



Application for Section 504 Loans

Section One: Business Information

Applicant Name (Eligible Passive Company, if applicable)			
Legal Name		Business Address	
DBA or Tradename	Legal Structure	Tax ID	DUNS Number
Contact Name	Email Address	Phone Number (XXX-XXX-XXXX)	Business Web Address

Operating Company (if Applicant is an EPC)			
Legal Name		Business Address	
DBA or Tradename	Legal Structure	Tax ID	DUNS Number
Contact Name	Email Address	Phone Number (XXX-XXX-XXXX)	Business Web Address

Project Address (if different than OC Address) (Street, City, State, Zip code)	Type of Business (Summary Description)

# of existing employees employed by business (including owners who work for this business)	# of jobs to be created in the next two years as a result of the loan	# of jobs to be retained in the next two years as a result of the loan (including owners who work for this business)
Loan Amount Requested	Purpose of the loan	
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1. Does the Small Business Applicant have any Affiliates? Yes No
If "Yes," please attach a listing as a part of Exhibit 10
2. Have the Small Business Applicant or any Affiliates ever obtained or applied for a direct Yes No
or guaranteed loan from SBA, or from any other Federal, State or local government loan program or been a guarantor on such a loan? If yes, provide relevant information in Exhibit 9
3. Has an application for this Project previously been submitted to the SBA by any Yes No
CDC or Lender in connection with any SBA program?
If yes, provide CDC/Lender Name and Loan Program: _____
4. Has the Applicant business ever declared bankruptcy? Yes No
If yes, explain and provide relevant documents in Exhibit 27
5. Is the Applicant business involved in any pending lawsuits? Yes No
If yes, explain and provide relevant documents in Exhibit 27
6. Is the Applicant business owned by one of the following? 401(k) ESOP Trust Cooperative
If the Applicant is owned by an ESOP (Employee Stock Ownership Plan) or 401(k) plan (including a Rollover as Business Start-Up (ROBS) plan), Applicant must provide evidence to the CDC that the Applicant, ESOP, and/or the 401(k) plan are in compliance with all applicable Government Agencies (e.g., IRS, Treasury, and Department of Labor) requirements and that it will comply with all relevant operating and reporting requirements.



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Business Ownership (Attach additional pages if needed)

This section requires the Small Business Applicant to disclose 100% of its ownership as well as its Key Employees that do not have an ownership stake. A Key Employee is any person (as defined in 13 C.F.R. 120.10) hired by the business to manage day-to-day operations.

If some or all of the Applicant is owned by one or more entities: For each entity, list the organization name, organization type, tax identification number, and ownership percentage, and include any individuals who own each entity (100% ownership must be disclosed). Attach additional pages as necessary.

Please be advised that the Applicant must be owned and controlled by U.S. citizens or individuals with Lawful Permanent Resident status as verified through the United States Citizenship and Immigration Services by SBA.

Eligible Passive Company (EPC) Ownership (if applicable)

Owner/Entity Name	Title/Organization Type	SSN/TIN	Ownership %

Operating Company (OC) Ownership

Owner/Entity Name	Title/Organization Type	SSN/TIN	Ownership %