

Loan Application & Supporting Forms

This checklist has been provided to assist you through the process of gathering the necessary information for the evaluation of your loan request. **Complete** information will be necessary to process your loan application. If you need assistance completing the loan application, please give us a call at 800.658.2823.

All loan applicants must complete the following:

1. Completed Loan Application* (Use full legal name(s))
2. Personal Financial Statement* (Complete on all owners, partners, officers, directors, key employees, guarantors, stockholders with 20% or more ownership of applicant business.)
3. Three years of Personal Federal Tax Returns, with ALL schedules, on each individual referred to in #2 above.
4. Owner/Management Resume* on each individual referred to in #2 above.
5. Copy of Drivers License on each individual referred to in #2 above.
6. Statement of Personal History* on each individual referred to in #2 above.
7. Business Plan or detailed description of the business.
8. Projections for the current and future three fiscal years & written assumptions to the projections*
9. Copy of Corporate, LLC, or Partnership docs, if applicable.
10. Copy of Franchise Agreements and/or Fuel Supply Agreement, if applicable.
11. List of machinery/equipment and/or furniture/fixtures to be acquired, if applicable.
12. List of machinery/equipment and or furniture/fixtures, including model & serial number, offered as collateral.
13. Itemized breakdown of working capital, if applicable.
14. Affiliate Company(s) Federal Tax Returns for three years, plus a current interim statement, if applicable. (An affiliate company is one in which any key principle in the application has a 20% or more ownership interest or in which they are a general partner or operating partner)
15. Copies of Permit/Licenses necessary for the business.
16. DUNS Number

If an existing business, provide items 1-16 and the following:

17. Three years of Business Federal Tax Returns, with ALL schedules and statements.
18. Complete financial statements (including balance sheet and income statement for the past three years)
19. Interim financial statement no more than 60 days old.
20. Detailed Business Debt Schedule, balancing with interim financial statement. *
21. 4506-C form on business (to be completed by owner or officer of the business)*

If purchasing an existing business, provide items 1-16 and the following:

22. Reason for the sale of the business.
23. Three years of Business Federal Tax Returns, with ALL schedules and statements.
24. Complete financial statements (including balance sheet and income statement for the past three years)
25. Interim financial statement no more than 60 days old.
26. Copy of Sales Agreement.
27. 4506-C form on business (to be completed by seller of business)*

If real estate and/or construction is involved, provide items 1-16 and the following:

28. Copy of Sales Agreement
29. Copy of Construction Contract, Cost Breakdown, and/or Bids, if applicable.
30. Environmental Questionnaire, including legal description, on real estate being purchased or offered as collateral (to be completed by owner of real estate)*
31. Name of Interim Lender

If refinancing existing debt, provide items 1-16 and the following:

32. Copies of bank transcripts on loans to be refinanced.

* Forms enclosed

**REI Oklahoma Headquarters
2912 Enterprise Drive
Durant, OK 74701
800.658.2823
580.920.2745 – Fax**

For more information call 800.658.2823

Email: reibusinesslending@reiok.org

Please be advised that all financial statements and tax returns must have original signatures and dates.
After photocopying financial statements and tax returns, **please sign again and affix current date.**



COMPANY INFORMATION:

Company Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Type of Business _____ Date Established _____

Type of Entity: Corporation _____ LLC / PLLC _____ Sole Proprietorship _____

Federal ID # _____ NAICS Code _____

DUNS # _____ SAMS # _____

Current number of employees ____ FT ____ PT Number of jobs to be created ____ FT ____ PT

OWNERSHIP OF OPERATING COMPANY: List all officers, directors, partners, owners & co owners, and all stockholders.

