



CAL COASTAL
A SMALL BUSINESS LENDER

INFORMATION CHECKLIST

THE FOLLOWING INFORMATION IS REQUIRED TO PROCESS YOUR LOAN APPLICATION. SOME INFORMATION MAY NOT BE APPLICABLE TO YOUR BUSINESS. IF YOU ARE UNCERTAIN, PLEASE CONTACT THE LOAN OFFICER.

- ☐ 1. **Brief History of Your Business** – (form enclose if desired) the nature of business, number of employees, location, and how long you have operated. If this is a loan request for a start up business and you have developed a business plan, much of this information is probably incorporated in that document. Please provide a copy if one has been prepared.
- ☐ 2. **Brief Resume of Management** – (primarily yourself) to demonstrate that you have the skills to operate this business. Include any information on special licenses or degrees obtained.
- ☐ 3. **Personal Financial Statement** – (form enclosed) one for each 20% or greater owner of the business.
- ☐ 4. **Personal Tax Returns** – three years for all persons completing the personal financial statement form, even if income and circumstances have changed substantially.
- ☐ 5. **Interim Business Financial Statement** – this should include a balance sheet and an income statement and be dated within 60 day of application.
- ☐ 6. **Year End Business Financial Statements** – three years if applicable and both balance sheet and income statements if available.
- ☐ 7. **Business Tax Returns** – if you do not operate as a sole proprietor – submit 3 years.
- ☐ 8. **Personal Summary Form** – (form enclosed) one for each 20% or greater owner of the business.
- ☐ 9. **Form 4506C** – (to follow) request for transcript of tax return.
- ☐ 10. **Projections** – financial projections for 3 years if the business is a start up or is substantially changing its strategy.
- ☐ 11. **Debt Schedule/Previous Government Financing/Schedule of Affiliates**
- ☐ 12. **Organizational Documents** – fictitious name statement, partnership agreement and/or articles for incorporation, whichever is appropriate for your business.
- ☐ 13. **Description of Project** – include all costs associated with project and all sources of funding. Also include any purchase agreements, cost breakdowns or vendor's estimates as applicable.
- ☐ 14. **Copy of Lease Contracts** – include a copy of all land leases.

YOU MAY BE REQUESTED TO PROVIDE ADDITIONAL INFORMATION DEPENDENT UPON YOUR PARTICULAR SITUATION.



CAL COASTAL
A SMALL BUSINESS LENDER

LOAN APPLICATION

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Address (if not same as above): _____

Email: _____

Principal in Charge: _____ Phone: _____ Fax: _____

Secondary Contact: _____ Phone: _____ Fax: _____

Type of Business: _____ Date Established: _____

Type of Entity: ☐ Proprietorship ☐ Partnership ☐ Corporation ☐ LLC

If Corporation:

President: _____

Vice President: _____

Secretary: _____

Name: _____ %Ownership: _____

Name: _____ %Ownership: _____

Name: _____ %Ownership: _____

Total Projects Costs

Amount applied for: _____ Purpose of loan: _____

Employees

Number of Current Employees: _____ Full-time: _____ Part-time: _____

Estimated Number of Employees in

Two Years as a Result of this Project: Full-time: _____ Part-time: _____

Miscellaneous Questions

Have you or any of your company ever been involved in bankruptcy or insolvency proceedings?

If yes, please provide details on separate sheet.

☐ Yes ☐ No

Are you and your business involved in any pending or prior lawsuits?

☐ Yes ☐ No

Have you ever received an SBA loan?

If yes, please provide a copy of the SBA Loan Authorization and the following:

☐ Yes ☐ No

Original Amount: \$ _____

Date of Loan: _____

Current Balance: \$ _____

Status of Loan: _____

Name and nearest relative not living with you: _____

Address: _____

Phone number: _____

IMPORTANT INFORMATION ABOUT IDENTIFICATION PROCEDURES FOR PROCESSING AN SBA 504 LOAN

To help the government fight the funding of terrorism and money laundering activities, Federal law requires Certified Development Companies to obtain, verify, and record information that identifies each person who applies for a 504 loan.

What this means for you: When you apply for a 504 loan, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

Authorization to Release Information

I/We hereby authorize any financial corporations, insurance companies, investors, credit bureaus, employers, banks, etc., to release any and/or all information on my/our records and/or accounts to Cal Coastal Rural Development Corporation at its request.

I/We hereby authorize any information to be released by my/our original or photocopied signature.

I/We hereby certify that the enclosed information, including any attachments or exhibits provided here within or at a later date, is valid and correct to the best of my/our knowledge.

