

Dear Prospective Borrower:

Thank you for considering SKED for your financing needs. Below you will find a checklist of information necessary to process your loan request. Upon receipt of the applicable items listed under Preliminary Eligibility Requirements, we will be able to determine if your project will meet SBA's general funding guidelines, typically within 48 to 72 hours. The remaining applicable checklist documentation must be provided prior to formal review and approval. If you should have any questions, please do not hesitate to contact us.

The attached application relates to SKED's U.S. Small Business Administration 504 Loan Program. This program provides real estate and large machinery and equipment financing to businesses in Kentucky. Project guidelines are as follows:

- Real estate loans are for a term of 20 years and equipment loans are for a term of 10 years. Equipment must have a remaining useful life of 10 years.
- All loans carry a fixed interest rate.
- The maximum loan amount is the lesser of 40% of the total project cost or \$5,500,000.
- A minimum of 10% of the project costs must be provided directly from the business or personal resources.
- Both business and personal assets may be used to secure the loan and personal guarantees will be required for all principals/owners of more than 20% of the business including their spouses.
- Loan proceeds may be used to purchase real estate, construct, expand, or renovate facilities and to purchase equipment.
- Certain fees and soft costs are eligible to be paid from loan proceeds. Any ineligible costs are required to be paid by the borrower and are due upon closing.

All loans must be approved by the SKED Board of Directors which meets on the third Wednesday of each month. All applications must be received by the first day of the month in order to be considered at that month's Board meeting. Once the information below is received, an initial determination will be made as to eligibility under SKED's and SBA's program guidelines. Additional information may be needed depending upon your project. Upon approval by the SKED Board, the application is submitted to the SBA for its review and action. Under normal circumstances, the SBA review will take 10 to 15 working days. If the SBA approves the application, an Authorization is issued detailing all the terms and conditions of its approval for the small business, SKED, and the third party lender. All information is maintained under the strictest confidence.

If you should have any questions regarding the above information, please do not hesitate to contact us. Again, thank you for considering SKED for your financing needs.

Sincerely,

Greg Jones
Executive Director

Michael J. Bush, CPA
Director of Lending

SOUTHEAST KENTUCKY ECONOMIC DEVELOPMENT CORPORATION

2292 South Highway 27, Suite 340 Somerset, Kentucky 42501

Phone: (606) 677-6100 Fax: (606) 677-6055

SBA 504 LOAN PROGRAM CHECKLIST

Preliminary Eligibility Requirements:

1. If your business has been in operation for **MORE** than 1 year, please provide a brief description of the nature of your business, its history and a clear description of the project to be undertaken and how it will help your business. If your business has been in operation for **LESS** than 1 year, please provide a detailed business plan.
2. Itemized, detailed listing of costs to be incurred in the project including any supporting documentation such as real estate sales or option contracts, contractor costs and estimates, vendor quotes for machinery, as well as an itemized listing of estimated "professional fees" (i.e., appraiser, architect, legal, etc.) Also provide verification of useful life of at least 10 years for machinery and equipment
3. Completed schedule of existing and planned (during next 12 months) business debts for both the operating company and the real estate holding company, if applicable. If a start-up or no debt in the business, please note so on the form, sign, and submit with your application. Please indicate if any of the debt are delinquent or in default.
4. If your business has been in operation for **MORE** than 2 years, please provide, for both the operating company and real estate holding company, if applicable, external accountant or internally prepared financial statements (balance sheet and income statement) and federal income tax returns for the previous 3 years, interim financial statements (balance sheet and income statement) of not less than 60 days old with related aging of accounts receivable and payable, and at least two years financial projections (balance sheet and income statement) including the project being undertaken. Detail all assumptions used in preparing the projection.
5. If your business has been in operation for **LESS** than 2 years, please provide, for both the operating company and real estate holding company, if applicable, external accountant or internally prepared financial statements (balance sheet and income statement) and federal income tax returns for all years completed, interim financial statements (balance sheet and income statement) of not less than 60 days old with related aging of accounts receivable and payable, and a 3 year financial projection (balance sheet and income statement) including the project being undertaken. Also provide a monthly cash flow analysis for the first 12 months of operation or for three months beyond the breakeven point (whichever is longer) together with t description of assumptions attached. Detail all assumptions used in preparing the projection.
6. Personal financial statements (SBA Form 413) current within 30 days and last completed tax return of all owners owning 20% or more of the operating company and, if different, each owner with 20% or more ownership of the real estate holding company, if applicable.