Name	Ownership %	Title	Responsibilities	Years in Company	Years in Industry

PROJECT COSTS:

Purchase Land (*provide purchase agreement*) \$ _____

Purchase Land and Buidling (*provide purchase agreement*) \$ _____

Construction / Remodeling (*provide construction bids*) \$ _____

Purchase / Install Equipment (*provide bids*) \$ _____

Purchase / Install Fixtures (*provide bids*) \$ _____

Refinance Debt (*provide copy of loan documents*) \$ _____

Other Costs

 Professional Fees \$ _____

 Working Capital \$ _____

 Inventory \$ _____

Total Project Costs: \$ _____

Down Payment / Source of Injection \$ _____



PROJECT LOCATION:

Current Address _____

Current Square Footage _____ Lease Payment _____ Replaced by New Facility? Yes ____ No ____

Address of New Facility _____

Square Footage of New Facility _____ Square Footage Occupied by Operating Company _____

AFFILIATES: List all business concerns in which the applicant company or any of the individuals listed in the Ownership Section above have an ownership interest.

Company Name	Owner	Ownership %

OWNER QUESTIONNAIRE

Does any principal of the business have delinquent and/or past due child support? If yes, please provide a letter of explanation.

Yes or No

Has the business, or any principals of the business, been involved in bankruptcy? If yes, please provide a copy of the bankruptcy documents and letter of explanation.

Yes or No

Is the business, or any principals of the business, currently involved in lawsuit or pending litigation? If yes, please provide a letter of explanation.

Yes or No

Has the business, or any principals of the business, received previous government financing? (SBA, Rural Development, VA, FHA, PPP, EIDL, etc.) If yes, please complete the following:

Yes or No

Borrower Name	Federal Source	Loan Number	Original Balance	Current Balance	Monthly Payment	Interest Rate	Status

Have you applied for financing for this project outside of REI Oklahoma? If yes, please provide details.

Yes or No



AUTHORIZATION TO RELEASE INFORMATION

I/We hereby authorize the release to Rural Enterprises of Oklahoma, Inc. of any and all information they may require at any time for any purpose related to our credit transaction with them including but not limited to all information which I/we provide to the Certified Development Company and the Certified Development Company acquires with request to my/our loan application. We further authorize Rural Enterprises of Oklahoma, Inc. to release such information to any entity it deems necessary for any purpose related to our credit transaction with them.

I/We hereby certify that the enclosed information (plus any attachments or exhibits) is valid and correct to the best of my/our knowledge.

Name of Applicant _____

Signature of Applicant _____

Date _____

Name of Applicant _____

Signature of Applicant _____

Date _____

Name of Applicant _____

Signature of Applicant _____

Date _____

Name of Applicant _____

Signature of Applicant _____

Date _____

STATISTICAL INFORMATION

The U.S. Small Business Administration (SBA) has requested that we obtain the following information for statistical purposes only. Please check all that apply:

Business Owned By: Female (100%) Female (51%) Male (100%) Male (51%)

Veteran Status: Non-Veteran Vietnam-era Veteran Other Veteran

Race/Ethnicity: Black Hispanic Puerto Rican Asian/Pacific Islander
 Eskimo/Aleuts American Indian Multi Group White

Number of Female Employees _____ Number of Minority employees _____

As of the date of this application, your combined household income is: \$ _____
Number of people in your household: _____

Please indicate below how you became aware of our loan programs:

REI Oklahoma Website/Marketing	Internet Search
Bank/Organization _____	Social Media
Referral	Personal Referral, by whom _____
Other	_____

NOTICE

IMPORTANT INFORMATION ABOUT IDENTIFICATION PROCEDURES WHEN OBTAINING A 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 SBA 504 loan.

What this means to you: When you apply for a SBA 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.

CAIVRS Disclosure Form

I have received financial support from REI Oklahoma and/or US Small Business Administration. I understand that a report will be acquired prior to approval of the SBA loan to determine eligibility for SBA financing. This report is the Credit Alert Verification Reporting System (CAIVRS) to determine if any of the individuals or businesses have outstanding Delinquent Federal Debt or Prior Loss caused to the federal government. I also understand that if the small business defaults on the SBA-guaranteed loan and SBA suffers a loss, the names of the small business and the guarantors of the SBA-guaranteed loan will be referred for listing in the CAIVRS database, which may affect their eligibility for further financial assistance.

