

## Non-Guarantor Minority Owner Questionnaire

NAME OF APPLICANT BUSINESS: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ OWNERSHIP % \_\_\_\_\_  
(First, Middle, and Last Name or Entity Name)

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ or EIN #: \_\_\_\_\_ - \_\_\_\_\_

CITIZENSHIP: \_\_\_\_\_

	<b>YES</b>	<b>NO</b>
Have you ever been involved in bankruptcy or insolvency proceedings?	<input type="checkbox"/>	<input type="checkbox"/>
Are you involved in any pending lawsuits?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any prior/existing SBA or other Government debt?	<input type="checkbox"/>	<input type="checkbox"/>

If answered yes to any of the above, please provide detail:

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Signature: \_\_\_\_\_