institution name:	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Has any Co-Applicant, co-borrower, co-signer, or guarantor ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Has the Co-Applicant used or done business under any other names?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	Does the Co-Applicant use hazardous substances in the normal course of business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Does the Co-Applicant or business guarantor hold any assets in trust? (AL, AR, AZ, CA, DE, ID, IA, IN, KS, MI, MN, MO, ND, NM, NV, OH, OR, SD, TN, TX, UT or WY customers provide a copy of the title page and signature page only. All other states should provide a copy of the complete Trust Agreement.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Does the Co-Applicant own 25% or more of another company or any guarantor? If YES, not Company Name:	<input type="checkbox"/> Yes <input type="checkbox"/> No
7	Is the Co-Applicant, or any officer, Principal or Partner of the Co-Applicant, or a member of their respective household, currently a GS-13 or higher government employee, Major or Lieutenant Commander or higher in the military?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8	Have you ever filed bankruptcy? If so, please provide details.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Money Services Business Questions

1	Do you deal in or exchange currency for your customers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Do you issue or sell money orders, traveler's checks or open stored value cards to your customers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Do you cash checks, money orders, or traveler's checks from your customers? (e.g., Check Cashers)	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	Do you cash or provide money back from checks, money orders, traveler's checks or open stored value cards for your customers? (e.g., Check Cashers)	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Do you offer foreign exchange services for your customers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Do you ever do any of the prior items for more than \$1,000 in one day to the same customers in one or more transactions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7	Does your business accept funds from customers and send the funds based on customers' instructions (Money Transmitter)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8	Do you transmit funds for your customers in any amounts (send/receive wires or ACH transactions for your customers)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9	Do you sell prepaid access products such as gift cards to your customers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10	Do you offer Internet Gambling services to your customers?	<input type="checkbox"/> Yes <input type="checkbox"/> No

PREVIOUS SBA OR OTHER FEDERAL GOVERNMENT DEBT: If you or any principals or affiliates have 1) ever requested Government Financing, or 2) are currently delinquent on the repayment of any Federal Debt, please complete the following:

Name of Agency	Original Amount of Loan	Date of Request	Approved or Declined	Balance	Current or Past Due

Information for Government Monitoring Purposes

The following information is requested by the U.S. Small Business Administration in order to monitor that SBA assistance is being provided to diverse populations. You are not required to furnish this information, but please provide both ethnicity and race. For race, you may check more than one designation. If you choose not to furnish ethnicity, race, or gender information, and you have made this application in person, under Federal regulations we are required to note that information on the basis of visual observation or surname. If you do not wish to furnish the information please check the box below. (Lender must review the above material to assure that the disclosures satisfy all requirements to which to lender is subject under applicable state law for the particular type of loan applied for.)

Co-Applicant	<input type="checkbox"/> I do not wish to furnish gender, race or ethnicity information		
Race (Check all that apply)	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Pacific Islander		
Ethnicity	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male
Are you currently serving in the United States Military?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a Veteran of the United States Military?			<input type="checkbox"/> Yes <input type="checkbox"/> No

Co-Applicant Questions

1	Are there co-applicants? (If "Yes," please complete a separate Section I: Applicant Business Information for each.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
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"/> Yes <input type="checkbox"/> No
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"/> Yes <input type="checkbox"/> No
3a	Is any of the financing currently delinquent?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3b	Did any of this financing ever default and cause a loss to the Federal Government?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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"/> Yes <input type="checkbox"/> No
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"/> Yes <input type="checkbox"/> No
6	Does the Applicant have any Affiliates per 13 CFR 121.301 ? (If "Yes," attach a listing of all Affiliates.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
7	Has the Applicant and/or its Affiliates ever filed for bankruptcy protection?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8	Is the Applicant and/or its Affiliates presently involved in any pending legal action?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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"/> Yes <input type="checkbox"/> No
9a	Provide the estimated total export sales this loan will support.	\$ _____
* (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.)		
9b	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"/> Yes <input type="checkbox"/> No
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"/> Yes <input type="checkbox"/> 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? (13 CFR 105.204). "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 (13 CFR §105.201(d)).	<input type="checkbox"/> Yes <input type="checkbox"/> No
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? (13 CFR 105.203)	<input type="checkbox"/> Yes <input type="checkbox"/> No
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? (13 CFR 105.301(c))	<input type="checkbox"/> Yes <input type="checkbox"/> No
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)? (13 CFR 105.301(a))	<input type="checkbox"/> Yes <input type="checkbox"/> No
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? (13 CFR 105.302(a))	<input type="checkbox"/> Yes <input type="checkbox"/> No
17	Are you presently subject to an indictment, criminal information, arraignment, or other means by which formal criminal charges are brought in any jurisdiction? (If "YES," the loan request is not eligible for SBA assistance.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
18	Have you been arrested in the last 6 months for any criminal offense?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Co-Applicant Questions, continued

