



Management/Ownership Information

PERSONAL INFORMATION (*State name in full. If no middle name, state NMN or if initial only, please indicate initial.):

*Name _____ SSN# _____
First Middle Last

Have you ever been known by any other name(s)? List **all** former names (including maiden name) and dates they were used.

Spouse's name _____ SSN# _____

Home phone number: _____ Work phone number: _____

Mobile phone number: _____ Fax number: _____

EDUCATION:

College/Technical Training – Name-Location	Dates Attended	Major	Degree/Certification
_____	_____	_____	_____
_____	_____	_____	_____

MILITARY SERVICE BACKGROUND:

Branch of Service _____ Dates of Service: From: _____ To: _____

Honorable Discharge? YES NO Rank at Discharge: _____

WORK EXPERIENCE: List chronologically beginning with present employment. (Attach resume or additional sheet of more space is needed)

Company name/Location _____

From _____ To _____ Title _____

Duties _____

Company name/Location _____

From _____ To _____ Title _____

Duties _____

Company name/Location _____

From _____ To _____ Title _____

Duties _____

MANAGEMENT SKILLS AND EXPERIENCE: (If necessary, attach additional sheet)

1. What management skills are required to successfully operate the subject business?

2. Describe your experience in these areas and also note any management type activities that are (or may be) performed by other employees or third parties.

Please answer all questions and provide additional information where requested. Additional information and details of affirmative responses must be provided on a separate sheet.

- Yes No Are any of your personal taxes past due? If yes, please provide details.
- Yes No Are you involved in any pending lawsuits? If so, please provide details.
- Yes No Have you ever filed personal bankruptcy? If so, please provide full disclosure and state of discharge.
- Yes No Are you currently past due on child support payments? If yes, please explain.
- Yes No Have you ever been debarred from doing business with the U.S. Government? If yes, please explain.
- Yes No Do you or your spouse or any member of your household, or anyone who owns, manages, or directs your business or their spouses or members of their households work for the Small Business Administration, Small Business Advisory Council, SCORE, or ACE, any Federal agency, or United Western Bank? If so, please provide the name and address of the person and the office where they are employed.

<p>Statistical information: The following is optional information to aid the Small Business Administration in the ongoing statistical analysis of its SBA 7(a) and 504 borrowers. Please circle the following codes or enter the appropriate codes in the boxes below.</p>	
<p>Gender Code: M = Male; F = Female</p>	<p>Veteran Status Code: 1 = Non Veteran 2 = Vietnam Era Veteran 3 = Other Veteran</p>
<p>Minority Code: 0 = African American 1 = Puerto Rican 2 = Native American 3 = Hispanic 4 = Asian, Pacific Islander 5 = Eskimo and Aleut 6 = Undetermined 7 = Caucasian 8 = Multi Ethnic</p>	

Signature

Title

Date