Full Application Requirements (in addition to above):

7. SKED 504 Loan Application form completed in full and signed on page 3 by a designee of the business and page 4 by all owners of 20% or more of the business.
8. Provide a schedule of any previous government financing received by the operating company, real estate holding company, if applicable, any affiliated company, as well as any associate or principal of the applicant. Include the name of the agency, the original date and amount, the outstanding balance, if the loan is current, paid, delinquent, or charged off, and collateral securing the loan. If no previous government financing, please provide a signed statement to that effect.

9. Personal History Statement (SBA Form 912) and copy of driver's license and social security card for each officer and director (regardless of ownership) and each owner of 20% or more of the operating company and, if different, each owner with 20% or more ownership of the real estate holding company, and any key management.
10. Resumes or biographies on all owners and key management personnel.
11. If applicable, the names of affiliated (whether by ownership **or** management control) or subsidiary businesses, as well as the last three fiscal year-end financial statements and federal income tax returns and related DUNNS number for each. (Front page of each document must be signed by loan applicant)
12. If applicable, a copy of the Franchise Agreement and Franchisor's Disclosure Statement that is required by the Federal Trade Commission.
13. If applicable, a copy of the existing or proposed lease agreement between operating company and real estate holding company.



APPLICATION FOR SBA 504 LOAN
SOUTHEAST KENTUCKY ECONOMIC
DEVELOPMENT CORPORATION
 2292 South Highway 27, Suite 340 Somerset, Kentucky 42501
 Phone: (606) 677-6100 Fax: (606) 677-6055

Operating Company Information:

Company Name				
Street or P.O. Box	City	County	State	Zip Code
Contact Person	Telephone		Fax	
Federal Employer ID Number	DUNNS Number	NAICS Code	Email	
Corporation: <input type="checkbox"/> Partnership: <input type="checkbox"/> Sole Proprietor: <input type="checkbox"/> Other:				
Date Established:	State of Incorporation:	Company's fiscal year end:		

Operating Company Ownership: Please identify all owners with 20% or more interest in the company.

Name	Address	Social Security Number	Percent (%)

Real Estate Holding Company Information (if applicable):

Company Name or Owner Name				
Street or P.O. Box	City	County	State	Zip Code
Contact Person	Telephone	Fax	Email	
Corporation: <input type="checkbox"/> Partnership: <input type="checkbox"/> Sole Proprietor: <input type="checkbox"/> Other:				
Date Established:	State of Incorporation:	Company's fiscal year end:		

Real Estate Holding Company Ownership: Please identify all owners with 20% or more interest in the company.

Name	Address	Social Security Number	Percent (%)

Has the operating company, any of its current officers, or any of the current owners ever been convicted of a criminal offense, been in receivership or adjudicated a bankruptcy, been denied a business-related license, or had it suspended or revoked by any administrative, governmental or regulatory agency, or are presently involved in a lawsuit?

YES NO If yes, please attach an explanation.

Is at least 51% of the business owned by U.S. Citizens or green card holders? Yes No

References:

Primary Bank	Contact Person	Phone
Accountant Name	Firm Name	Phone
Attorney Name	Firm Name	Phone

Project Information:

Street Address of Project	City	County	State	Zip Code
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Square Footage of Building: _____ Square Footage Operating Company will Occupy*:

Has Property been Purchased? Yes No Date Purchased/to Close:

* Please Note – SBA requires the operating company to occupy 51% of an existing building and 60% of a new construction.

