BUSING BU
Name and Address of A
Personal Statemer only, indicate initial Use separate shee
First

United States of America

	Please Read Carefully: SBA uses Form 912 as one part of its
	assessment of program eligibility. Please reference SBA Regulations and
	Standard Operating Procedures if you have any questions about who must
	submit this form and where to submit it. For further information, please call
	SBA's Answer Desk at 1-800-U-ASK-SBA (1-800-827-5722), or check SBA's
•	website at www.sba.gov. DO NOT SEND COMPLETED FORMS TO OMB as
	this will delay the processing of your application; send forms to the addres
	provided by your lender or SBA representative.
	SBA District/Disaster Area Office

* SMALL	. BUSINESS ADMINI	STRATION	submit this form and where to submit this form and where to submit SBA's Answer Desk at 1-800-U-ASK-		
STATEM	MENT OF PERSONA	AL HISTORY	website at www.sba.gov. DO NOT	•	
WISTRA			this will delay the processing of yo	ur application; send forms to the a	ddress
Name and Address of Applicant (Firm	Name //Ctrast City State and 7	ID Code)	provided by your lender or SBA rep	presentative.	
Name and Address of Applicant (Firm	Name)(Street, City, State, and Z	IP Code)	SBA District/Disaster Area Office		
			Amount Applied for (when applicable)	File No. (if known)	
Personal Statement of: (State namonly, indicate initial.) List all forme Use separate sheet if necessary.			Give the percentage of ownership or st or to be owned in the small business o development company		
First	iddle	<mark>st</mark>)	3. Date of Birth (Month, day, and year)		
			4.) Place of Birth: (City & State or Foreign	n Country)	
Name and Address of participating le	nder or surety co. (when applicat	ole and known)	5. U.S. Citizen? YES NO If No, are you a Lawful Permanent resident alien: If non- U.S. citizen provide alien registrati	□ NO	-
6. Present residence address:			Most recent prior address (omit if over 10	years ago):	
From:			From:		
To: Address:			To: Address:		
Home Telephone No. (Include Are Business Telephone No. (Include Include Includ	•				
MISDEMEANOR OR FELONY, I	DATES OF PAROLE/PROBATION. AN ARREST OR COM	ATION, UNPAID F IVICTION RECOF	TE SHEET. INCLUDE DATES, LOCA FINES OR PENALTIES, NAME(S) UI RD WILL NOT NECESSARILY DISQ D AND SUBJECT YOU TO OTHER I	NDER WHICH CHARGED, AND AN UALIFY YOU; HOWEVER, AN	
7. Are you presently subject to an inc	dictment, criminal information, ar	raignment, or other r	means by which formal criminal charges are	e brought in any jurisdiction?	
Yes No		INITIALS:			
8. Have you been arrested in the pa	st six months for any criminal off	ense?			
	,				
Yes No		INITIALS:			
9. For any criminal offense – other that or 5) been placed on any form of parcel Yes No			convicted; 2) plead guilty; 3) plead nolo co).	ntendere; 4) been placed on pretrial divers	sion;
10. I authorize the Small Business Addetermining my eligibility for progra			iminal record information about me from cr small Business Investment Act.	riminal justice agencies for the purpose of	•
CAUTION - PENALTIES FOR FALSE	STATEMENTS: Knowingly mak	ding a false statemer	nt on this form is a violation of Federal law	and could result in criminal prosecution,	
more than five years and/or a fine of u	p to \$250,000; under 15 USC 64	5 by imprisonment o	tion. A false statement is punishable under of not more than two years and/or a fine of ears and/or a fine of not more than \$1,000,	not more than \$5,000; and, if submitted to	
<mark>Si</mark> gnature	T	tle		Date	
Agency Use Only				<u>'</u>	
11. Fingerprints Waived	Date Approvin	a Authority	12. Cleared for Processing	Date Approving Authority	
Fingerprints Required	Date Approving	g Authority	13. Request a Character Evaluation	Date Approving Authority	
Date Sent to OIG	Date Approving	g Authority	(Required whenever 7, 8 or 9 are answer	ered "yes" even if cleared for processing.)	
	completing this form is 15 minutes per	response. You are not	required to respond to any collection of information		
approval number. If you wish to submit com D.C. 20416 and Desk Officer for the Small I	nments on the burden for completing the Business Administration, Office of Man	nis form, direct these con nagement and Budget, N	mments to U.S. Small Business Administration, Cl New Executive Office Building, Room 10202, Was	hief, AIB, 409 3rd St., S.W., Washington hington, D.C. 20503. OMB Approval 3245-0178.	

NOTICES REQUIRED BY LAW

The following is a brief summary of the laws applicable to this solicitation of information.

Paperwork Reduction Act (44 U.S.C. Chapter 35)

SBA is collecting the information on this form to make a character and credit eligibility decision to fund or deny you a loan or other form of assistance. The information is required in order for SBA to have sufficient information to determine whether to provide you with the requested assistance. The information collected may be checked against criminal history indices of the Federal Bureau of Investigation.

Privacy Act (5 U.S.C. § 552a)

Any person can request to see or get copies of any personal information that SBA has in his or her file, when that file is retrieved by individual identifiers, such as name or social security numbers. Requests for information about another party may be denied unless SBA has the written permission of the individual to release the information to the requestor or unless the information is subject to disclosure under the Freedom of Information Act.

Under the provisions of the Privacy Act, you are not required to provide your social security number. Failure to provide your social security number may not affect any right, benefit or privilege to which you are entitled. Disclosures of name and other personal identifiers are, however, required for a benefit, as SBA requires an individual seeking assistance from SBA to provide it with sufficient information for it to make a character determination. In determining whether an individual is of good character, SBA considers the person's integrity, candor, and disposition toward criminal actions. In making loans pursuant to section 7(a)(6) the Small Business Act (the Act), 15 USC § 636 (a)(6), SBA is required to have reasonable assurance that the loan is of sound value and will be repaid or that it is in the best interest of the Government to grant the assistance requested. Additionally, SBA is specifically authorized to verify your criminal history, or lack thereof, pursuant to section 7(a)(1)(B), 15 USC § 636(a)(1)(B). Further, for all forms of assistance, SBA is authorized to make all investigations necessary to ensure that a person has not engaged in acts that violate or will violate the Act or the Small Business Investment Act,15 USC §§ 634(b)(11) and 687b(a). For these purposes, you are asked to voluntarily provide your social security number to assist SBA in making a character determination and to distinguish you from other individuals with the same or similar name or other personal identifier.

When the information collected on this form indicates a violation or potential violation of law, whether civil, criminal, or administrative in nature, SBA may refer it to the appropriate agency, whether Federal, State, local, or foreign, charged with responsibility for or otherwise involved in investigation, prosecution, enforcement or prevention of such violations. See 74 Fed. Reg. 14890 (2009) for other published routine uses.