OMB APPROVAL NO.3245-0178
Expiration Date:9/30/2003

Return Executed Copies 1,2, and 3 to SBA

United States of America

SMALL BUSINESS ADMINISTRATION

STATEMENT OF PERSONAL HISTORY

Please Read Carefully – Print or Type

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

1. By the proprietor, if a sole proprietorship.
2. By each partner if a partnership.
3. By each officer, director, and additionally by each holder of 20% or more of the ownership stock, if a corporation, limited liability company, or a development company.

Name and Address of Applicant (Firm Name)(Street, City, State, and ZIP Code)

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.

   First Middle Last

Name and Address of participating lender or surety co. (when applicable and known)

Date of Birth (Month, day, and year)

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

3. Give the percentage of ownership or stock owned or to be owned in the small business or the development company.

Social Security No.

U.S. Citizen? ☐ YES ☐ NO

If no, give alien registration number: _____

5. Present residence address:

   From:
   To:
   Address:

   Home Telephone No. (Include A/C):
   Business Telephone No. (Include A/C):

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

IT IS IMPORTANT THAT THE NEXT THREE QUESTIONS BE ANSWERED COMPLETELY. AN ARREST OR CONVICTION RECORD WILL NOT NECESSARILY DISQUALIFY YOU; HOWEVER, AN UNTRUTHFUL ANSWER WILL CAUSE YOUR APPLICATION TO BE DENIED.

IF YOU ANSWER "YES" TO 6, 7, OR 8, FURNISH DETAILS ON A SEPARATE SHEET. INCLUDE DATES, LOCATION , FINES, SENTENCES, WHETHER MISDEMEANOR OR FELONY, DATES OF PAROLE/PROBATION, UNPAID FINES OR PENALTIES, NAME(S) UNDER WHICH CHARGED, AND ANY OTHER PERTINENT INFORMATION.

6. Are you presently under indictment, on parole or probation?

   ☐ Yes ☐ No (If yes, indicate date parole or probation is to expire.

7. Have you ever been charged with and or arrested for any criminal offense other than a minor motor vehicle violation? Include offenses which have been dismissed, discharged, or not prosecuted (All arrests and charges must be disclosed and explained on an attached sheet.)

   ☐ Yes ☐ No

8. Have you ever been convicted, placed on pretrial diversion, or placed on any form of probation, including adjudication withheld pending probation, for any criminal offense other than a minor vehicle violation?

   ☐ Yes ☐ No

9. I authorize the Small Business Administration Office of Inspector General 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: 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 by imprisonment of not more than five years and/or a fine of not more than $10,000;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

10. Fingerprints Waived _____ Date Approving Authority

    Fingerprints Required _____ Date Approving Authority

    Date Sent to OIG _____

11. Cleared for Processing _____ Date Approving Authority

    Request a Character Evaluation _____ Date Approving Authority

PLEASE NOTE: The estimated burden for competing this form is 15 minutes per response. You are not required to respond to any collection of information unless it displays a currently valid OMB approval number. Comments on the burden should be sent to U.S. Small Business Administration, Chief, AIB, 409 3rd St., S.W., Washington D.C. 20416 and Desk Officer for the Small Business Administration, Office of Management and Budget, New Executive Office Building, Room 10202, Washington, D.C. 20503. OMB Approval 3245-0178. **PLEASE DO NOT SEND FORMS TO OMB.**