By: _____ Date: _____

By: _____ Date: _____

By: _____ Date: _____

Note: A signed hard-copy of this document will need to be provided before final loan can be processed.

Personal Summary

Name:

FIRST

MIDDLE

LAST

Former names: _____

Dates Used: _____

Date of Birth: _____

Place of Birth: _____

Social Security Number: _____

U.S. Citizen Yes ☐ No ☐

If no, are you a Lawful
Permanent resident alien

Yes ☐ No ☐

Alien Registration Number _____

Home address _____

City _____

State _____

Zip _____

Home Phone _____

Business Phone _____

Email Address _____

Military Service Background

Branch: _____ From _____ To _____

Rank at Discharge: _____ Honorable Discharge? Yes ☐ No ☐ Service-Disabled Vet? Yes ☐ No ☐

Race/Ethnicity

☐ American Indian/Alaska Native ☐ Hispanic/Latino ☐ Asian

☐ Native Hawaiian/Pacific Islander ☐ Black/African American ☐ White/Caucasian

Work Experience for previous 5 years

Company Name & Location: _____

Dates of Employment: From _____ To _____ Title: _____

Duties: _____

Company Name & Location: _____

Dates of Employment: From _____ To _____ Title: _____

Duties: _____

Education College or Technical Training Name and Location	Date Attended From/To	Major	Degree/ Certificate
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are you presently subject to an indictment, arraignment or other means by which formal criminal charges are brought in any jurisdiction?

Yes ☐ No ☐

Have you been arrested in the past 6 months for any criminal offense?

Yes ☐ No ☐

For any criminal offense – other than a minor vehicle violation – have you ever been convicted, plead guilty, pleaded nolo contendere, been placed on pretrial diversion or been placed on any form of probation or parole?

Yes ☐ No ☐

Are you **personally or the Operating Company** presently suspended, declared ineligible or voluntarily excluded from participation in this transaction by a Federal department or agency?

Yes ☐ No ☐

If you are at least a 50% or more owner of the applicant business, are you more than 60 days delinquent on any obligation to pay child support arising under an order or repayment agreement between the holder and custodial parent or repayment agreement between the holder and a state agency providing child support enforcement services?

Yes ☐ No ☐ N/A ☐

Have you **personally or the Operating Company** been involved in a bankruptcy or insolvency proceeding? If yes, please provide copies of the proceedings?

Yes ☐ No ☐

Are you **personally or the Operating Company** involved in any pending lawsuits? If yes, please provide a letter of explanation.

Yes ☐ No ☐

Has the application for this project been previously submitted to the SBA by any CDC or Lender in connection with any SBA program?

Yes ☐ No ☐

The undersigned warrants and represents that all information above, and all information provided to CDC, including without limitation, all information regarding the Borrower's and the Operating Company's, if any, financial condition, is accurate to the best of its knowledge and that the undersigned has not withheld any material information. The undersigned further acknowledges that submission of false information to CDC, or the withholding of material information from CDC (or the U.S. Small Business Administration), can result in criminal prosecution under 18 U.S.C. § 1001 and other provisions, liability for treble damages under the False Claims Act, 31 U.S.C. §§ 3729-3733, debarment and suspension, and other consequences.

Signature: _____ Date: _____



HISTORY AND NATURE OF BUSINESS

Company Name:

When and by whom was your company established?

When did you get control of the business?

Please describe nature of your business and primary products and services?

What is the geographic market served by your business?

List key customers:

List major competitors:

Please provide a narrative history of the business including any benefits that will result from obtaining a loan?

Submitted by: _____

Date: _____



CAL COASTAL
A SMALL BUSINESS LENDER

EXHIBIT 10
DEBT SCHEDULE
Business Obligations only, no personal loans

As of _____, 20_____

Original Date	Original Amount	Interest Rate	Monthly Payment	Present Balance	Maturity Date	Creditor	Collateral	Up to Date?