Borrower Name: _____

Signature: _____

Borrower Name: _____

Signature: _____

Borrower Name: _____

Signature: _____

Borrower Name: _____

Signature: _____

Borrower Name: _____

Signature: _____

START-UP BUSINESS/ACQUISTION QUESTIONNAIRE:

Brief Transaction Description

Who will be running the business once the purchase is complete? *(Discuss which owner(s) will be running the business and their responsibilities)*

Will the new owner(s) maintain his/her current employment? *(Discuss if the new owner(s) will maintain their current employment, will the time be split between current employment & new business or committed 100% of the time on the new business)*

If a salary will be drawn from the business, what is the expected salary for the new owner(s)?

If franchise, will the new owner(s) attend a franchise training and for how long?

Will the new owner(s) have a key employee that will help run the business? *(Please provide name and responsibilities for the Key employee)*

OWNER / MANAGEMENT RESUME

Please fill in all spaces. Use full first, middle, last and maiden names, no initials. If an item is not applicable, please indicate so. You may include additional relevant information on a separate exhibit. Sign and date where indicated.

Name _____ SS# _____
 First Middle Maiden Last

Date of Birth _____ Place of Birth _____

Residence Phone _____ Business Phone _____ Fax _____

Residence Address _____
 Street City State Zip

Previous Address _____
 Street City State Zip

Lived there from _____ to _____
 Month and Year Month and Year

Spouse's Name _____ SS# _____
 First Middle Last

Are you a U.S. Citizen? Yes No If no, provide Alien Registration Number _____

Have you ever been charged with or convicted of any criminal offense other than a misdemeanor involving a motor vehicle violation? Yes ____ No ____ If yes, furnish details in a separate exhibit.

Are you involved in any lawsuit at this time or have you ever filed for personal bankruptcy protection?
Yes ____ No ____ If yes, furnish details in a separate exhibit.

Have you ever obtained credit under any other name(s)? Yes ____ No ____ If yes, furnish details in a separate exhibit.

EDUCATION:

College or Technical Training (Name and Location)	Dates Attended From/To	Degree or Major Certificate
_____	_____	_____
_____	_____	_____

WORK EXPERIENCE: (List chronologically, beginning with present employment)

Company Name/Location _____
From _____ To _____ Title _____
Duties and Responsibilities _____

Company Name/Location _____
From _____ To _____ Title _____
Duties and Responsibilities _____

Company Name/Location _____
From _____ To _____ Title _____
Duties and Responsibilities _____

BUSINESS DEBT SCHEDULE

COMPANY NAME _____

DATE: _____

(Same as Interim Balance Sheet)

*This schedule should include loans for contracts/notes payable, lines of credit, credit cards, mortgages, **not** accounts payable or accrued liabilities.*

CREDITOR Name/Address	ORIGINAL DATE	ORIGINAL AMOUNT	TERM OR MATURITY DATE	PRESENT BALANCE	INTEREST RATE	MONTHLY PAYMENT	COLLATERAL OR SECURITY	WHAT WAS LOAN FOR?
TOTAL PRESENT BALANCE (Total must agree with balance shown on Interim Balance Sheet)								

Signature _____ Date _____

BREAKDOWN OF WORKING CAPITAL

Accounting/Legal				\$
Advertising/Marketing				\$
Business Insurance				\$
Dues & Subscriptions				\$
Employee Wages				\$
Licenses/Permits				\$
Office Expense				\$
Rent - Building				\$
Rent - Equipment				\$
Supplies				\$
Telephone				\$
Utilities				\$
Vendor Fees				\$
Other				\$
Other				\$
Other				\$
TOTAL	\$	\$	\$	\$

Three Year Projection

	Year One	Year Two	Year Three
Sales			
COGS			
Gross Profit			
Expenses:			
Owner Withdrawals			
Employee Wages			
Accounting & Legal Fees			
Advertising			
Rent			
Supplies			
Utilities/Phone/Internet			
Taxes/Licenses			
Interest			
Repairs & Maintenance			
Insurance			
Software/Subscriptions			
Miscellaneous			
Total Expenses			
Net Profit			



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
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<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
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<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: ___ Corporation ___ S-Corp. ___ LLC ___ Partnership ___ Sole Proprietor (does not apply to ODA applicant)	

This information is current as of [month/day/year]
 (within 90 days of submission for 7(a)/504/SBG/ODA/WOSB or within 30 days of submission for 8(a) BD)

