Loan Partner Source Code:	Participating Bank Partner Code:
Counselor Name:	_ SBA District Office:
Counselor Phone:	_ Fax: Email:
LOAN PURPOSE:	
(For businesses in operation less than 24 months, Borrower funds must be at least 10% of business' total Capital Needs)	Loan Amount Requested: \$
COMPANY NAME & ADDRESS	
Business Name:	dba:
EIN Number:	
Physical Address of Business:	Mailing Address if different from Physical Address:
Street Address, Suite Number	Street Address, Suite Number
City, County	City, County
State, Zip	State, Zip
Date Business Moved to This Location:	Business Website Address:
Phone:	Fax:
Cell Phone:	E-Mail:
GENERAL BUSINESS	
Type of Business Entity:	Nature of Business: (Describe your business: ie. Auto Repair Shop, Barber Shop, etc.)
NAICS Code: Du	ıns Number:
When did the business begin operations?	(Existing Business with D&B Number) ———— How long have you owned the business? ———————————————————————————————————
· ·	You Will Create: Number of Jobs Retained:
	d or do you plan to begin exporting as result of this loan? □ yes □ no
	n will support: \$ Is your business a Start-Up? □ yes □ no
Is your Business a Franchise? □ves □no	

CONTACT INFORMATION			
Name of Contact		itle	Phone Number
Is Contact Person an Owner of Busin		inc.	□ yes □ no
COMPANY FINANCIAL INFOR	MATION		
Actual Gross Sales Last Year: \$	Actu	ıal Gross Sales Previou	ıs Year 1: \$
Actual Gross Sales Previous Year 2: \$	Is Y	our Business a	or Profit or 🗖 Not-For Profit
Do you plan to purchase an existing land (Note, loan funds may not be used to purchase a bus			□ yes □ no
How many people either own at least	20% of this business, or are	Officers, Directors or	Managers of the Business?
Are the products and/or services of th	e Applicant business available	e to the general public	? □ yes □ no
Has this business ever filed for Bankr	uptcy Protection or Receiver	ship?	□ yes □ no
If YES, When:			
Does any Officer, Manager, Director more of another business?	or Owner of 20% or more of	f the applicant busines	ss, own 20% or □ yes □ no
Does any Officer, Manager, Director position as Officer, Manager, Directo		* *	ss, hold a □ yes □ no
1)Business Name	Officer/Owner Na	те	Percentage of Ownership
Number of Employees	Gross Sales Last Year	Gross Previous Year	Gross Two Years Ago
Business Name	Officer/Owner Na	Percentage of Ownership	
Number of Employees	Gross Sales Last Year	Gross Previous Year	Gross Two Years Ago
3)Business Name	Officer/Owner Na	me	Percentage of Ownership
Number of Employees	Gross Sales Last Year	Gross Previous Year	Gross Two Years Ago

PRINCIPAL INFORMATION (Must be completed by all owners of 20% or more and all officers, directors and/or managers of the business) Social Security Number: ______ Date of Birth: _____ Middle Name : (Mr./Mrs./Ms./Dr.) First Name (Jr./Sr.) Last Name Home Phone: _____ Work Phone: ____ E-Mail: ____ Place of Birth: City: _____ State: ____ Country: ____ What % of the Business do you own? _____ What is your title in the Business? _____ □ ves □ no Are you a US Citizen? If NO, Do You Have a Legal Permanent Resident Card Issued Through the US Department of Homeland Security? □ yes □ n o Alien Registration Number: ______ Please attach a copy of the front and back of the card. **CURRENT RESIDENCE INFORMATION** PRIMARY RESIDENCE: PRIMARY MAILING ADDRESS: Street Address, Apt or Unit # Street Address, Apt or Unit # City, County, State, Zip City, County, State, Zip Residence Type: (Own, Rent, Military Housing, Live with Relatives) Annual Household Income: \$ (Must be verifiable through IRS) Date Moved to this location: Amount of Mo. Rent or Mortgage Payment: \$_____ PRINCIPAL INFORMATION Race*: □Amer.Ind./Alaska Native □ Black/Afr.Amer. □ Asian □ Native Haw./Pacific Islander □ White.Cauc. Ethnicity*: □ Hisp./Latino □ Not Hisp./Latino *This data is collected for statistical purposes only. It has no bearing on the credit decision. Disclosure is voluntary One or more boxes for race may be selected. Are you a Veteran of the United States Armed Forces? □ yes □ no If yes, was service between June 1964 and August 1973? □ yes □ no Are you a service disabled Veteran? □ yes □ no Are you a member of the Reserve or National Guard? □ yes □ no Are you Active Duty TAP or within one year of retirement? □ yes □ no Are you a spouse of any of the above? □ yes □ no Are you a widow/widower of a service member who died in service or of a service related disability? □ yes □ no