Signed: _____

Date: _____



CAL COASTAL
A SMALL BUSINESS LENDER

EXHIBIT 11
PREVIOUS GOVERNMENT FINANCING

As of _____, 20____

Loan Number	Borrower/Principals and % Ownership	Federal Agency	Original Date	Original Amount	Current Balance	Status	Govt. Guarantee %

Signed: _____

Date: _____



CAL COASTAL
A SMALL BUSINESS LENDER

EXHIBIT 12
SCHEDULE OF AFFILIATES

As of _____, 20____

Company Name/Address	Principals and % Ownership	Date Company Formed	Company Description	Federal Tax Returns For the past 2 years

Signed: _____

Date: _____

Form 4506-C (September 2020)	Department of the Treasury - Internal Revenue Service <h2 style="margin: 0;">IVES Request for Transcript of Tax Return</h2>	OMB Number 1545-1872
--	--	-------------------------

- ▶ 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 (if a joint return, enter the name shown first)	1b. First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
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 (see instructions)

4. Previous address shown on the last return filed if different from line 3 (see instructions)

5a. IVES participant name, address, and SOR mailbox ID
 Inco-Check, Inc. 26741 Portola Parkway, Ste.1E-250 Foothill Ranch, CA 92610

5b. Customer file number (if applicable) (see instructions)

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

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 (see instructions)

/ / / / / / / /

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

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 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 (see instructions)	Date	Phone number of taxpayer on line 1a or 2a
	Print/Type name		
	Title (if line 1a above is a corporation, partnership, estate, or trust)		
	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 "999999999" 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 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.



SBA Information Notice

TO: All SBA Employees and SBA Lenders

CONTROL NO.: 5000-20068

SUBJECT: New IRS Form 4506 for use by IRS
IVES participants

EFFECTIVE: December 11, 2020

The purpose of this Notice is to inform all SBA employees and SBA Lenders that, on October 20, 2020, the Internal Revenue Service (IRS) issued [IRS Form 4506-C](#) for use by authorized IRS Income Verification Express Service (IVES) participants.

SBA's Standard Operating Procedure (SOP) 50 10 6, Part 2, Section A, Chapter 6, Paragraph B, sets forth tax transcript/verification of financial information requirements. SBA Lenders must obtain tax return transcripts through the IVES program. SBA Lenders may either become an IVES participant or may contract with a third-party IVES participant to obtain tax return transcripts through the IVES program.

The IVES program will continue to accept IRS Form 4506-T through February 28, 2021. Beginning March 1, 2021, all IVES requests must be submitted on IRS Form 4506-C. SBA Lenders must continue to use the Qualified and Non-Qualified¹ coversheets with IRS Form 4506-C.

¹ Per the Taxpayer First Act, a "qualified disclosure" means a disclosure under section 6103(c) of the Internal Revenue Code of 1986 of returns or return information by the IRS to a person seeking to verify the income or creditworthiness of a taxpayer who is a borrower in the process of a loan application. Common examples of "qualified disclosures" are disclosures to lenders verifying income or creditworthiness on customers for various types of loans (auto, home mortgage, business, etc.). Some examples of non-qualified disclosures would be disclosures for tax administration, employment verification checks, and other non-lending purposes.

The following links provide additional guidance from IRS:

[Subscribe](#) to IRS IVES news

[FAQs](#) on the IRS IVES system

[Getting started](#) using IVES

Questions:

SBA Lenders that are IVES participants should direct questions to the IRS point of contact that was provided in the IVES welcome package. SBA Lenders that contract with a third-party IVES participant should direct questions to the IVES participant.

Dianna L. Seaborn
Director
Office of Financial Assistance



PERSONAL FINANCIAL STATEMENT

U.S. SMALL BUSINESS ADMINISTRATION

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

To complete this form

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

<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.



CLIENT RIGHTS AND RESPONSIBILITIES

As an SBDC client you have the right to expect:

1. **Consulting Assistance Provided at No Fee** – Because the SBDC program is supported by funding from the U.S. Small Business Administration, the University of California, Merced and other funders, consulting is provided at no fee to you. Fees may apply for training programs, special services (such as research), materials, and publications.

2. **Confidentiality of Information Provided** – All SBDC representatives agree to abide by the Central CA SBDC Regional Network Conflict of Interest Policy. Information you provide will be held in strictest confidence and will not be released to any parties outside of the Central CA SBDC Regional Network. Information on you will not be sold or provided to other organizations. Specific information on you and the nature of your engagement with the SBDC will not be released without your consent. No information you provide will be used to the commercial advantage of any SBDC representative or to the advantage of a third party. Exceptions:

- ▶ Information about the SBDC's service delivery is reported in aggregate to its funders and the general public. Specific information about you will not be released without your consent.
- ▶ The SBDC will collect and report in aggregate to its funders and the general public information on you such as demographic statistics; size, location, and industry of your business; the general nature of your engagement with the SBDC; and impact statistics such as financing obtained, sales increased or jobs created.
- ▶ If you were referred to the SBDC, the SBDC will notify the referrer that you have sought assistance from the SBDC. The SBDC, however, will not disclose in detail the nature of the assistance you are requesting.