WOSB applicant only, Married ___ Yes ___ No

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



United States of America
SMALL BUSINESS ADMINISTRATION
STATEMENT OF PERSONAL HISTORY

Please Read Carefully and Fully Complete: SBA uses Form 912 as one part of its assessment of program eligibility. Please reference SBA Regulations and Standard Operating Procedures if you have any questions about who must submit this form and where to submit it. For further information, please call SBA's Answer Desk at 1-800-U-ASK-SBA (1-800-827-5722), or check SBA's website at www.sba.gov. **DO NOT SEND COMPLETED FORMS TO OMB as this will delay the processing of your application; send forms to the address provided by your lender or SBA representative.**

1a. Name and Address of Applicant (Firm Name)(Street, City, State, ZIP Code and E-mail) _____
SBA District/Disaster Area Office

Amount Applied for (when applicable) _____ File No. (if known) _____

1b. Personal Statement of: (State name in full, if no middle name, state (NMN), or if initial only, indicate initial.) List all former names used, and dates each name was used. Use separate sheet if necessary.

First _____ Middle _____ Last _____

2. Give the percentage of ownership in the small business _____ Social Security No. _____

3. Date of Birth (Month, day, and year) _____

4. Place of Birth: (City & State or Foreign Country) _____

If applicable, Name and Address of participating lender or surety co. _____

5. U.S. Citizen? YES NO **INITIALS:** _____
If no, are you a Lawful Permanent resident alien? YES NO Alien Registration number _____
If no, country of citizenship: _____

6. Present residence address:
From: _____
To: _____
Address: _____

Home Telephone No. (Include Area Code): _____
Business Telephone No. (Include Area Code): _____

Most recent prior address (omit if over 10 years ago):
From: _____
To: _____
Address: _____

PLEASE SEE REVERSE SIDE FOR EXPLANATION REGARDING DISCLOSURE OF INFORMATION AND THE USES OF SUCH INFORMATION.

YOU MUST INITIAL YOUR RESPONSES TO QUESTIONS 5,7,8 AND 9.

IF YOU ANSWER "YES" TO 7, 8, OR 9, YOU MUST FURNISH DETAILS ON A SEPARATE SHEET. INCLUDE DATES, LOCATION, FINES, SENTENCES, MISDEMEANOR OR FELONY, DATES OF PAROLE/PROBATION, UNPAID FINES OR PENALTIES, NAME(S) UNDER WHICH CHARGED, AND ANY OTHER PERTINENT INFORMATION. AN ARREST OR CONVICTION RECORD WILL NOT NECESSARILY DISQUALIFY YOU; HOWEVER, AN UNTRUTHFUL ANSWER WILL CAUSE YOUR APPLICATION TO BE DENIED AND SUBJECT YOU TO OTHER PENALTIES AS NOTED BELOW.

7. Are you presently subject to an indictment, criminal information, arraignment, or other means by which formal criminal charges are brought in any jurisdiction?
 Yes No **INITIALS:** _____

8. Have you been arrested in the past six months for any criminal offense?
 Yes No **INITIALS:** _____

9. 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).
 Yes No **INITIALS:** _____

10. I authorize the Small Business Administration to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for programs authorized by the Small Business Act and the Small Business Investment Act.

CAUTION - PENALTIES 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, surety bond, or other program participation. A false statement is punishable under 18 USC 1001 and 3571 by imprisonment of not more than five years and/or a fine of up to \$250,000; under 15 USC 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, under 18 USC 1014 by imprisonment of not more than thirty years and/or a fine of not more than \$1,000,000.

Signature _____ Title _____ Date _____

Agency Use Only

11. Fingerprints Waived _____ Date _____ Approving Authority _____
 Fingerprints Required _____ Date _____ Approving Authority _____
Date Sent to OPS _____

12. Cleared for Processing _____ Date _____ Approving Authority _____
13. Request a Character Evaluation _____ Date _____ Approving Authority _____
(Required whenever 7, 8 or 9 are answered "yes" even if cleared for processing.)

