

United States of America

Please Read Carefully - Print or Type

Each member of the small business concern or the development company requesting assistance must submit this form in TRIPLICATE for filling with the SBA application. This form must be filled out and submitted by:

Nar	SMALL BUSINESS ADMINISTRATION STATEMENT OF PERSONAL HISTORY lame and Address of Applicant (Firm Name)(Street, City, State, and ZIP Code)			 If a sole proprietorship by the proprietor. If a partnership by each partner. If a corporation or a development company, by each officer, director, and additionally by each holder of 20% or more of the voting stock. Any other person including a hired manager, who has authority to speak for and commit the borrower in the management of the business. SBA District/Disaster Area Office 	
				Amount Applied for (when applicable)	File No. (if known)
1.	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.			Name and Address of participating lender of	or surety co. (when applicable and known)
	First	Middle	Last		
				2. Date of Birth (Month, day, and year)	
				3. Place of Birth: (City & State or Foreign	Country)
4.	Give the percentage of ownership to be owned in the small busines		Social Security No.	U.S. Citizen? YES NO	
	Development Company		If no, give alien registration number:		
5.	Present residence address:			Most recent prior address (omit if over 10 y	rears ago):
	From:			From:	
	To: Address:			To: Address:	
PE AS AS ST	ERSON'S BEHAVIOR, INTEG SSISTANCE NOT IN THE BE SSISTANCE WILL BE TO EI [ATES. HEREFORE, IT IS IMPORT.	A/C): TO PROVIDE ASSERITY, CANDOR, SET INTEREST ON NCOURAGE OR	AND DISPOSITION TOWAR F THE UNITED STATES; FO SUPPORT, DIRECTLY OR I	D CRIMINAL ACTIONS. IT IS ALSO DR EXAMPLE, IF THERE IS REASO NDIRECTLY, ACTIVITIES HARMFU S BE ANSWERED TRUTHFULLY A	FORE, CONSIDERATION IS GIVEN TO A AGAINST SBA'S POLICY TO PROVIDE N TO BELIEVE THE EFFECT OF SUCH L TO THE SECURITY OF THE UNITED AND COMPLETELY. AN ARREST OR ILL CAUSE YOUR APPLICATION TO BE
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Please Note: The estimated burden for completing this form is 15 minutes per response. You will not be required to respond to this information if a valid OMB approval number is not displayed. If you have questions or comments concerning this estimate or other aspects of this information collection, please contact the U.S. Small Business Administration, Chief, Administrative Information Branch, Washington, D.C. 20416 and/or Office of Management and Budget, Clearance Officer, Paperwork Reduction Project.



Date Sent to OIG