3. **Unbiased Recommendations** - SBDC representatives will not recommend the purchase of goods or services from any individual or firm with which any SBDC representative has a financial, familial or personal interest.

4. **Non-Disclosure of Trade Secrets** – Sensitive trade secrets pertaining to unique facts of your business will not be used to benefit another client of the SBDC or any SBDC representative. You understand that sensitive trade secret information is information, which is not obvious, which is unknown, or which is unique and pertains to new inventions, secret manufacturing and processing procedures or formulas, or any new innovative process. You understand that it is your responsibility to inform the SBDC of any such sensitive trade secrets both verbally and in writing.

5. **Assistance, Guidance, Recommendations and Education** – The SBDC program is an educational program. The SBDC will work with you on your specific issues to help build your management skills and knowledge. It is your responsibility to accept and implement recommendations. The SBDC will not:

- ▶ negotiate on your behalf
- ▶ write your business plan



▶ act as an employee of your business

As an SBDC client you are responsible for:

1. **Participating in Surveys** – Because this program cares about the quality of services provided, and because it is primarily funded with public support, the SBDC undertakes a number of initiatives to ascertain the quality and impact of services provided to you. Your candid feedback is critical to the long-term success of this program.
2. **Informing Legislators About the Service** – Consulting services are provided at no charge to you because of the financial support of the federal government and state government initiatives. To ensure the SBDC program will be available to others, we may ask you to write to your legislators to let them know about your experience with the program.
3. **Accepting Responsibility and Waiving all Claims** – In recognition that you are ultimately responsible for the success or failure of your business and that all decisions pertaining to implementing plans and operating your business are solely your responsibility, you hereby waive any claims of damages against the Central CA SBDC Regional Network, the host institutions, and the US Small Business Administration, based on any advice or information provided by the SBDC.
4. **Reporting and Providing Information Regarding Milestones** - SBDC's are funded based on how well we help our business clients achieve their business goals as measured by something called "milestones." Included achievements are starting a business, hiring/retaining employees, increasing sales, obtaining funds for your business, attending training, and/or acquiring government contracts. In order to continue our funding (and provide you with no-fee, confidential consulting) we must document and validate your milestones. The information you provide is incredibly important and is kept in strict confidence.

PLEASE READ THIS STATEMENT, THEN SIGN AND DATE THIS FORM

I request management assistance from the Small Business Administration and/or the Central CA Small Business Development Center Regional Network. I understand this assistance is at no fee. I agree to cooperate should I be selected to participate in surveys designed to evaluate SBA/SBDC assistance services. I authorize the SBA/SBDC to furnish information to the assigned management consultant(s). I understand that any information disclosed is to be held in strict confidence by him/her.

I further understand that any consultant has agreed: (1) not to recommend goods or services from sources in which he/she has an interest, and (2) will not accept fees or commissions developing from this consulting relationship.

In consideration of SBA/SBDC furnishing management or technical assistance, I waive all claims against SBA/SBDC personnel and its host organizations arising from this assistance.

Client's Printed Name

Client's Signature

Date

Last updated: June 2022



Funded in part through a Cooperative Agreement
with the U.S. Small Business Administration.



Central CA Small Business Development Centers SBDC Client Intake Form



CLIENT NAME (Last, First, MI)		EMAIL		
POSITION <input type="checkbox"/> Owner/Sole Proprietorship <input type="checkbox"/> Employee <input type="checkbox"/> President <input type="checkbox"/> Vice President <input type="checkbox"/> Partner <input type="checkbox"/> Other: _____				
WORK PHONE		CELL PHONE		
HOME PHONE		FAX		
MAILING ADDRESS		CITY, STATE ZIP CODE		
GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	RACE (mark one or more) <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native American or Alaska Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White	ETHNICITY <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Hispanic	MILITARY STATUS <input type="checkbox"/> None <input type="checkbox"/> Active Duty <input type="checkbox"/> Military Spouse <input type="checkbox"/> National Guard <input type="checkbox"/> Active National Guard <input type="checkbox"/> Reserve <input type="checkbox"/> Active Reserve <input type="checkbox"/> Veteran <input type="checkbox"/> Service Disabled Veteran	DISABLED? <input type="checkbox"/> Yes <input type="checkbox"/> No