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. Current name			2a. Spouse's current name (if joint return and transcripts are requested for both taxpayers)		
i. First name	ii. Middle initial	iii. Last name/BMF company name	i. Spouse's first name	ii. Middle initial	iii. Spouse's last name
1b. First taxpayer identification number (see instructions)			2b. Spouse's taxpayer identification number (if joint return and transcripts are requested for both taxpayers)		
1c. Previous name shown on the last return filed if different from line 1a			2c. Spouse's previous name shown on the last return filed if different from line 2a		
i. First name	ii. Middle initial	iii. Last name	i. First name	ii. Middle initial	iii. Last name
3. Current address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)					
a. Street address (including apt., room, or suite no.)		b. City	c. State	d. ZIP code	
4. Previous address shown on the last return filed if different from line 3 (see instructions)					
a. Street address (including apt., room, or suite no.)		b. City	c. State	d. ZIP code	
5a. IVES participant name, ID number, SOR mailbox ID, and address					
i. IVES participant name		ii. IVES participant ID number	iii. SOR mailbox ID		
iv. Street address (including apt., room, or suite no.)		v. City	vi. State	vii. ZIP code	
5b. Customer file number (if applicable) (see instructions)			5c. Unique identifier (if applicable) (see instructions)		
5d. Client name, telephone number, and address (this field cannot be blank or not applicable (NA))					
i. Client name REI Oklahoma			ii. Telephone number 800.658.2823		
iii. Street address (including apt., room, or suite no.) 2912 Enterprise Drive		iv. City Durant	v. State OK	vi. ZIP code 74701	

Caution: This tax transcript is being sent to the third party entered on Line 5a and/or 5d. 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 for line 6 transcripts

a. Return Transcript b. Account Transcript c. Record of Account

7. Wage and Income transcript (W-2, 1098-E, 1099-G, etc.)

a. Enter a max of three form numbers here; if no entry is made, all forms will be sent.

b. Mark the checkbox for taxpayer(s) requesting the wage and income transcripts. If no box is checked, transcripts will be provided for all listed taxpayers

Line 1a Line 2a

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, if applicable, line 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; however, if both spouses' names and TINs are listed in lines 1a-1b and 2a-2b, both spouses must sign the request. 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 above attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-C. See instructions.

Sign Here	Signature for Line 1a (see instructions)		Date	Phone number of taxpayer on line 1a or 2a
	<input checked="" type="checkbox"/> Form 4506-C was signed by an Authorized Representative		<input type="checkbox"/> Signatory confirms document was electronically signed	
	Print/Type name			
	Title (if line 1a above is a corporation, partnership, estate, or trust)			
	Spouse's signature (required if listed on Line 2a)			Date
	<input type="checkbox"/> Form 4506-C was signed by an Authorized Representative		<input type="checkbox"/> Signatory confirms document was electronically signed	
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 includes the Client company requesting transcripts and increased the number of Wage and Income transcripts requests.

General Instructions

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

Designated Recipient Notification. 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. 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
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 1a/2a (if spouse is also requested). For IMF Requests: Enter the First, Middle Initial, and Last Name in the indicated fields. If all characters will not fit, please enter up to 12 for First name and 22 for Last name. For BMF Requests: Enter the company name in the Last Name field. If all characters will not fit, please enter up to 22.

Line 1b/2b (if spouse is also requested). Enter the social security number (SSN) or individual taxpayer identification number (ITIN) for the individual listed on line 1a including the dashes in the correct format, or enter the employer identification number (EIN) for the business listed on line 1a including the dashes in the correct format.

Line 1c/2c (if spouse is also requested). Enter your previous name as shown on your last filed tax return if different than line 1a.

Line 3. Enter your current address in the indicated fields. If you use a P.O. Box, include it and the number in the Current Address field.

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.

Line 5c. Enter up to 10 alpha-numeric characters to create a unique identifier that will show in the mailbox file information. The unique identifier cannot contain an SSN, ITIN or EIN. Completion of this line is not required.

Note. If you use an SSN, we will not input the information and the customer file number or unique identifier will reflect a generic entry of "9999999999".

Line 5d. Enter the Client company name, address, and phone number in the indicated fields. A Client company receives the requested tax transcripts from the IVES participant. If the IVES participant is also the Client company, the IVES participant information should be entered on Line 5a and 5d. These fields cannot be blank or Not Applicable (NA).

