



SUPPLEMENTAL INFORMATION FOR PREMIER CERTIFIED LENDER PROGRAM (PCLP) PROCESSING

OMB APPROVAL NO.: 3245-0346
EXPIRATION DATE: xx/xx/xxxx

The PCLP Certified Development Company (CDC) completes this form as part of the application package for Section 504 Loan and sends to: Sacramento Loan Processing Center, Small Business Administration, 6501 Sylvan Road, Suite 111, Citrus Heights, CA. 95610-5017 (or Fax to 916-735-0640).

Borrower Name:

Trade Name (dba): (if no trade name, enter "NA")

Project Street:

Project Zip Code: Borrower Phone #:

Borrower SSN #: (must include SSN # for principal of borrower)

Employer ID #: (if available)

Project State: (2 letter abbreviation) Project County:

Project City: Project located in Special Geographic Area

CDC Name:

CDC ID #: Debenture Maturity: (in months)

Net Debenture Amount: \$ Gross Debenture Amount: \$

Borrower Contribution: \$ Closing Costs: \$

Exporter? Yes No If yes, export sales amount projected loan will support: \$

New Business? Outstanding SBA Loan? Real Estate Collateral Rural or Urban

NAICS Code: All Applicant's production facilities are located in the U.S.?

No. of Employees: No. of Jobs Created: No. of Jobs Retained:

CDC's 504 loan portfolio meets or exceeds CDC's required Job Opportunity Average

Franchise? Franchiser's Name:

Sole Proprietorship? Partnership? Corporation? Other?

3rd Party Loan Amount: \$

3rd Party Lender: Lender ID #:

3rd Party Street:

3rd Party City: State: Zip Code:

Special-Purpose Asset?

- | | |
|--|---|
| <input type="checkbox"/> B1 – Community or Area Development | <input type="checkbox"/> C5 - Restructuring Because of Federally Mandated Standards or Policies |
| <input type="checkbox"/> C1 – Business District Revitalization | <input type="checkbox"/> C6 – Changes Necessitated by Federal Budget Cutbacks |
| <input type="checkbox"/> C2 – Expansion of Minority Business Development | <input type="checkbox"/> C7 - Rural Development |
| <input type="checkbox"/> C3 – Enhanced Economic Competition | <input type="checkbox"/> C8 – Veteran-owned Businesses |
| <input type="checkbox"/> C4 – Expansion of Exports | <input type="checkbox"/> C9 – Women-owned Businesses |
| <input type="checkbox"/> E1 – Reduce Energy Use by 10% | <input type="checkbox"/> E2 – Sustainable Building Design |
| <input type="checkbox"/> E3 – Renewable Energy Production | |

Supplemental Information for PCLP Processing

Borrower Name:

Veteran Status: ** 1= Non-Veteran; 2= Other Vet.; 3=Service-Disabled Vet.; 4=Not Disclosed.
 Gender: ** M= Male; F= Female; N= Not Disclosed
 Race: ** 1= American Indian/Alaska Native; 2= Asian; 3= Black/African-American; 4= Native Hawaiian/Pacific Islander
 5= White; X= Not disclosed
 Ethnicity: ** H= Hispanic/Latino; N= Not Hispanic/Latino; Y=Not Disclosed

Owner #	% Owned	Veteran Code	Gender Code	Race	Ethnicity	Please reference the above codes to complete this table for each 20% or greater owners of the business. More than one race code may be selected. **Collected for statistical purposes only, disclosure is voluntary and has no bearing on credit decision.

Use of Loan Proceeds	Amount
Purchase Land	\$
Purchase Land and Improvements	\$
Purchase Improvements	\$
Construct a Building	\$
Add an Addition to a Building	\$
Make Renovation to a Building	\$
Make Leasehold Improvements to a Building	\$
Purchase/Install Equipment	\$
Purchase/Install Fixtures	\$
Pay Outstanding Debt	\$
Other Expenses (eligible business expenses, construction contingency, interest on interim financing, etc.)	\$
Professional Fees	\$
Total	\$

The estimated burden for completing this form is 25 minutes. You will not be required to respond to any collection of information unless it displays a currently valid OMB Control Number. Comments on the burden should be sent to U. S. Small Business Administration (SBA), Chief, AIB, 409 3rd Street, SW, Washington, DC 20416 and Desk Officer for SBA, Office of Management and Budget, New Executive Office Building, Room 10202, Washington, DC 20503. OMB Control Number 3245-0346. PLEASE DO NOT SEND FORMS TO OMB.