COMPANY INFORMATION

CURRENTLY IN BUSINESS? <input type="checkbox"/> Yes Indicate Month/Year established business ____/____/____ <input type="checkbox"/> No					
If in business but you want to explore a new business, please specify the area of interest: _____ (REQUIRED FIELD)					
If in business, are you currently EXPORTING? <input type="checkbox"/> Yes Please indicate the Countries below <input type="checkbox"/> No <input type="checkbox"/> Not yet but interested					
Export Countries: _____					
COMPANY NAME (IF APPLICABLE)	WEBSITE				
PHYSICAL ADDRESS OF THE BUSINESS	CITY, STATE ZIP				
WHAT PROMPTED YOU TO CONTACT US (REFERRED FROM) <input type="checkbox"/> Advertising/Marketing <input type="checkbox"/> College/University <input type="checkbox"/> Lender <input type="checkbox"/> Procurement Tech. Assist. Centers (PTAC) <input type="checkbox"/> Training Event/Conference <input type="checkbox"/> Social Media (please list) _____ <input type="checkbox"/> Chamber of Commerce <input type="checkbox"/> Email <input type="checkbox"/> Local EDC <input type="checkbox"/> SBA Network <input type="checkbox"/> Veteran Business Outreach Center (VBOC) <input type="checkbox"/> Other: _____ <input type="checkbox"/> Client Word of Mouth <input type="checkbox"/> Media/TV/Radio <input type="checkbox"/> News Outlet <input type="checkbox"/> SBDC <input type="checkbox"/> Website					
BUSINESS OWNERSHIP Business ownership gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Male/Female Owners	BUSINESS SIZE <input type="checkbox"/> Disadvantaged Small <input type="checkbox"/> Large <input type="checkbox"/> Minority Owned Small <input type="checkbox"/> Other Small	BUSINESS LEGAL ENTITY <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> S-Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Corporation	HOME-BASED? <input type="checkbox"/> Yes <input type="checkbox"/> No DO YOU CONDUCT BUSINESS ONLINE? <input type="checkbox"/> Yes <input type="checkbox"/> No	8(A) CERTIFIED <input type="checkbox"/> Yes <input type="checkbox"/> No	SBA RELATIONSHIP <input type="checkbox"/> Applicant <input type="checkbox"/> Borrower <input type="checkbox"/> COC <input type="checkbox"/> Procurement Asst. <input type="checkbox"/> Technical Asst.
TYPE OF BUSINESS <input type="checkbox"/> Manufacturing <input type="checkbox"/> Wholesale <input type="checkbox"/> Construction <input type="checkbox"/> Retail <input type="checkbox"/> Services <input type="checkbox"/> Other: _____					
PRODUCT/ SERVICES: _____ NAICS CODE(S): _____ (SBDC staff can assist with NAICS code determination)					
WHAT ARE YOUR CURRENT TOTAL NUMBER OF EMPLOYEES _____ Full Time _____ Part Time How many are engaged in the exporting aspect of the business? _____			FOR THE MOST RECENT FULL BUSINESS YEAR, PLEASE PROVIDE Gross Revenue/Sales (GRS) \$ _____ +Profits/-Losses \$ _____		
<small>I request business counseling service from the Small Business Administration (SBA) and its resource partner, the Small Business Development Center (SBDC). I agree to cooperate should I be selected to participate in surveys designed to evaluate SBA services. I understand that any information disclosed will be held in strict confidence. (SBA/SBDC will not provide your personal information to commercial entities). I authorize SBA to turn sh relevant information to the assigned management counselor(s). I further understand that the counselor(s) agrees not to: 1) recommend goods or services from sources in which he/she has an interest, and 2) accept fees or commissions developing from this counseling relationship. In consideration of the counselor(s) furnishing management or technical assistance, I waive all claims against SBA personnel, and that of its Resource Partners and host organizations, arising from this assistance. I permit SBA or its agent the use of my name and address for SBA surveys and information mailings regarding SBA products and services (Yes/No). Please note: The estimated burden for completing this form is 3 minutes. You are not required to respond to any collection information unless it displays a currently valid OMB approval number. Comments on the burden should be sent to: U.S. Small Business Administration, 409 3rd Street SW, Washington, DC 20416, and to: Desk Officer SBA, Office of Management and Budget, New Executive Office Building, Room 10202, Washington, D.C., 20503. OMB Approval (3245-0324). PLEASE DO NOT SEND FORMS TO OMB. SBDC services are not available to individuals or entities that have been debarred or suspended by the federal government. By agreeing to receive assistance from the SBDC with your signature on this form, you are self-certifying that you are not currently federally debarred or suspended and also agree to cease using SBDC services if you become federally debarred or suspended in the future.</small>					
CLIENT SIGNATURE			DATE		