

OMB APPROVAL NO.: 3245-0188 EXPIRATION DATE: 01/31/2018

#### PERSONAL FINANCIAL STATEMENT

### 8(a) Business Development Program

U.S. SMALL BUSINESS ADMINISTRATIO	U.S.	SMALL	BUSINESS	<b>ADMINISTR</b>	ATIO
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Each individual claiming economic disadvantage must submit personal financial information. When married, an individual claiming economic disadvantage must submit separate financial information for his or her spouse, unless the individual and the spouse are legally separated. Additionally, any proprietor; partner; member of a limited liability company (LLC); or owner of 10% or more of the equity of the business MUST complete this form and return to the appropriate SBA Office of Certification and Eligibility at http://www.sba.gov/8abd or send a hard copy with paper application to one of the two following locations:

Mail to the following address, if your firm is Mail to the following address, if your firm is located in MA, ME, NH, CT, VT, RI, NY, PR (Puerto Rico), VI located in IL, OH, MI, IN, MN, WI, TX, NM, AR, LA, OK, (US Virgin Islands), NJ, PA, MD, VA, WV, DC, DE, GA, AL, MO, IA, NE, KS, CO, WY, ND, MT, UT, SD, CA, HI, GU NC, SC, MS, FL, KY, TN (GUAM), NV, AZ, WA, AK, ID, OR **US Small Business Administration** US Small Business Administration DPCE Central Office Duty Station Division of Program Certification and Eligibility Parkview Towers 455 Market Street, 6th Floor 1150 First Avenue San Francisco, CA 94105 10th Floor, Suite 100I King of Prussia, PA 19406

See http://www.sba.gov/8abd. Note: Please complete this form with Personal Information not Business information.

Name Business Phone
Home Address Home Phone

City, State, & Zip Code

# **Business Name of Applicant/Borrower**

ASSETS (Omi  Cash on Hand & in banks	Notes Payable to Banks and Others\$  (Describe in Section 2)  Installment Account (Auto)\$  Mo. Payments \$  Installment Account (Other)\$  Mo. Payments \$  Loan(s) Against Life Insurance\$  Mortgages on Real Estate\$  (Describe in Section 4)  Unpaid Taxes\$  (Describe in Section 6)  Other Liabilities\$  (Describe in Section 7)  Total Liabilities\$  Net Worth\$  Total Liabilities & Net Worth \$
Applicant's Business Equity\$  Equity in other firms\$  Total Assets \$	
Section 1. Source of Income.	Contingent Liabilities
Salary\$	
Net Investment Income\$	
Real Estate Income\$	
Other Income (Describe below)*\$	
*Alimony or child support payments should not be disclosed in "Other Income" unle	ess it is desired to have such payments counted toward total income.

		Desc	cription of O	ther Income	in Section 1.				
Section 2. Notes Paya	ble to	Banks ar	nd Others. (U	se attachments	if necessary. Each	attachment mu	ıst be identifie	ed as part of this	statement and signed.
Names and Addresses of Noteholder(s)			Original Balance	Current Balance	Payment Frequency Amount (monthly, etc.)		How Secured or Endorsed Type of Collateral		
Section 3. Stocks, Bo	onds a	nd Mutua	I Funds. (Use	e attachments if	necessary. Each	attachment mu	st be identifie	d as part of this s	statement and signed.)
Number of Shares	N	ame of S	ecurities	Cost		Market Value Quotation/Exchange		Date of Quotation/Exchange	
Section 4. Real Estate and signed.)	Owne	<b>d.</b> (List ea	ch parcel separa	ately. Use attac	hment if necessary	/. Each attachr	ment must be	identified as a pa	art of this statement
		y A-Primary Residence		1	Property B		Property C		
Type of Real Estate (e.g. Primary Residence, Other Residence, Rental Property, Land, etc.) (if jointly owned, please explain)									
Address									
Date Purchased									
Original Cost									
Present Market Value									
Name & Address of Mortgage Holder									
Mortgage Account Nun	nber								
Mortgage Balance									
Amount of Payment pe Month/Year	Amount of Payment per Month/Year								
Status of Mortgage									
iii									