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PRINCIPAL INFORMATION (Must be completed by all owners of 20% or more and all officers, directors and/or managers of the business)

Prefix: (Mr./Mrs./Ms./Dr.)	First Name	Middle Name	Last Nam	ne	(Jr./Sr.)
Are you presently under indict	ment, on parole, or on	probation?		□ ye	es 🗆 no
Have you ever been charged w (including offenses which have		criminal offense other than a mir arged, or nolle prosequi)?	nor vehicle violat		es 🗆 no
		ersion, or placed on any form of pminal offense other than a minor			es 🗆 no
Has an application for the loan	you are applying for	now been submitted to SBA unde	er any program?	□ ye	es 🗆 no
		disbarment, declared ineligible, o y Federal department or agency?	or voluntarily	□ ye	es 🗆 no
any obligation to pay child sup	pport arising under an and a custodial parent	business, are you more than 60 d administrative order, court order , or repayment agreement betwee vices?	repayment	d a	es □ no
If 'YES' to <u>any of the ABOVE</u> Standard Operating Procedure	_	ion may not be eligible for proces ss Loan Program.	ssing under Celt	ic Bank (Corp.
		icant where there is any appearar lowing questions. If "false" is che			
		member of the employee's housel r debtor, or has a financial interes	st in the	1 True	□False
attorney, agent, creditor or deb No individual currently involv	otor, or has a financial ed in a Small Business he individual's househ	Development Center program, the old is an employee, officer, director	he individual's or, attorney,	True True	□False □False
a close relative or household m	ember of such an indi	employee of the legislative or judic vidual) is a sole proprietor, genera r, or has a financial interest in the	al partner, officer	r, 1 True	□False
relative or household member	of such an individual)	ry Council or a SCORE volunteer is a sole proprietor, general partn r, or has a financial interest in the	er, officer,	1 True	□False
a close relative or household m	ember of such an indi	certified development company ovidual) is a sole proprietor, general, or has a financial interest in the	al partner, officer		□False
		ctors have a significant financial is n packaging SBA loans for at least	t two years] True	□False
government employee or a Ma	jor or Lieutenant Com ed to the Lender a stat	ny Associate's household is a GS-1 nmander or higher in the military, ement of no objection by the per	the small tinent] True	□False

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PRINCIPAL INFORMATION (Must be completed by all owners of 20% or more and all officers, directors and/or managers of the business)

