MANAGEMENT/OWNERSHIP INFORMATION

To be completed by each owner of 20% or more of the business AND all key employees.

Personal Information:

Name_____**SSN#**_____
First Middle Last
* State full name; if no middle name, state NMN or if initial only, please indicate so.

Spouse's name_____**SSN#**_____

Home phone number_____**Work phone number**_____
Mobile phone number_____ **Fax phone number**_____

Education:

College/Technical Training	Dates Attended	Major	Degree/Certification

Work Experience: List chronologically beginning with present employment.

Company name/location:_____

From_____To_____ Title_____

Duties_____
_____
_____

Company name/location:_____

From_____To_____ Title_____

Duties_____
_____
_____

Company name/location:_____

From_____To_____ Title_____

Duties_____
_____
_____

(Attach resume or additional sheet if needed)

Management skills and experience: (attach additional sheet if needed)

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:

_____
_____
_____
___

Statistical information: The following is optional information to aid the Small Business Administration in the ongoing statistical analysis of the SBA 7(a) and 504 borrowers. Please indicate the following:

Gender:
- ☐ Male
- ☐ Female

Veteran Status:
- ☐ Non Veteran
- ☐ Vietnam Era Veteran
- ☐ Other Veteran

Minority:
- ☐ African American
- ☐ Puerto Rican
- ☐ Native American
- ☐ Hispanic
- ☐ Asian, Pacific Islander
- ☐ Eskimo and Aleut
- ☐ Undetermined
- ☐ Caucasian
- ☐ Multi Ethnic

_____Signature

Title Date