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"/> Yes <input type="checkbox"/> No
20	<input type="checkbox"/> I am a U.S. Citizen <u>OR</u> <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:	
* 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.			
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"/> Yes <input type="checkbox"/> No
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"/> Yes <input type="checkbox"/> No
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"/> Yes <input type="checkbox"/> No
24	Have you, or any business you controlled, ever filed for bankruptcy protection? If yes, provide details.		<input type="checkbox"/> Yes <input type="checkbox"/> No
25	Are you, or any business you control, presently involved in any legal action (including divorce)? If yes, provide details.		<input type="checkbox"/> Yes <input type="checkbox"/> No
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"/> Yes <input type="checkbox"/> No
26a	If you answered "Yes" to Question 26, is any of the financing presently considered delinquent?		<input type="checkbox"/> Yes <input type="checkbox"/> No
26b	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"/> Yes <input type="checkbox"/> No
If any of the questions below are answered "Yes," please provide details on a separate sheet.			
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"/> Yes <input type="checkbox"/> No
28	Does the entity have any Affiliates? (If "Yes," attach a listing of all Affiliates.)		<input type="checkbox"/> Yes <input type="checkbox"/> No
29	Has the entity and/or its Affiliates ever filed for bankruptcy protection?		<input type="checkbox"/> Yes <input type="checkbox"/> No
30	Is the entity and/or its Affiliates presently involved in any pending legal action?		<input type="checkbox"/> Yes <input type="checkbox"/> No
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"/> Yes <input type="checkbox"/> No
31a	If you answered "Yes" to Question 31, is any of the financing presently considered delinquent?		<input type="checkbox"/> Yes <input type="checkbox"/> No
31b	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? (If you answer "Yes" to either 31(a) or 31(b) above, please provide Lender with a written explanation.)		<input type="checkbox"/> Yes <input type="checkbox"/> No

Agreement

By signing below, the signer(s) certifies that he/she is authorized to execute this Application for the business named above ("Applicant") and that I (we) further certify that I (we) have verified that all the information in this application and all related documents, forms, financial information, and federal income tax returns is complete and correct. The signer(s) further agrees to notify First National Bank ("Bank") promptly of any material change in any such information. The signer(s) authorizes Bank to obtain consumer and/or business reports, including, inquiries to the Internal Revenue Services or the Franchise Tax Board, in their names as individuals at any time. The signer(s) further authorizes the Bank to obtain balance and payoff information on all accounts requiring payoff as a condition of gaining credit. The signer(s) understands and agrees that this application is subject to final credit approval. Except in Arizona, if the business owner is married, a spouse's signature is not required unless he or she is a co-owner of the business. An electronic transmission or other facsimile of this signed document shall be deemed an original and shall be admissible as evidence of the document and the signer's execution.

If Applicant's request for credit is approved, the credit approval will expire without notice no later than 90 calendar days following approval. Closing the approved credit facility must be completed and all conditions of approval must be satisfied within 90 calendar days of approval, or within any shorter time period that might be specified with respect to this credit request. Bank in its sole discretion and at its own initiative may reconsider any application if its credit approval might otherwise expire, and may in its discretion reapprove and extend the credit approval. Bank may in its discretion obtain additional personal credit reports as part of the reconsideration process. Applicant agrees to pay any appraisal costs, attorney's fees and other expenses incurred in connection with Applicant's credit request under all circumstances, including without limitation, failure to close due to inadequate collateral value, title or environmental problems, or Applicant's inability or refusal to meet all closing conditions.