THE THE THE ORIGINAL TOTAL (Must be completed by all owners of 20% of more and all officers, directors and/or managers of the	ousiness)
Prefix : (Mr./Mrs./Ms./Dr.) First Name Middle Name Last Name	(Jr./Sr.)
Do you own/control 20% or more of another business(es)? Name of the Business(es):	□ yes □ no
Nature of this Business(es):	
Have you, the business, or its affiliates ever requested government financing?	□ yes □ no
If Yes, is any of the financing currently delinquent?	□ yes □ no
Did any of this financing ever default and cause a loss to the government?	□ yes □ no
Have you, the business, or its affiliates had a previous SBA loan? (#of loans)	□ yes □ no
If yes, is the loan either current or paid in full? (Lenders names: Remaining Balance)	□ yes □ no
Have you ever filed for Bankruptcy Protection or Receivership? If YES, When:	□ yes □ no
Are you or the business currently involved in any pending lawsuits?	□ yes □ no
Did you commit to pay or have you paid anyone (including the lender) to assist you in either obtaining this loan (such as a broker, consultant or referral agent) or in preparing the application or application materials for this loan (such as a loan packager)?	□ yes □ no
Will more than \$10,000 of the loan proceeds be used for construction?	□ yes □ no
I agree that all SBA loan proceeds will be used only for business related purposes as specified in the loan and, to the extent feasible, to purchase only American-made equipment and products.	•
I realize that the penalty for knowingly making a false statement or overvaluing security to obtain a guara from SBA is that I may be fined up to \$10,000 and/or be put in jail for up to 5 years under 18 USC \$10 submitted to a Federally insured institution, I may be fined up to \$1,000,000 and/or be put in jail for up under 18 USC \$1014.	001 and if
I authorize the SBA Office of Inspector General to request criminal record information about me from caugencies for the purpose of determining my eligibility for programs authorized by the Small Business Act	
I authorize Celtic Bank Corporation to release and otherwise share credit, loan, financial, and other inforwith my SBA Approved Technical Assistance Provider, and likewise, for my Technical Assistance Provider otherwise share credit, loan, financial and other information with Celtic Bank Corporation.	
By signing below, you certify that all the information you've given with this application is true and compleauthorize Celtic Bank to verify all your statements with any source, obtain credit and employment history spouse's, if you live in a community property state) and exchange information with others about your creaccount experience with Celtic Bank. You agree to provide additional information that Celtic Bank may reprocess this application, including but not limited to true and complete federeal income tax returns, employerification and income verification.	, (including dit and equire to

OHIO APPLICATION DISCLOSURE

Made pursuant to Ohio Revised Code Section 4112.021

IMPORTANT

DO NOT SIGN THIS FORM UNTIL YOU CAREFULLY READ IT AND UNDERSTAND ITS CONTENT

The Ohio laws against discrimination require that all creditors make credit equally available to all credit worthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio civil rights commission administers compliance with this law.

BY SIGNING BELOW, WE ACKNOWLEDGE THAT WE I	HAVE READ, RECEIVED, AND UNDERSTAND
THIS APPLICATION DISCLOSURE. THIS DISCLOSURE	IS DATED:
APPLICANT:	
X	X
Applicant	Co-Applicant

	CERTIFICATION OF FIN		
Name:			
	S:		
):		
Celtic Bank to live in a common Celtic Bank. Y	low, you certify that all the information you've give verify all your statements with any source, obtainmunity property state) and exchange information you agree to provide additional information that Cd to true and complete federal income tax returns, expenses the state of the	n credit and employment history, (including sp with others about your credit and account ex Celtic Bank may require to process this application	pouse's, if you sperience with ion, including
	Individual Ce	ertificaiton	
	Signature	Date	
	Business Cer	rtification	
	Business 1	Name:	
	By: (Authorized Signor & Title)	Date	
	Information Sharin	ng Authorization	
T. 1.16.4	the products and services which Celtic Bank has t		
reputable inst contact and o services which small business this informati	ther application information with these select group in we feel are helpful to small businesses. Some of the sowners in the case where Celtic Bank is not for value ion does not give them the ability to pull your credit by would need your specific authorization.	these institutions/companies are able to provide arious credit or other reasons. Allowing Celtic I	to share your products and e financing to Bank to share
reputable inst contact and o services which small business this informati credit file, the	ther application information with these select group in we feel are helpful to small businesses. Some of a s owners in the case where Celtic Bank is not for va- tion does not give them the ability to pull your credit	these institutions/companies are able to provide arious credit or other reasons. Allowing Celtic It report. In order for these companies to obtain	to share your products and e financing to Bank to share your personal
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reputable inst contact and o services which small business this informati credit file, the o you agree to	ther application information with these select group in we feel are helpful to small businesses. Some of the sowners in the case where Celtic Bank is not for va- tion does not give them the ability to pull your credit by would need your specific authorization. allow Celtic Bank to release and share your contact	these institutions/companies are able to provide arious credit or other reasons. Allowing Celtic It report. In order for these companies to obtain and other application information with these sepanies regarding products that can help my busing	to share your products and e financing to Bank to share your personal
reputable inst contact and o services which small busines: this informati credit file, the	ther application information with these select group in we feel are helpful to small businesses. Some of its owners in the case where Celtic Bank is not for valon does not give them the ability to pull your credit by would need your specific authorization. allow Celtic Bank to release and share your contact Yes, please share my information with other comp	these institutions/companies are able to provide arious credit or other reasons. Allowing Celtic It report. In order for these companies to obtain and other application information with these sepanies regarding products that can help my busing	to share your products and e financing to Bank to share your personal

