



**PERSONAL FINANCIAL STATEMENT**

**8(a) Business Development Program**

U.S. SMALL BUSINESS ADMINISTRATION

As of \_\_\_\_\_, \_\_\_\_\_

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:

<b>Mail to the following address, if your firm is located in MA, ME, NH, CT, VT, RI, NY, PR (Puerto Rico), VI (US Virgin Islands), NJ, PA, MD, VA, WV, DC, DE, GA, AL, NC, SC, MS, FL, KY, TN</b>	<b>Mail to the following address, if your firm is located in IL, OH, MI, IN, MN, WI, TX, NM, AR, LA, OK, MO, IA, NE, KS, CO, WY, ND, MT, UT, SD, CA, HI, GU (GUAM), NV, AZ, WA, AK, ID, OR</b>
US Small Business Administration DPCE Central Office Duty Station Parkview Towers 1150 First Avenue 10th Floor, Suite 1001 King of Prussia, PA 19406	US Small Business Administration Division of Program Certification and Eligibility 455 Market Street, 6th Floor San Francisco, CA 94105

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

<b>Name</b>	<b>Business Phone</b>
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<b>Home Address</b>	<b>Home Phone</b>
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<b>City, State, &amp; Zip Code</b>
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<b>Business Name of Applicant/Borrower</b>
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ASSETS	(Omit Cents)	LIABILITIES	(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 4)		Installment Account (Auto).....	\$ _____
Roth..... (Describe in Section 4).....	\$ _____	Mo. Payments \$ _____	
Accounts & Notes Receivable.....	\$ _____	Installment Account (Other).....	\$ _____
(Describe in Section 5)		Mo. Payments \$ _____	
Life Insurance – Cash Surrender Value Only.....	\$ _____	Loan(s) Against Life Insurance.....	\$ _____
(Describe in Section 8)		Mortgages on Real Estate.....	\$ _____
Stocks and Bonds.....	\$ _____	(Describe in Section 4)	
(Describe in Section 3)		Unpaid Taxes.....	\$ _____
Real Estate.....	\$ _____	(Describe in Section 6)	
(Describe in Section 4)		Other Liabilities.....	\$ _____
Automobiles.....	\$ _____	(Describe in Section 7)	
(Describe in Section 5, and include		Total Liabilities.....	\$ _____
Year/Make/Model)		Net Worth.....	\$ _____
Other Personal Property.....	\$ _____		
i.e. Such as boat, jewelry, etc. (Describe in Section 5)		<b>Total</b>	<b>\$ _____</b>
Other Assets.....	\$ _____	*Must equal total in assets column.	
(Describe in Section 5)			
Mutual Funds (Describe in Section 3)			
Applicant's Business Equity.....	\$ _____		
Equity in other firms.....	\$ _____		
<b>Total</b>	<b>\$ _____</b>		

<b>Section 1. Source of Income.</b>	<b>Contingent Liabilities</b>
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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.....	\$ _____

\*Alimony or child support payments should not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.

**Description of Other Income in Section 1.**

**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, Bonds and Mutual Funds.** (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-Primary Residence	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 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 "Current" cash surrender value of policies – name of insurance company & Beneficiaries.)

I authorize the SBA to make inquiries as necessary to verify the accuracy of the statements. **CERTIFICATION:** (to be completed by person submitting the information requested on this form)

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 will rely on this information when making decisions regarding an application for 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 APPLICANTS OR PARTICIPANTS IN THE 8(a) BD 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:** 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.