



## APPLICATION FOR POOL OF SECTION 504 FIRST MORTGAGE LOAN INTERESTS

Application Date:					
Pool Originator Name:					
Address:					
Pool Originator Number:					
Pool Originator Tax I. D. Number*:					
Current Weighted Average Coupon Applicable on Pool Certificates:					
Scheduled Maturity Date Requested on Pool Certificates:					
Pool Cap and Floor:					
Proposed Issue Date on Pool Certificates:					
Proposed Settlement Date:					

## Section 504 First Mortgage Loan Interests for the Pool:

	Loan Number	Borrower Name	Originator Fee	Base Interest Rate	Net Interest Rate (fixed) Or Net Spread (Variable)	Scheduled Maturity Date	Balance as of Pool 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

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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