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Form **4506-T**

(July 2017) Department of the Treasury Internal Revenue Service

Request for Transcript of Tax Return

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

▶ Request may be rejected if the form is incomplete or illegible.

Tip. Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using

► For more information about Form 4506-T, visit www.irs.gov/form4506t.

OMB No. 1545-1872

our automated self-help service tools. Please visit us at IRS.gov and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946. If you need a copy of your return, use Form 4506, Request for Copy of Tax Return. There is a fee to get a copy of your return. 1b First social security number on tax return, individual taxpayer identification 1a Name shown on tax return. If a joint return, enter the name shown first. 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) 5 If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. Caution: If the tax transcript is being mailed to a third party, ensure that you have filled in lines 6 through 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your tax transcript to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party. 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. 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. Most requests will be processed within 10 business days 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. Most requests will be processed within 10 business days 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. Most requests will be processed within 10 business days 7 Verification of Nonfiling, which is proof from the IRS that you did not file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days. Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript. The IRS can provide a transcript that includes data from 8 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 2011, filed in 2012, will likely not be available from the IRS until 2013. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 10 business days 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. Year or period requested. Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately. 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-T 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 Phone number of taxpayer on line has the authority to sign the Form 4506-T. See instructions. 1a or 2a Signature (see instructions) Date Sign Title (if line 1a above is a corporation, partnership, estate, or trust) Here Spouse's signature

Form 4506-T (Rev. 9-2015)

Section references are to the Internal Revenue Code unless otherwise noted.

Future Developments

For the latest information about Form 4506-T and its instructions, go to www.irs.gov/form4506t. Information about any recent developments affecting Form 4506-T (such as legislation enacted after we released it) will be posted on that page.

General Instructions

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

Purpose of form. Use Form 4506-T to request tax return information. You can also designate (on line 5) a third party to receive the information. Taxpayers using a tax year beginning in one calendar year and ending in the following year (fiscal tax year) must file Form 4506-T to request a return transcript.

Note: If you are unsure of which type of transcript you need, request the Record of Account, as it provides the most detailed information.

Tip. Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

Automated transcript request. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946.

Where to file. Mail or fax Form 4506-T to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

If you are requesting more than one transcript or other product and the chart below shows two different addresses, send your request to the address based on the address of your most recent return.

Chart for individual transcripts (Form 1040 series and Form W-2 and Form 1099)

If you filed an individual return and lived in:

Mail or fax to:

Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address

Internal Revenue Service RAIVS Team Stop 6716 AUSC Austin, TX 73301

512-460-2272

Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming

Internal Revenue Service RAIVS Team Stop 37106 Fresno, CA 93888

559-456-7227

Connecticut, Delaware, District of Columbia, Florida, Georgia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina,

Internal Revenue Service RAIVS Team Stop 6705 P-6 Kansas City, MO 64999

Island, South Carolina, Vermont, Virginia, West 816-292-6102 Virginia

Chart for all other transcripts

If you lived in or your business was in:

Mail or fax to:

Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address

Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409

801-620-6922

Connecticut. Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin

Internal Revenue Service RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250

859-669-3592

Line 1b. Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) or your individual taxpayer identification number (ITIN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

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. For a business address, file Form 8822-B, Change of Address or Responsible Party — Business.