<b>Section 5. Other Personal Property and Other Assets.</b> (Described holder, amount of lien, terms of payment and, if delinquent, described holder, amount of lien, terms of payment and, if delinquent, described holders.)	ribe, and, if any is pledged as security, state name and address of lien be delinquency.)
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<b>Section 6. Unpaid Taxes.</b> (Describe in detail as to type, to w lien attaches.)	hom payable, when due, amount, and to what property, if any, a tax
Section 7. Other Liabilities. (Describe in detail.)	
<b>Section 8. Life Insurance Held.</b> (Give face amount and "Cu Beneficiaries.)	rrent" cash surrender value of policies – name of insurance company
I authorize the SBA to make inquiries as necessary to verify the person submitting the information requested on this form)	e accuracy of the statements. <b>CERTIFICATION</b> : (to be completed by
information submitted with this form is true and complete to the	ion that all information on this form and any additional supporting best of my knowledge. I understand that SBA will rely on this participation in the SBA 8(a) Business Development (BD) Program.
Signature	Date
Print Name	Social Security No.
Signature	Date
Print Name	Social Security No.
NOTICE TO <u>APPLICANTS OR PARTICIPANTS IN THE 8(a) E</u> REMEDIES FOR FALSE STATEMENTS	BD PROGRAM: CRIMINAL PENALTIES AND ADMINISTRATIVE
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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:

The estimated average burden hours for the completion of this form is 1.5 hours per response. If you have questions or comments concerning this estimate or any other aspect of this information, please contact Chief, Administrative Branch, U.S. Small Business Administration, Washington, D.C. 20416, and Clearance officer, paper Reduction Project (3245-0188), Office of Management and Budget, Washington, D.C. 20503. PLEASE DO NOT SEND FORMS TO OMB.

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

STATEMENTS REQUIRED BY LAW AND EXECUTIVE ORDER

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

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

Under the provisions of the Privacy Act, you are not required to provide your social security number. Failure to provide your social security number may not affect any right, benefit or privilege to which you are entitled. Disclosures of name and other personal identifiers are, however, required for a benefit, as SBA requires an individual seeking assistance from SBA to provide it with sufficient information for it to make a character determination. In determining whether an individual is of good character, SBA considers the person's integrity, candor, and disposition toward criminal actions. For all forms of assistance SBA is authorized to make all investigations necessary to ensure that a person has not engaged in acts that violate or will violate the Act or the Small Business Investment Act, 15 USC Sections 634(b)(11) and 687(b)(a), respectively. For these purposes, you are asked to voluntarily provide your social security number to assist SBA in making a character determination and to distinguish you from other individuals with the same or similar name or other personal identifier.

The Privacy Act authorizes SBA to make certain "routine uses" of information protected by that Act. One such routine use is the disclosure of information maintained in SBA's investigative files system of records when this information indicates a violation or potential violation of law, whether civil, criminal, or administrative in nature. Specifically, SBA may refer the information to the appropriate agency, whether Federal, State, local or foreign, charged with responsibility for, or otherwise involved in investigation, prosecution, enforcement or prevention of such violations. Another routine use is disclosure to other Federal agencies conducting background checks; only to the extent the information is relevant to the requesting agencies' function. See, 74 F.R. 14890 (2009), and as amended from time to time for additional background and other routine uses.

**Freedom of Information Act** (5 U.S.C. 552) -- This law provides, with some exceptions, that SBA must supply information reflected in agency files and records to a person requesting it. Information about approved loans that 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. 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.

#### Executive Order 12549, Debarment and Suspension (13 C.F.R. 145)

The prospective lower tier participant certifies, by submission of the application for program participation (or participant's annual update) that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency. Where the prospective lower tier participant ( or active participant ) is unable to certify to any of the statements in this certification, such participants shall attach an explanation.