



## SUPPLEMENTAL INFORMATION FOR PREMIER CERTIFIED LENDER PROGRAM (PCLP) PROCESSING

OMB APPROVAL NO.: 3245-0346  
EXPIRATION DATE: 12/31/2019

The PCLP Certified Development Company (CDC) completes this form as part of the application package for Section 504 Loan and sends to: Sacramento Loan Processing Center, Small Business Administration, 6501 Sylvan Road, Suite 111, Citrus Heights, CA. 95610-5017 (or Fax to 916-735-0640).

Borrower Name:	<input type="text"/>		
Trade Name (dba):	<input type="text"/>	(if no trade name, enter "NA")	
Project Street:	<input type="text"/>		
Project Zip Code:	<input type="text"/>	Borrower Phone #:	<input type="text"/>
Borrower SSN #:	<input type="text"/>	(must include SSN # for principal of borrower)	
Employer ID #:	<input type="text"/>	(if available)	
Project State:	<input type="text"/>	(2 letter abbreviation)	Project County: <input type="text"/>
Project City:	<input type="text"/>	<input type="checkbox"/> Project located in Special Geographic Area	
CDC Name:	<input type="text"/>		
CDC ID #:	<input type="text"/>	Debenture Maturity:	<input type="text"/> (in months)
Net Debenture Amount:	<input type="text"/>	Gross Debenture Amount:	<input type="text"/>
Borrower Contribution:	<input type="text"/>	Closing Costs:	<input type="text"/>

Exporter? Yes ☐ No ☐ If yes, export sales amount projected loan will support:

☐ New Business? ☐ Outstanding SBA Loan? ☐ Real Estate Collateral Rural ☐ or Urban ☐

NAICS Code:  ☐ All Applicant's production facilities are located in the U.S.?

No. of Employees:  No. of Jobs Created:  No. of Jobs Retained:

☐ CDC's 504 loan portfolio meets or exceeds CDC's required Job Opportunity Average

<input type="checkbox"/> Franchise or similar agreement?	Trade Name:	<input type="text"/>
	SBA Franchise Identifier Code (if applicable):	<input type="text"/>

☐ Sole Proprietorship? ☐ Partnership? ☐ Corporation? ☐ Other?

3<sup>rd</sup> Party Loan Amount:

3 <sup>rd</sup> Party Lender:	<input type="text"/>	Lender ID #:	<input type="text"/>
-------------------------------	----------------------	--------------	----------------------

3<sup>rd</sup> Party Street:

3<sup>rd</sup> Party City:  State:  Zip Code:

☐ Special-Purpose Asset?

- |                                                                          |                                                                                                 |
|--------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> B1 – Community or Area Development              | <input type="checkbox"/> C5 - Restructuring Because of Federally Mandated Standards or Policies |
| <input type="checkbox"/> C1 – Business District Revitalization           | <input type="checkbox"/> C6 – Changes Necessitated by Federal Budget Cutbacks                   |
| <input type="checkbox"/> C2 – Expansion of Minority Business Development | <input type="checkbox"/> C7 - Rural Development                                                 |
| <input type="checkbox"/> C3 – Enhanced Economic Competition              | <input type="checkbox"/> C8 – Veteran-owned Businesses                                          |
| <input type="checkbox"/> C4 – Expansion of Exports                       | <input type="checkbox"/> C9 – Women-owned Businesses                                            |
| <input type="checkbox"/> E1 – Reduce Energy Use by 10%                   | <input type="checkbox"/> E2 – Sustainable Building Design                                       |
| <input type="checkbox"/> E3 – Renewable Energy Production                |                                                                                                 |

### **Supplemental Information for PCLP Processing**

Borrower Name:

Veteran Status: \*\* 1= Non-Veteran; 2= Other Vet.; 3=Service-Disabled Vet.; 4=Not Disclosed.

Gender: \*\* M= Male; F= Female; N= Not Disclosed

Race: \*\* 1= American Indian/Alaska Native; 2= Asian; 3= Black/African-American; 4= Native Hawaiian/Pacific Islander  
5= White; X= Not disclosed

Ethnicity: \*\* H= Hispanic/Latino; N= Not Hispanic/Latino; Y=Not Disclosed

Owner #	% Owned	Veteran Code	Gender Code	Race	Ethnicity	Please reference the above codes to complete this table for each 20% or greater owners of the business. More than one race code may be selected.  **Collected for statistical purposes only, disclosure is voluntary and has no bearing on credit decision.

Use of Loan Proceeds	Amount
Purchase Land	\$
Purchase Land and Improvements	\$
Purchase Improvements	\$
Construct a Building	\$
Add an Addition to a Building	\$
Make Renovation to a Building	\$
Make Leasehold Improvements to a Building	\$
Purchase/Install Equipment	\$
Purchase/Install Fixtures	\$
Pay Outstanding Debt	\$
Other Expenses (eligible business expenses, construction contingency, interest on interim financing, etc.)	\$
Professional Fees	\$
Total	\$

The estimated burden for completing this form is 25 minutes. You will not be required to respond to any collection of information unless it displays a currently valid OMB Control Number. Comments on the burden should be sent to U. S. Small Business Administration (SBA), Chief, AIB, 409 3rd Street, SW, Washington, DC 20416 and Desk Officer for SBA, Office of Management and Budget, New Executive Office Building, Room 10202, Washington, DC 20503. OMB Control Number 3245-0346. PLEASE DO NOT SEND FORMS TO OMB.