Line 6. Enter only one tax form number per request.

Signature and date. Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the information be sent to a third party, the IRS must receive Form 4506-T within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines 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 and returned to you if the

box is unchecked.

Individuals. Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Corporations. Generally, Form 4506-T 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-T but must provide documentation to support the requester's right to receive the information.

Partnerships. Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

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-T 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 Form 4506-T.

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-T 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.; and 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-T 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.



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

PERSONAL FINANCIAL STATEMENT 7(a) / 504 LOANS AND SURETY BONDS

U.S. SMALL BUSINESS A	ADMINISTRATION
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As	of				

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 application for an SBA guaranteed 7(a) or 504 loan or a guaranteed surety.

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 (including the assets of the owner's spouse and any minor children); and (5) any person providing a guaranty on the loan

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 guaranty

Name		Business Phone					
Home Address	e Address Home Phone						
City, State, & Zip Code							
Business Name of Applicant							
ASSETS	(Omit Cents)	LIABILITIES	(Omit Cents)				
Cash on Hand & in banks	\$ \$ \$.\$ \$.\$	Accounts Payable Notes Payable to Banks and Others (Describe in Section 2) Installment Account (Auto) Mo. Payments \$	\$ \$ \$ \$ \$. \$ \$				
Section 1. Source of Income.		Contingent Liabilities					
Salary Net Investment Income Real Estate Income Other Income (Describe below)*	\$ \$	As Endorser or Co-Maker Legal Claims & Judgments Provision for Federal Income Tax 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 Payal	ble to I	Banks ar	nd Others. (U	se attachments i	f necessary. Each	attachment mu	ıst be identifie	d as part of this	statement and signed.)
Names and Addr Noteholder		of	Original Balance	Current Balance	Payment Amount	Frequ (month)			red or Endorsed of Collateral
Section 3. Stocks and	d Bond	ls. (Use at	tachments if nec	essary. Each at	tachment must be	identified as pa	art of this state	ement and signe	d.)
Number of Shares	N	ame of S	Securities	Cost		t Value /Exchange		ate of n/Exchange Total Value	
Section 4. Real Estate and signed.)	Owne	d. (List ea	ach parcel separa	ately. Use attach	nment if necessary	. Each attachn	ment must be	identified as a pa	art of this statement
			Property	A		Property B			operty C
Type of Real Estate (e., Primary Residence, Oth Residence, Rental Prop Land, etc.)	ner								
Address									
Date Purchased									
Original Cost									
Present Market Value									
Name & Address of Mortgage Holder									
Mortgage Account Num	ber								
Mortgage Balance									
Amount of Payment per Month/Year	r								
Status of Mortgage									
Section 5. Other Pers holder, amount of lien, t							s security, s	state name an	d address of lien
Section 6. Unpaid Tallien attaches.)	axes.	(Describ	e in detail as	to type, to w	hom payable, v	when due, a	mount, and	d to what pro	perty, if any, a tax
Section 7. Other Lial	bilities	. (Desc	cribe in detail	.)					

	sh surrender value of policies – name of insurance company and
Beneficiaries.)	
I authorize the SBA/Lender/Surety Company to make inquiries determine my creditworthiness.	s as necessary to verify the accuracy of the statements made and to
CERTIFICATION : (to be completed by each person submitting	g the information requested on this form)
information submitted with this form is true and complete to the Lenders or Certified Development Companies or Surety Compa	ntion that all information on this form and any additional supporting to best of my knowledge. I understand that SBA or its participating panies will rely on this information when making decisions regarding an ave read the attached statements required by law and executive order.
Signature	Date
Print Name	Social Security No.
Signature	Date
Print Name	Social Security No.
FALSE STATEMENTS: Knowingly making a false statement on this form is a violation of penalties, and a denial of your loan or surety bond application. imprisonment of not more than five years and/or a fine of up to two years and/or a fine of not more than \$5,000; and, if submitt under 18 U.S.C. § 1014 by imprisonment of not more than thirty	of Federal law and could result in criminal prosecution, significant civil. A false statement is punishable under 18 U.S.C. §§ 1001 and 3571 by \$250,000; under 15 U.S.C. § 645 by imprisonment of not more than ted to a Federally-insured institution, a false statement is punishable ty years and/or a fine of not more than \$1,000,000. Additionally, false er the False Claims Act, 31 U.S.C. § 3729, and other administrative