Project Cost Information for Purchase of Existing Buildings or Equipment Only Projects:

Project Needs	Estimated Cost
Purchase of Land and Existing Building	
Remodeling and Renovation Costs	
Equipment Costs**	
Other: (Identify)	
TOTAL PROJECT COST	

Project Cost Information for Construction Projects:

Project Needs	Amount
Land Acquisition	
Construction Costs	
Architects, Engineers, Permits, and other soft costs	
Equipment Costs**	
Other: (Identify)	
TOTAL PROJECT COST	

** Please Note – Equipment to be financed must have a useful life of 10 years or more.

Affiliate Businesses: List any other businesses owned or controlled by any principal with 20% or more ownership in operating company.

Business Name	Owner	% Ownership
Business Name	Owner	% Ownership
Business Name	Owner	% Ownership
Business Name	Owner	% Ownership

Employment Projections

	Full-Time	Part-Time	**Full-Time Equivalents of Part-Time
Current number of jobs at project location			
New Jobs to be Created			
Jobs to be retained			

***If part-time employment is being created, please also indicate full-time equivalents and an explanation of the formula used to determine full-time equivalents. Without this information, part-time jobs will not be used in the calculation of jobs.*

Certification of Applicant/Application

Certification: I/We hereby represent and certify that the foregoing information, to the best of my knowledge, is (a) true, complete and accurately and fairly describes the proposed project for which financial assistance is sought; and (b) does not contain any information for which an entity competing with the applicant may claim a proprietary; and (c) that there are no pending suits, proceedings, judgments or pending litigation of any kind affecting the applicant nor its principal owners (if a corporation); and (d) that I authorize lender to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness; and (e) that I understand that non-confidential information may be subject to public disclosure pursuant to the Federal Freedom of Information Act.

The Federal Equal Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, handicap, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant’s income is derived from any public assistance program or because the applicant has in good faith exercised any right under the Consumer Credit Protection Action. The Federal agency that administers compliance with this law is the Federal Trade Commission, Equal Credit Opportunity, Washington, D.C. 20580.

I/We further understand that completed applications for financing are reviewed and considered on a first-come, first-served basis and that approved financing is subject to the availability of funds. I/We also understand that evidence showing that funds from conventional sources have been sought, but such funds were unobtainable, may be required.

Signature

Title

Print Name / Date

Updated 5/4/2011

CREDIT AUTHORIZATION

I hereby authorize Southeast Kentucky Economic Development Corporation and/or the U.S. Small Business Administration to conduct credit investigation and verifications and to obtain credit bureau reports (including consumer and/or business credit reports) on the undersigned and any other entity of which I am a principal.

In addition, and not withstanding anything to the contrary, I also expressly authorize the release of any financial/organizational information or data from third party sources (Banks, Financial Institutions, Insurance Companies, Attorneys, Accountants, Credit Unions, etc....) to Southeast Kentucky Economic Development Corporation upon its written or verbal request.

Date

Signature

Printed Name

Date

Signature

Printed Name

Date

Signature

Printed Name

Date

Signature

Printed Name

Date

Signature

Printed Name

DEMOGRAPHIC INFORMATION

(for owners with more than a 20% ownership interest in the company)

The following information is requested by the Federal Government in order to monitor the Lender's compliance with the Equal Credit Opportunity Act. You are **not** required to furnish this information, but are encouraged to do so.

The law requires that the Lender may neither discriminate on the basis of this information, or on whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations the Lender is required to note race and sex on the basis of visual observation or surname.

Owner 1: I do not wish to furnish this information.

Owner Name		Ownership %	Age
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		Veteran Status <input type="checkbox"/> Non-Vet
Race <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Other		<input type="checkbox"/> Vietnam Era <input type="checkbox"/> Other Vet	

Owner 2: I do not wish to furnish this information.

Owner Name		Ownership %	Age
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		Veteran Status <input type="checkbox"/> Non-Vet
Race <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Other		<input type="checkbox"/> Vietnam Era <input type="checkbox"/> Other Vet	

Owner 3: I do not wish to furnish this information.