THIS APPLICATION MUST BE REVIEWED, SIGNED, AND INITIALED BY ONE OR MORE OWNERS / OFFICERS / MEMBERS / PARTNERS / INDIVIDUALS HAVING THE AUTHORITY TO SIGN AND MAKE THE STATEMENTS CONTAINED HEREIN ON BEHALF OF THE APPLICANT.

	Owner Applicant Signature(s)	Title	Date
1	X		
2	X		
3	X		
4	X		
5	X		

Schedule of Debt

As of (Date)	Full legal name of the Co-Applicant business entity
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Creditor	Line (LOC) Loan (LN) Lease (LE) Other (o)	Collateral	Commitment or Original Amount	Note Date (mm/yyyy)	Current Balance	Maturity Date (mm/yyyy)	Interest Rate	Monthly Payment	Annual Payments (Bank Use Only)

Owner Co-Applicant Signature	Title	Date
X		

Co-Applicant Owner Authorization to Release Information

I hereby authorize First National Bank or any credit bureau or investigative agency employed by the bank, to investigate the references, credit and employment history I have listed and the statement or other information I or any person have supplied relative to my credit and financial responsibility and to exchange information about how I handle my account with proper persons and credit bureaus. I am hereby notified that a consumer report may be requested in connection with this credit application. If I request, I will be informed whether or not a consumer report was requested, and if such report was requested, I will be informed of the name and address of the consumer reporting agency that furnished the report. The bank may at any time in the future obtain additional credit reports to review my account. I certify that the financial statements given to you herewith are true and correct with knowledge that you will rely on them.

Name	Signature X		Date
Title	Date of Birth	Social Security Number	Phone
Street Address	City	State	Zip Code

Name	Signature X		Date
Title	Date of Birth	Social Security Number	Phone
Street Address	City	State	Zip Code

Name	Signature X		Date
Title	Date of Birth	Social Security Number	Phone
Street Address	City	State	Zip Code

Name	Signature X		Date
Title	Date of Birth	Social Security Number	Phone
Street Address	City	State	Zip Code

Name	Signature X		Date
Title	Date of Birth	Social Security Number	Phone
Street Address	City	State	Zip Code

Equal Credit Opportunity Act Notice of Important Information

This Notice is being provided to you to inform you about your rights under the Equal Credit Opportunity Act. Please retain this Notice for your records.

The Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract), because all or part of the applicant's income derives from any public assistance program or because the applicant has in good faith exercised any right under the Consumer Protection Act. The Federal agency that administers compliance with this law concerning this creditor is the Bureau of Consumer Financial Protection (CFPB) 1700 G Street NW., Washington, DC 20006.

Right to Request Specific Reasons for Credit Denial

If your credit request is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact the person or office from which the request for credit was submitted or contact Customer Service at 855-935-6722 located at 10200 Mallard Creek Rd., Charlotte, NC 28262 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.



First National Bank

SMALL BUSINESS FINANCE

Environmental Preliminary Screening/ Site Evaluation Form

For US Small Business Administration (SBA) loans, this document is to be completed by the CURRENT LANDOWNER/OPERATOR.

(Note that for SBA loans, the CURRENT LANDOWNER/OPERATOR must complete this questionnaire, or a higher level of due diligence is required.) The First National Bank RELATIONSHIP MANAGER is not required to inspect and sign if a third party is engaged for inspection.

For all other loans, this document is to be completed by the BORROWER/APPLICANT and the First National Bank RELATIONSHIP MANAGER upon inspection of the property. In situations where the landowner is an entity other than the borrower, the form can be completed by the landowner.

If there are any affirmative "Yes" answers to any of the questions below, this document and an explanation of the affirmative responses should be submitted via Collateral360 (C360) for review.