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 NOTE:

PLEASE READ, DETACH, AND RETAIN FOR YOUR RECORDS

STATEMENTS REQUIRED BY LAW AND EXECUTIVE ORDER

SBA is required to withhold or limit financial assistance, to impose special conditions on approved loans, to provide special notices to applicants or borrowers and to require special reports and data from borrowers in order to comply with legislation passed by the Congress and Executive Orders issued by the President and by the provisions of various interagency agreements. SBA has issued regulations and procedures that implement these laws and executive orders. These are contained in Parts 112, 113, and 117 of Title 13 of the Code of Federal Regulations and in Standard Operating Procedures.

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. Additionally, SBA is specifically authorized to verify your criminal history, or lack thereof, pursuant to section 7(a)(1)(B), 15 USC Section 636(a)(1)(B) of the Small Business Act (the Act). Further, 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.

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. 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. 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 a application for a loan, or concerning an approved loan or loan guarantee, as necessary to process, service or foreclose on a loan guaranty or collect on a defaulted loan guaranty.

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.

Flood Disaster Protection Act (42 U.S.C. 4011) -- Regulations have been issued by the Federal Insurance Administration (FIA) and by SBA implementing this Act and its amendments. These regulations prohibit SBA from making certain loans in an FIA designated floodplain unless Federal Flood insurance is purchased as a condition of the loan. Failure to maintain the required level of flood insurance makes the applicant ineligible for any financial assistance from SBA, including disaster assistance.

Executive Orders -- Floodplain Management and Wetland Protection (42 F.R. 26951 and 42 F.R. 26961) – SBA discourages settlement in or development of a floodplain or a wetland. This statement is to notify all SBA loan applicants that such actions are hazardous to both life and property and should be avoided. The additional cost of flood preventive construction must be considered in addition to the possible loss of all assets and investments due to a future flood.

Occupational Safety and Health Act (15 U.S.C. 651 et seq.) -- This legislation authorizes the Occupational Safety and Health Administration in the Department of Labor to require businesses to modify facilities and procedures to protect employees or pay penalty fees. Businesses can be forced to cease operations or be prevented from starting operations in a new facility. Therefore, SBA may require additional information from an applicant to determine whether the business will be in compliance with OSHA regulations and allowed to operate its facility after the loan is approved and disbursed. Signing this form as an applicant is certification that the OSHA requirements that apply to the applicant business have been determined and that the applicant, to the best of its knowledge, is in compliance. Furthermore, applicant certifies that it will remain in compliance during the life of the loan.

Civil Rights Legislation -- All businesses receiving SBA financial assistance must agree not to discriminate in any business practice, including employment practices and services to the public on the basis of categories cited in 13 C.F.R., Parts 112, 113, and 117 of SBA Regulations. This includes making their goods and services available to handicapped clients or customers. All business borrowers will be required to display the "Equal Employment Opportunity Poster" prescribed by SBA.

Equal Credit Opportunity Act (15 U.S.C. 1691) -- The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status or age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program, or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act.

Executive Order 11738 -- Environmental Protection (38 F.R. 251621) -- The Executive Order charges SBA with administering its loan programs in a manner that will result in effective enforcement of the Clean Air Act, the Federal Water Pollution Act and other environment protection legislation.