Owner Name		Ownership %	Age
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		Veteran Status <input type="checkbox"/> Non-Vet
Race <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Other		<input type="checkbox"/> Vietnam Era <input type="checkbox"/> Other Vet	



PERSONAL FINANCIAL STATEMENT

U.S. SMALL BUSINESS ADMINISTRATION

As of _____, _____

Complete this form for: (1) each proprietor, or (2) each limited partner who owns 20% or more interest and each general partner, or (3) each stockholder owning 20% or more of voting stock, or (4) any person or entity providing a guaranty on the loan.

Name	Business Phone
Residence Address	Residence Phone
City, State, & Zip Code	
Business Name of Applicant/Borrower	

ASSETS		(Omit Cents)	LIABILITIES		(Omit Cents)
Cash on hand & in Banks	\$	_____	Accounts Payable	\$	_____
Savings Accounts	\$	_____	Notes Payable to Banks and Others	\$	_____
IRA or Other Retirement Account	\$	_____	(Describe in Section 2)		
Accounts & Notes Receivable	\$	_____	Installment Account (Auto)	\$	_____
Life Insurance-Cash Surrender Value Only	\$	_____	Mo. Payments \$ _____		
(Complete Section 8)			Installment Account (Other)	\$	_____
Stocks and Bonds	\$	_____	Mo. Payments \$ _____		
(Describe in Section 3)			Loan on Life Insurance	\$	_____
Real Estate	\$	_____	Mortgages on Real Estate	\$	_____
(Describe in Section 4)			(Describe in Section 4)		
Automobile-Present Value	\$	_____	Unpaid Taxes	\$	_____
Other Personal Property	\$	_____	(Describe in Section 6)		
(Describe in Section 5)			Other Liabilities	\$	_____
Other Assets	\$	_____	(Describe in Section 7)		
(Describe in Section 5)			Total Liabilities	\$	_____
Total	\$	_____	Net Worth	\$	_____
			Total	\$	_____

Section 1. Source of Income	Contingent Liabilities
Salary	As Endorser or Co-Maker
Net Investment Income	Legal Claims & Judgments
Real Estate Income	Provision for Federal Income Tax
Other Income (Describe below)*	Other Special Debt

Description of Other Income in Section 1.

*Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.

Section 2. Notes Payable to Banks and Others. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

Name and Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed Type of Collateral

Section 3. Stocks and Bonds. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed).

Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

Section 4. Real Estate Owned. (List each parcel separately. Use attachment if necessary. Each attachment must be identified as a part of this statement and signed.)

	Property A	Property B	Property C
Type of Property			
Address			
Date Purchased			
Original Cost			
Present Market Value			
Name & Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment per Month/Year			
Status of Mortgage			

Section 5. Other Personal Property and Other Assets. (Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment and if delinquent, describe delinquency)

Section 6. Unpaid Taxes. (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)

Section 7. Other Liabilities. (Describe in detail.)

Section 8. Life Insurance Held. (Give face amount and cash surrender value of policies - name of insurance company and beneficiaries)

I authorize SBA/Lender to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. I understand FALSE statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001).

Signature: _____ Date: _____ Social Security Number: _____

Signature: _____ Date: _____ Social Security Number: _____

PLEASE NOTE: The estimated average burden hours for the completion of this form is 1.5 hours per response. If you have questions or comments concerning this estimate or any other aspect of this information, please contact Chief, Administrative Branch, U.S. Small Business Administration, Washington, D.C. 20416, and Clearance Officer, Paper Reduction Project (3245-0188), Office of Management and Budget, Washington, D.C. 20503. **PLEASE DO NOT SEND FORMS TO OMB.**



United States of America
SMALL BUSINESS ADMINISTRATION
STATEMENT OF PERSONAL HISTORY

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.

