FINANCING ELIGIBILITY STATEMENT - "ECONOMIC DISADVANTAGE"

Individual's N	Name				
Applicant Bu	siness Nam	e			
INSTRUCTION	NS:				
business to Under this propertion of the in Appendix answers requesto which you	receive fina rovision, to 1 of this for uire addition are respor	ancing under Sec be eligible to rece m. Please provid nal space, use pla nding. Omissio r	tion 301(d) of the eive financing, you e complete respo in white paper pro	ne your personal eligibility for your small Business Investment A unust meet the criteria stipulationses to each question. When you roperly identifying the item number ation requested will result in ation.	ed our oer
I. <u>ECON</u>	NOMIC DIS	ADVANTAGE			
minimal val credit mark has been in	lue, I am, cets. Cons npaired du	and have been, equently, my al le to diminished	hampered in n bility to compet I capital and cre	h, and total personal assets ny ability to access capital a se in the free enterprise syste edit opportunities as compar economically disadvantaged.	nd em
		YES	NO		
compete in	the marke	tplace has beer	າ impaired by ຣເ	nent below how your ability uch things as inability to obta have restricted your access	ain
Α.	personal	orovide your A federal incom upporting docu	e tax form, fo	Income, as reported on your the two most recent year	our ars
	\$	20	\$	20	

Please complete and attach SBA Form 413, "Personal Financial

В.

Statement" (available at http://www.sba.gov/sbaforms/sba413.pdf), or comparable financial statement provided by your SSBIC lender.

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	II.	Owners l	hip and	Contro
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Α.	Describe how socially or economically disadvantaged persons have a majority voting interest on the board of directors or any other governing body of the concern being financed (provide supporting documentation).
В.	If your business is a corporation or a general partnership, explain how the eligible disadvantaged person(s) will own more than 50% of the voting interest of the business after receiving financing from the Small Business Investment Company (provide supporting documentation).
C.	Is the business concern a limited partnership? Yes No
	If Yes, explain (and provide documentation) to show whether the eligible disadvantaged person(s) are either the general partners, or that they control any corporate general partners.
D.	Indicate the percentage of the <i>economic interest</i> that eligible disadvantaged person(s) hold in the business (provide supporting documentation). (<i>Economic interest</i> is the right to proportionate distributions after all secured and unsecured debts have been satisfied.)
E.	Do the eligible disadvantaged person(s) hold less than 50% of <i>the economic interest</i> in the company? If so, fully describe all other investors holding an <i>economic interest</i> in the company.

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III. CERTIFICATION OF ELIGIBILITY

I hereby certify that all information in this Statement, including exhibits and supporting documentation, is true and complete to the best of my knowledge and is submitted for consideration of financing from an entity licensed by the U.S. Small Business Administration.

I acknowledge that any statement made in this Financing Eligibility Statement, including exhibits and supporting documentation, which I know to be false, may, under provisions of the Small Business Act and/or the Small Business Investment Act, and 18 U.S.C. 1001, subject me to a fine, imprisonment, or both.

Name of Business	
Typed Name and Title of Qualifying Pers	son
Signature of Qualifying Person	

IV. LICENSEE CERTIFICATION

I hereby certify that the licensee has reviewed all information provided by the small business concern in support of its application for financing, and determined that all documentation and other information supports the eligibility of the applicant and establishes that the concern is owned and managed by an eligible socially or economically disadvantaged person(s), as defined in the Small Business Investment Act and SBA Policy and Procedural Release # 2017, dated June 22, 1994.

I acknowledge that any statement made in this Financing Eligibility Statement, including exhibits and supporting documentation, which I know to be false, may, under provisions of the Small Business Act and/or the Small Business Investment Act, and 18 U.S.C. 1001, subject me to a fine, imprisonment, or both.

Name of SBIC/SSBIC	
Typed Name of President or Gener	ral Partner
Signature of President or General 1	Partner

Please Note: The estimated burden for completing this form is 2 hours per response. You will not be required to respond to this information collection 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, DC 20416, and/or Office of Management and Budget, Clearance Officer, Paperwork Reduction Project (3245-0301), Washington, DC 20503. PLEASE DO NOT SEND FORMS TO OMB.