Line 6. Enter only one tax form number (1040, 1065, 1120, etc.) per request for all line 6 transcripts request types.

Line 6a. Return Transcript 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-H, Form 1120-L, and Form 1120-S. Return transcripts are available for the current year and returns processed during the prior 3 processing years.

Line 6b. Account Transcript 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.

Line 6c. Record of Account 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.

Line 7. The IRS can provide a transcript that includes data from these information returns: Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript. Enter up to three information return types. If no specific type is requested, all forms will be provided. 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, Form W-2 information for 2016, filed in 2017, will likely not be available from the IRS until 2018. If you need Form W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213.

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.



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.

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

Authorized Representative: A representative can sign Form 4506-C for a taxpayer if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 5a, and Form 2848 is attached to the Form 4506-C request. 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. If Form 4506-C is signed by a representative, the Authorized Representative check box must be marked.

Electronic Signature: Only IVES participants that opt in to the Electronic Signature usage can accept electronic signatures. Contact the IVES participant for approval and guidance for electronic signatures. If the Form 4506-C is signed electronically, the Electronic Signature check box must be marked.

Individuals. Transcripts listed on line 6 may be furnished to either spouse if jointly filed. Signatures are required for all taxpayers listed on Line 1a and 2a.

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.

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

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. 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.

BORROWER'S/SELLER'S CONSENT:

In order to comply with Section 2202 of the Taxpayer First Act (P.L. 116-25), SBA Lenders submitting an IRS Form 4506-T must obtain the borrower's and seller's (as applicable) written consent to the use of the tax return transcript(s) for the purpose of compliance with SBA Loan Program Requirements, including verification of financial information, verification of tax return filing, and verification of tax return information. Additionally, SBA Lenders must obtain the borrower's and seller's (as applicable) written permission for the SBA Lender to share the tax return transcript(s) with SBA and its agents for the purpose of compliance with SBA Loan Program Requirements, including discrepancy resolution, lender oversight activities, purchase reviews, complete file reviews, and other SBA reviews.

Signature

Date

Signature

Date

Environmental Questionnaire

CDC Name _____

Applicant Name _____

OC Name(s) (If applicant is an EPC) _____

SBA 504 Loan Number (If assigned) _____

SBA 504 Loan Name (If assigned) _____

PART I - COLLATERAL PROPERTY

Address: _____

Current Owner: _____

Current Operator of site (if different from current Owner): _____

1. Past and Present Uses of Collateral Property:

a. Past use(s):

(1) Did the past use(s) of the property involve an environmentally sensitive industry? *(If yes, then list NAICS code(s) from SOP 50-10(5) Appendix 4)*

b. Present use:

(1) Does the present use of the property involve an environmentally sensitive industry? *(If yes, then list NAICS code(s) from SOP 50-10(5) Appendix 4)*

2. Hazardous Substances at Collateral Property:

a. If the property is being used for the storage, generation, treatment, emission or disposal of hazardous substances, then list what hazardous substance(s) *(otherwise, mark N/A)*:

(1) If yes, are all permits current for the storage, generation, treatment, emission or disposal of hazardous substances at the property? *(if permits are not current, please explain)*

b. List any other hazardous substances identified, either in the past or present, as being at, on, in, into, under, above, from or about the property *(if none, mark N/A)*:

Environmental Questionnaire

3. Evidence of Contamination at Collateral Property: Is there any evidence of contamination at the property? *(If yes, please explain)*

4. Potential Sources of Contamination at Collateral Property: Are there potential sources of contamination¹ at the property? *(If yes, please explain)*

5. Past Evidence of Contamination at Collateral Property: Does the borrower, seller or CDC know of any past evidence of contamination or sources of contamination at the property? *(If yes, please explain)*

6. Lawsuits or Administrative Proceedings for Release of Hazardous Substances at Collateral Property: Does the borrower, seller or CDC know of any past, threatened or pending lawsuits or administrative proceedings concerning a release or threatened release of hazardous substances at the property? *(If yes, please explain)*

7. Regulatory Actions by Governmental Entity Involving Collateral Property: Are there, or have there been, any regulatory actions by any governmental entity for environmental conditions at the property? *(If yes, please explain)*

