

### **U.S. SMALL BUSINESS ADMINISTRATION**

## SELF-CERTIFICATION FOR VERIFICATION OF ELIGIBLE

## **ENTITY FOR EIDL**

You have applied for an SBA Economic Injury Disaster Loan (EIDL) that can be used for working capital. Loan applicants seeking an economic injury loan must complete and submit this form with the loan application.

Applicant Business Name:

Contact Person:

SBA Application Number (if known):

Federal Employer Identification Number (if applicable) or Social Security Number:

ACH Information:

Bank Name:

**Routing Number:** 

Account Number:

The Applicant understands that SBA is relying upon this self-certification to verify that the Applicant is an eligible entity, and the Applicant is providing this self-certification under penalty of perjury pursuant to 28 U.S.C. 1746 for verification purposes.

#### **ELIGIBLE ENTITY VERIFICATION**

#### **Choose One:**

Applicant is a business with not more than 500 employees.

Applicant is an agricultural enterprise with not more than 500 employees.

Applicant is an individual who operates under a sole proprietorship, with or without employees, or as an independent contractor.

Applicant is a cooperative with not more than 500 employees.

Applicant is an Employee Stock Ownership Plan (ESOP), as defined in 15 U.S.C. 632, with not more than 500 employees.

Applicant is a tribal small business concern, as described in 15 U.S.C. 657a(b)(2)(C), with not more than 500 employees.

Applicant is a business, including an agricultural cooperative, aquaculture enterprise, nursery, or producer cooperative (but excluding all other agricultural enterprises), with more than 500 employees that is small under SBA Size Standards located at <u>https://www.sba.gov/document/support-table-size-standards/</u>.

Applicant is a private non-profit organization that is a non-governmental agency or entity that currently has an effective ruling letter from the IRS granting tax exemption under sections 501(c),(d), or (e) of the Internal Revenue Code of 1954, or satisfactory evidence from the State that the non-revenue producing organization or entity is a non-profit one organized or doing business under State law, or a faithbased organization.

#### Review and Check All of the Following:

Applicantmustreview and check all the following. If Applicant is not able to review and check all the following: Applicant is not an Eligible Entity.

Applicant is not engaged in any illegal activity (as defined by Federal guidelines).

No principal of the Applicant with a 50 percent or greater ownership interest is more than sixty (60) days delinquent on child support obligations.

Applicant does not present live performances of a prurient sexual nature or derive directly or indirectly more than de minimis gross revenue through the sale of products or services, or the presentation of any depictions or displays, of a prurient sexual nature.

□ Applicant does not derive more than one-third of gross annual revenue from legal gambling activities.

# I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE UNITED STATES THAT THE FOREGOING IS TRUE AND CORRECT.

Signature:

Date:

Name:

Title:

The estimated time for completing this portion of the application is 10 minutes. You are not required to respond to this or any collection of information unless it displays a currently valid OMB approval number. If you have any questions or comments concerning any aspects of this information collection, please contact the Director, Records Management Division, Small Business Administration, 409 Third Street, SW, Washington, DC 20416 and/or Desk Officer for SBA, Office of Management and Budget, Office of Information and Regulatory Affairs, New Executive Office Building, Washington, DC 20503. SBA Form 3503 (07/20)