

The purpose of the information requested is to assist SBA and the Lender/Certified Development Company (CDC) ("SBA Lender") with determining the eligibility of a loan application from a Small Business Applicant whose business has a religious component. Failure to submit the information would affect that determination.

Instructions for SBA Lenders: Prior to submitting an application to the SBA loan processing center (non-delegated) or processing a loan under delegated authority, the SBA Lender must submit the completed SBA Form 1971 and supporting documentation to the Associate General Counsel for Litigation for review at Form1971Review@sba.gov.

Applicant Business Legal and/or DBA Name: Applicant Address: Applicant Phone: Applicant Phone:			
		Requested Loan Amount	Type of Loan
		Please describe in detail what the proceeds of the loan wil	ll be used for (attach separate sheet if necessary):
Is Applicant connected, associated, or affiliated with a rel	igious organization in any way?		
If "Yes" explain the nature and extent of the relationship ((attach separate sheet if necessary):		
 Religious instruction, indoctrination, or counseling v facilities). Religious broadcasting (<i>e.g.</i>, religious music, religious religious services). Generation, Sale or distribution of newspaper, journ Creation or development of religious materials (e.g. Prayer, religious worship, or religious service Provision of reading room or other space to conduct Other: 	r other religious items. with regard to any items sold (including those listed immediately above). whether to adults or children (includes use of religious material at day care ous programing, including instruction, indoctrination, counseling, and al, or other religious publications. writings, music, artifacts, computer software, religious art, etc.). lectures, readings, prayer, worship, or other activities related to religion.		
Explain the nature of each of the religious components ch	ecked above (attach separate sheet if necessary)		
Signature of Authorized Representative of Applicant:	Date:		
Print Name: Title:			
Authorized Lender Official Signature:	Date:		
Print Name:			
Lender Email	Lender / CDC Name		

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 5 minutes per response. Comments or questions on the burden estimates should be sent to U.S. Small Business Administration, Director, Records Management Division, 409 3rd St., SW, Washington DC 20416, and/or SBA Desk Officer, Office of Management and Budget, New Executive Office Building, Rm. 10202, Washington DC

20503. PLEASE DO NOT SEND FORMS TO THESE ADDRESSES.