8. Previous Environmental Risk Studies of Collateral Property: Are there any previously performed environmental risk studies pertaining to the property? *(If yes –please attach copies)*

¹ Sources of contamination may include, but are not limited to, the following: (1) damaged or discarded automotive or industrial batteries; (2) pesticides, paints or other chemicals stored in individual containers greater than 5 gallons in volume or 50 gallons in the aggregate; (3) chemicals in industrial drums or sacks; (4) pits, ponds or lagoons used for waste disposal or storage; (5) fill dirt from a contaminated or unknown source; (6) underground or aboveground storage tanks; (7) vent pipes, fill pipes or access ways indicating a fill pipe protruding from the ground; (8) flooring drains or walls within a facility that are stained by substances other than water and/or are emitting noxious odors; (9) clarifiers, pits or sumps; (10) dry wells.

Environmental Questionnaire

9. Lead-Based Paint, Asbestos or PCBs at Collateral Property: Is lead-based paint, asbestos or polychlorinated biphenyls (PCBs) present at the property? *(If yes, please explain)*

Owner's remarks:

Owner's signature:

Date:

Operator of site's remarks:

Operator of site's signature:

Date:

Environmental Questionnaire

PART II – ADJOINING PROPERTY(IES)

The following must be completed for each adjoining property the border of which is shared in part or in whole with the Collateral Property, or that would be shared in part or in whole with the Collateral Property but for a street, road, or other public thoroughfare separating the properties. If needed, make additional copies of pages 4-5 for each adjoining property.

Address: _____

Location in relation to Collateral Property: _____

Current Owner: _____

Current Operator of site (if different from current Owner): _____

1. Past and Present Uses of Adjoining Property:

a. Past use(s):

(1) Did the past use(s) of the property involve an environmentally sensitive industry? *(If yes, then list NAICS code(s) from SOP 50-10(5) Appendix 4)*

b. Present use:

(1) Does the present use of the property involve an environmentally sensitive industry? *(If yes, then list NAICS code(s) from SOP 50-10(5) Appendix 4)*

2. Hazardous Substances at Adjoining Property:

a. If the property is being used for the storage, generation, treatment, emission or disposal of hazardous substances, then list what hazardous substance(s) *(otherwise, mark N/A)*:

(2) If yes, are all permits current for the storage, generation, treatment, emission or disposal of hazardous substances at the property? *(if permits are not current, please explain)*

b. List any other hazardous substances identified, either in the past or present, as being at, on, in, into, under, above, from or about the property *(if none, mark N/A)*:

Environmental Questionnaire

3. Evidence of Contamination at Adjoining Property: Is there any evidence of contamination at the property? *(If yes, please explain)*
4. Potential Sources of Contamination at Adjoining Property: Are there potential sources of contamination¹ at the property? *(If yes, please explain)*
5. Past Evidence of Contamination at Adjoining Property: Does the borrower, seller or CDC know of any past evidence of contamination or sources of contamination at the property? *(If yes, please explain)*
6. Lawsuits or Administrative Proceedings for Release of Hazardous Substances at Adjoining Property: Does the borrower, seller or CDC know of any past, threatened or pending lawsuits or administrative proceedings concerning a release or threatened release of hazardous substances at the property? *(If yes, please explain)*
7. Regulatory Actions by Governmental Entity Involving Adjoining Property: Are there, or have there been, any regulatory actions by any governmental entity for environmental conditions at the property? *(If yes, please explain)*

¹ Sources of contamination may include, but are not limited to, the following: (1) damaged or discarded automotive or industrial batteries; (2) pesticides, paints or other chemicals stored in individual containers greater than 5 gallons in volume or 50 gallons in the aggregate; (3) chemicals in industrial drums or sacks; (4) pits, ponds or lagoons used for waste disposal or storage; (5) fill dirt from a contaminated or unknown source; (6) underground or aboveground storage tanks; (7) vent pipes, fill pipes or access ways indicating a fill pipe protruding from the ground; (8) flooring drains or walls within a facility that are stained by substances other than water and/or are emitting noxious odors; (9) clarifiers, pits or sumps; (10) dry wells.