Name and Address of Applicant (Firm Name) (Street, City, State, and ZIP Code)		SBA District/Disaster Area Office	
		Amount Applied for (when applicable) \$	File No. (if known)
1. Personal Statement of: (State name in full, if no middle name, state (NMN), or if initial only, indicate initial.) List all former names used, and dates each name was used. Use separate sheet if necessary. First Middle Last Years Used		2. Give the percentage of ownership or stock owned or to be owned in the small business concern or the development company	
		Social Security No.	
		3. Date of Birth: (Month, day, and year)	
		4. Place of Birth: (City & State or Foreign Country)	
Name and Address of participating lender or surety co. (when applicable and know) Southeast Kentucky Economic Development Corporation, Inc.		5. U.S. Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO INITIALS: _____ If no, are you a Lawful Permanent resident alien: <input type="checkbox"/> YES <input type="checkbox"/> NO If non-U.S. citizen provide alien registration number: _____	
6. Present residence address: From: To: Address: Home Telephone No. (Include Area Code): Business Telephone No. (Include Area Code):		Most recent prior address (omit if over 10 years ago): From: To: Address:	

PLEASE SEE REVERSE SIDE FOR EXPLANATION REGARDING DISCLOSURE OF INFORMATION AND THE USES OF SUCH INFORMATION. YOU MUST INITIAL YOUR RESPONSES TO QUESTIONS 5,7,8 AND 9.

IF YOU ANSWER "YES" TO 7, 8, OR 9, FURNISH DETAILS ON A SEPARATE SHEET. INCLUDE DATES, LOCATION, FINES, SENTENCES, WHETHER MISDEMEANOR OR FELONY, DATES OF PAROLE/PROBATION, UNPAID FINES OR PENALTIES, NAME(S) UNDER WHICH CHARGED, AND ANY OTHER PERTINENT INFORMATION. AN ARREST OR CONVICTION RECORD WILL NOT NECESSRILY DISQUALIFY YOU; HOWEVER, UNTRUTHFUL ANSWER WILL CAUSE YOUR APPLICATION TO BE DENIED AND SUBJECT YOU TO OTHER PENALTIES AS NOTED BELOW.

7. Are you presently under indictment, on parole or probation? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, indicate date parole or probation is to expire.)	INITIALS: _____
8. Have you <u>ever</u> been charged with and or arrested for any criminal offense other than a minor motor vehicle violation? Include offenses which have been dismissed, discharged, or not prosecuted. (All arrests and charges must be disclosed and explained on an attached sheet.) <input type="checkbox"/> Yes <input type="checkbox"/> No	INITIALS: _____
9. Have you <u>ever</u> been convicted, placed on pretrial diversion, or placed on any form of probation, including adjudication withheld pending probation, for any criminal offense other than a minor vehicle violation? <input type="checkbox"/> Yes <input type="checkbox"/> No	INITIALS: _____
10 I authorize the Small Business Administration Office of Inspector General to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for programs authorized by the Small Business Act, and the Small Business Investment Act.	

CAUTION - PENALTIES FOR FALSE STATEMENTS: Knowingly making a false statement on this form is a violation of Federal law and could result in criminal prosecution, significant civil penalties, and a denial of your loan, surety bond, or other program participation. A false statement is punishable under 18 USC 1001 and 3571 by imprisonment of not more than five years and/or a fine of up to \$250,000; under 15 USC 645 by imprisonment of not more than two years and/or a fine of not more than \$5,000; and, if submitted to a Federally insured institution, under 18 USC 1014 by imprisonment of not more than twenty years and/or a fine of not more than \$1,000,000.

Signature	Title	Date
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Agency Use Only 11. <input type="checkbox"/> Fingerprints Waived Date _____ Approving Authority _____ <input type="checkbox"/> Fingerprints Required Date Sent to OGI _____ Date _____ Approving Authority _____		12. <input type="checkbox"/> Cleared for Processing Date _____ Approving Authority _____ 13. <input type="checkbox"/> Request a Character Evaluation Date _____ Approving Authority _____ (Required whenever 7,8 or 9 are answered "yes" even if cleared for processing.)	
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Please Note: The estimated burden hours for completion of this form is 15 minutes per response. You will not be required to respond to any collection of information unless it displays a currently valid OMB approval number. Comments on the burden should be sent to U.S. Small Business Administration, Chief, AIB, 409 3rd St. S.W., Washington D.C. 20416 and Desk Officer for the Small Business Administration, Office of Management and Budget, New Executive Office Building, Room 10202, Washington, D.C. 20503. OMB Approval 3245-0178. **PLEASE DO NOT SEND FORMS TO OMB.**

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.