Debt Collection Act of 1982, Deficit Reduction Act of 1984 (31 U.S.C. 3701 et seq. and other titles) -- These laws require SBA to collect aggressively any loan payments which become delinquent. SBA must obtain your taxpayer identification number when you apply for a loan. If you receive a loan, and do not make payments as they come due, SBA may take one or more of the following actions: (1) report the status of your loan(s) to credit bureaus, (2) hire a collection agency to collect your loan, (3) offset your income tax refund or other amounts due to you from the Federal Government, (4) suspend or debar you or your company from doing business with the Federal Government, (5) refer your loan to the Department of Justice or other attorneys for litigation, or (6) foreclose on collateral or take other action permitted in the loan instruments.

Immigration Reform and Control Act of 1986 (Pub. L. 99-603) -- If you are an alien who was in this country illegally since before January 1, 1982, you may have been granted lawful temporary resident status by the United States Immigration and Naturalization Service pursuant to the Immigration Reform and Control Act of 1986. For five years from the date you are granted such status, you are not eligible for financial assistance from the SBA in the form of a loan guaranty under Section 7(a) of the Small Business Act unless you are disabled or a Cuban or Haitian entrant. When you sign this document, you are making the certification that the Immigration Reform and Control Act of 1986 does not apply to you, or if it does apply, more than five years have elapsed since you have been granted lawful temporary resident status pursuant to such 1986 legislation.

Lead-Based Paint Poisoning Prevention Act (42 U.S.C. 4821 et seq.)

Borrowers using SBA funds for the construction or rehabilitation of a residential structure are prohibited from using lead-based paint (as defined in SBA regulations) on all interior surfaces, whether accessible or not, and exterior surfaces, such as stairs, decks, porches, railings, windows and doors, which are readily accessible to children under 7 years of age. A "residential structure" is any home, apartment, hotel, motel, orphanage, boarding school, dormitory, day care center, extended care facility, college or other school housing, hospital, group practice or community facility and all other residential or institutional structures where persons reside.

Executive Order 12549, Debarment and Suspension 2 CFR 2700

- 1. The borrower or contractor certifies, by submission of its application for an SBA loan or bond guarantee, 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.
- 2. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participants shall attach an explanation to the application.

Credit Application Notifications

Thank you for your loan application with Celtic Bank. The following loan application disclosures are required by law or regulation and are provided for your information and use.

Fair Lending Disclosures

If your loan application is denied, you have the right to a written statement of the specific reason for the denial. To obtain the statement, please contact Celtic Bank, 268 S. State St, Suite 300, Salt Lake City, UT 84111, within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for a statement.

Under the Fair Credit Reporting Act, you are entitled to receive a free copy of your credit report from the agency that provided us with the credit information about you, provided you make a written request of the credit reporting agency within 60 days of your receipt of this notice. You may also dispute with the credit reporting agency the accuracy or completeness of any information contained in your consumer report furnished by that agency.

Equal Credit Opportunity Act

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the ability to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The Federal agency that administers compliance with this law concerning this creditor is the: Federal Deposit Insurance Corporation, Consumer Response Center, 1100 Walnut St, Box #11, Kansas City, MO 64106, (800) 378-9581.

Fair Credit Reporting Act Disclosures

Information Reported to Consumer Reporting Agencies

Under the Fair Credit Reporting Act, you have the right to notify us if you believe we have reported inaccurate information about your account to any Consumer Reporting Agency. Such notices should be sent in writing and include your complete name, current address, Social Security number, telephone number, account number, type of account, specific item of dispute and the reason why you believe the information was reported in error. Send your notice to: Celtic Bank, 268 S. State St, Suite 300, Salt Lake City, UT 84111.

The USA Patriot Act

The USA Patriot Act has paved the way for financial institutions to help prevent fraud, identity theft, and the spread of terrorism. It requires financial institutions to obtain more information from an individual or legal entity to help establish identity.

Your cooperation is needed when you open a new account or request a loan. You may be asked more questions to establish and confirm your identity. It may also be required for you to provide one or more of the following types of identification:

Driver's License Passport & Country of Issuance U.S. taxpayer Identification (ID) Number

Alien ID Card Any other government issued document evidencing nationality or residence

USDA Non-Discrimination Statement

This institution is an equal opportunity provider and employer.