Applicant/Borrower Name (Full legal name of the business entity)			Current Landowner/Operator Name (Full legal name of the Individual)		
Property Street Address					
City	State	Zip	Primary Phone		
Property Size (acres)	Date of Construction		Number of Buildings		Building Size (sq ft)
Heat Source		Water Source		Waste Water Disposal	
Current Property Use		Proposed Property Use		Historic Property Use	
Current Adjacent Property Use		Historic Adjacent Property Use			

QUESTIONS		LANDOWNER/ OPERATOR/ BORROWER	RELATIONSHIP MANAGER
1	Has the property now, or ever been used as a dry cleaner, gasoline station, motor repair facility, auto body shop, commercial printing facility, dry cleaner, photo developing laboratory, junkyard, auto salvage, machine shop or landfill, or as a waste treatment, storage, disposal, incineration, processing or recycling facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Are there (or have there ever been) any damaged or discarded automotive or industrial batteries or pesticides, paints, or other chemicals in aggregate volumes greater than 25 gallons?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Has the property ever been used for industrial and/or manufacturing purposes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	Have any floor drains, sumps, oil/water separators or clarifiers ever been located on the property?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Are there any documents that address the environmental condition of the subject property (e.g. Phase I or Phase II Assessments, regulatory actions, violation notices, underground storage tank registration, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Is the purchase price being paid for the property less than the fair market value of the property? If yes, have you considered whether the lower purchase price is because contamination is known or believed to be present at the property?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7	Are there (or have there ever been) any drums, totes or sacks of chemicals or petroleum products located onsite?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8	Are there (or have there ever been) any Underground Storage Tanks (USTs) or Aboveground Storage Tanks (ASTs) located on the property?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
9	Are you aware of any spills or releases of petroleum or hazardous substances on the subject property?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
10	Has soil or groundwater contamination ever been identified on the subject property?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

QUESTIONS		LANDOWNER/ OPERATOR/ BORROWER	RELATIONSHIP MANAGER
11	Are you aware of any Activity Use Limitations, such as engineering controls, land use restrictions or institutional controls that are in place at the site and/or have been filed or recorded in a registry under federal, tribal, state or local law?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
12	Are you aware of any environmental releases or cleanup actions at adjacent properties?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
13	Is there a transformer, capacitor, or any hydraulic equipment installed prior to 1979?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
14	Has fill dirt from an unknown origin or from a contaminated site been used at the property?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
15	Are there any unusual odors, stained soils, stressed or dead vegetation, or unusual mounds, depressions, or other signs of soil excavation or deposits on the property?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
16	Are there any known asbestos containing materials incorporated into any structure on the property?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
17	Has mold and/or significant moisture intrusion been identified in any structure on the property?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
18	Are you aware of any peeling paint or damaged building materials in any structure on the property?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
19	Are there any concrete or soil pads that could indicate a former drum or tank pit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
20	Are there any pipes whose purpose is unknown protruding from the building or ground?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
21	Are there any lagoons, ponds or empty diked areas?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
22	Are there any water supply wells, irrigation wells, monitoring wells onsite?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If Affirmative responses were provided, please discuss additional information below.

<p>Acknowledgment for CURRENT LANDOWNER/OPERATOR or APPLICANT/BORROWER: I have read this questionnaire and responded to the questions to the best of my knowledge.</p> <p><i>Note that for SBA loans, the CURRENT LANDOWNER/OPERATOR must complete this questionnaire, or a higher level of due diligence is required. For SBA loans, the undersigned owner(s) and/or operator(s) acknowledge(s) and agree(s) that intentionally falsifying or concealing any material fact with regard to the subject matter of this Environmental Questionnaire may, in addition to other penalties, result in prosecution under applicable law including 18 U.S.C. section 1001.</i></p>			
			<p>Select all that apply:</p> <p><input type="checkbox"/> Current Landowner</p> <p><input type="checkbox"/> Current Operator</p> <p><input type="checkbox"/> Borrower/Applicant</p>
Signature	Printed Name	Date	Relationship to the Property

<p>Acknowledgment for RELATIONSHIP MANAGER: I have reviewed this questionnaire, completed a site inspection and responded to the best of my ability.</p>		
Signature	Printed Name	Date



First National Bank

SMALL BUSINESS FINANCE

Real Estate Property Detail

Street Address of Subject Property

Street Address		
City, State, Zip		
Industry of Current Occupant		
Approximate Land/Site Size	Current Zoning	Parcel Number
Property Type		
Condominium? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Nature of Business		
Number of Building(s)/Structure(s)		
Square Footage Building 1	Number of Stories	Year Built
Square Footage Building 2	Number of Stories	Year Built
Square Footage Building 3	Number of Stories	Year Built
To Access Property Contact:		
Name	Phone Number	
Email Address		

Completed By:

Name

Role