

## LENDER'S SUPPLEMENTAL INFORMATION FOR AMERICA'S RECOVERY CAPITAL (ARC) LOAN GUARANTY REQUEST

Borrower Name	e:									
Trade Name (dl	ba):					(if no trade name, enter	"NA")			
Borrower Conta	act: 🛛 Mr	□ Ms Firs	st		MI 🗌 La	ast				
Borrower Stree	t:									
Borrower Zip C	orrower Zip Code: Borrower Phone #:									
Borrower SSN	#:			(must i	include SSN #	for principal of borrower)				
#										
Employer ID #:					(if available)					
Borrower States		(2 letter a	bbreviation)							
Borrower Coun	ty:	Borrower City:								
Lender Name:										
Lender ID #:				Loan Matur	ity:	(in months)				
Loan Amount:	\$				SBA Guaran	nty %: %				
Applicant's Du	ns #:									
Exporter? Ye	s 🗆 No									
□ New Busine Rural □ o □ Outstanding NAICS Code:	ss r Urban ⊏ g SBA Loan	]								
Number of Employees: Number of Jobs Created: Number of Jobs Retained					umber of Jobs Retained:					
□ Franchise? Franchis		s Name:				SBA USE ONLY:				
□ Sole Proprie	etorship? 🛛	<b>D</b> Partnership	?	Corpor	ration?	□ Other?				
Veteran*	1=Non-Veteran; 2=Veteran-Other; 3=Service-Disabled Veteran; 4=Not Disclosed.									
Gender*	M=Male; F=Female; N=Not Disclosed									
Race*	1=American Indian or Alaska Native; 2=Asian; 3=Black or African-American; 4=Native Hawaiian or Pacific Islander; 5=White; X=Not Disclosed									
Ethnicity*	H=Hispanic or Latino; N=Not Hispanic or Latino; Y=Not Disclosed									
Owner #	% Owned	Veteran	Gender	Race	Ethnicity	Please reference the above to				
						complete this table for e 20% or greater owner of				
						primary business associa				
						with the borrower. Each	n block			
						must be completed. Mo	re than			
						one race may be selected.				

\* The gender/race/ethnicity/veteran data is collected for statistical purposes only. Disclosure is voluntary and has no bearing on the credit decision.

Borrower Name:

Use of Loan Proceeds - Payment of Qualifying Small Business Loans	Amount (P&I)
Pay Notes Payable – Trade, etc.*	\$
Pay Notes Payable – Mortgage - <u>not</u> Same Institution Debt (SID)	\$
Pay Notes Payable – Mortgage - Same Institution Debt (SID)	\$
Pay Notes Payable – Secured Lender Debt - <u>not</u> SID	\$
Pay Notes Payable – Secured Lender Debt - SID	\$
Pay Notes Payable – Unsecured Lender Debt (except credit card debt) - <u>not</u> SID	\$
Pay Notes Payable – Unsecured Lender Debt (except credit card debt) - SID	\$
Pay Capital Lease	\$
Pay SBA Loan made on or after 2/17/09	\$
Pay Credit Card Debt	\$
Pay Home Equity Loan	\$
Total	\$

\*Notes to vendors, trade, utilities, or other services that are for past due amounts that were converted to a note payable (with or without interest).

Please check all that apply below. You must choose **at least one**. (Must be completed):

The small business applicant requires an ARC loan due to the following adverse financial condition(s) resulting in immediate financial hardship:

- Loss/Reduction of customer base (or loss/reduction of revenue of 20% or more over the preceding 12 months)
- I Increase in cost of doing business of 20% or more over the preceding 12 months
- 20% or more loss/reduction of Working Capital and/or loss/reduction of short term Credit Facilities over preceding 12 months
- Decline in Gross Margin of 20% or more over the preceding 12 months
- Decline in Operating Ratios of 20% or more over the preceding 12 months
- Inability to restructure existing debts due to credit restrictions within the preceding 12 months
- Loss/Reduction of Employees
- Loss/Reduction of Major Suppliers (major suppliers out of business)
- Other Immediate Financial Hardship Explain:\_

Lender Contact:	🛛 Mr	□ Ms	First	MI I	Last	
Lender Contact Phor	ne #:			Lender Contact Fa	ax #:	

NOTE: According to the Paperwork Reduction Act, you are not required to respond to this collection of information unless it displays a currently valid OMB Control Number. The estimated burden for completing this form, including time for reviewing instructions, gathering data needed, and completing and reviewing the form is 15 minutes per response. Comments or questions on the burden estimates should be sent to U.S. Small Business Administration, Chief, AIB, 409 3rd St., SW, Washington DC 20416. **PLEASE DO NOT SEND FORMS TO THIS ADDRESS.**