



AFFILIATE BUSINESS INFORMATION

Please provide the following information for any entity/business you own or control. This includes, but is not limited to, an entity/business that is reflected on Schedule C, Schedule E or Schedule F of your personal tax return, or one in which you have 20% or more ownership or have the ability to control. The information below will dictate what SBA considers to be an affiliate.

If entities are considered affiliates, 2 years of tax returns are required along with a debt schedule outlining affiliate debt obligations.

Business Name: _____ **Business Type/Industry:** _____
Prior Year Net Worth: _____ **2 Year Average Net Income:** _____
List all owners by percentages (must total 100%): _____

Position held with this entity: _____ **Franchise Name (if applicable):** _____
Has this entity ever had any SBA or government debt? _____
Outstanding balance of any existing SBA debt: _____

Business Name: _____ **Business Type/Industry:** _____
Prior Year Net Worth: _____ **2 Year Average Net Income:** _____
List all owners by percentages (must total 100%): _____

Position held with this entity: _____ **Franchise Name (if applicable):** _____
Has this entity ever had any SBA or government debt? _____
Outstanding balance of any existing SBA debt: _____

Business Name: _____ **Business Type/Industry:** _____
Prior Year Net Worth: _____ **2 Year Average Net Income:** _____
List all owners by percentages (must total 100%): _____

Position held with this entity: _____ **Franchise Name (if applicable):** _____
Has this entity ever had any SBA or government debt? _____
Outstanding balance of any existing SBA debt: _____

I certify that the information provided above is true and accurate as of the date stated below.

Signature

Date