OMB Control No. 3245	
Expiration Date:	

APPLICATION FOR POOL OF SECTION 504 FIRST MORTGAGE LOAN INTERESTS

Appii	.Cation Da	ne:					_		
Pool	Originato	r Name:							
	P	Address:							
Pool	Originato	r Number							
	_								
	J				on Pool Certificates:				
	_		_						
Sched	luled Mat	urity Date	Requeste	ed on Pool Ce	ertificates:				
Pool	Cap and I	Floor:		· · · · · · · · · · · · · · · · · · ·					
Propo	posed Issue Date on Pool Certificates:								
Proposed Settlement Date:									
				n Interests fo					
Lo an	Borrower	Originato r	Base	Net Interest Rate (fixed)	Scheduled	Balance as of Pool			
1	Number	Name	Fee	Interest Rate	Or Net Spread (Variable)	Maturity Date	Application Date		
1 2									
3									
4									
5									
6 7									
8									
9									
10									

Use additional sheets if necessary.

* Section 6109 of the Internal Revenue Code requires most recipients of dividend, interest or other payments to give taxpayer identification numbers to payers who must report the payments to the IRS. IRS uses the numbers for identification purposes.

SBA Form 2403 (6-09)

Required to obtain benefit

Please forward 504 First Mortgage Loan Pool Guarantee Agreement and the certified copy of Note for each loan to Central Servicing Agent, Colson Services Corporation, 2 Hanson Place, 7th Floor, Brooklyn, NY 11217, or may be mailed to Colson Services Corporation, P.O. Box 54, Church Street Station, New York, NY 10274. Provide the name, address, taxpayer identification number, delivery instructions and amount for each pool certificate to be issued.

We certify to the following:

- 1. This entity meets all requirements for status of a pool Originator (13 CFR 120.1703) as of the date of application for this pool, and this pool meets all the requirements for First Mortgage Loan Pool (13 CFR 120.1704).
- 2. The above listed loans are Current as defined in 13 CFR 120.1700 as of the date of this application.
- 3. The undersigned are authorized by our firm to submit this pool application (two signatures required).

Signature	Signature
Name	Name
Title	Title

Please Note: The estimated burden for completing this form is 3 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, D. C. 20416 and/or Office of Management and budget, Clearance Officer, Paperwork Reduction Project (3245-0213), Washington, D. C. PLEASE DO NOT SEND FORMS TO OMB.

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