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**Downtown Tenant Improvement Program**  
Redevelopment Agency of the City of Santa Rosa

**APPLICATION**

Prior to submitting this application, you must read the Program Guidelines and conduct a pre-application meeting with the City of Santa Rosa's Economic Development and Housing Department staff. Please call 707-543-4338 or email [abuss@srcity.org](mailto:abuss@srcity.org) for assistance. **Incomplete applications will NOT be considered.**

*Please Print*

Date: \_\_\_\_\_

Applicant Name(s): \_\_\_\_\_

Applicant Legal Entity Type (check one):

Individual \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ Other: \_\_\_\_\_

Federal Tax ID#, if applicable: \_\_\_\_\_

Contact person (if applicant is not an individual): \_\_\_\_\_

Applicant is (circle one): Property Owner / Business Tenant

If applicant is the tenant, name and type of business: \_\_\_\_\_

Applicant Mailing Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Santa Rosa Business Tax Certificate #: \_\_\_\_\_

Address of property where tenant improvement proposed: \_\_\_\_\_

Assessors' Parcel Number (APN) of property: \_\_\_\_\_

Date Building was Constructed: \_\_\_\_\_

Loan/Rebate Amount Requested: \$ \_\_\_\_\_

**If Applicant is the Property Owner:**

For each space where a tenant improvement is proposed, list the tenant business name and type and indicate whether this is a current or prospective tenant: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

***Attach lease or leasing commitment for each tenant listed.***

**If Applicant is the Business Tenant, please provide the following for Property Owner:**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

What are the beginning and end dates of your current lease? \_\_\_\_\_

***Please attach signed copy of Attachment 1—Agreement and Waiver by Owner, and a copy of your current lease. Please be aware that we will notify the Property Owner to confirm this information.***

**Tenant Improvement Project Information:**

What is the square footage of the space for the proposed tenant improvements? \_\_\_\_\_

How many leasable spaces are in the building? \_\_\_\_\_

How many of the leasable spaces are currently occupied by tenants? \_\_\_\_\_

Describe in detail the tenant improvements to be completed at the subject property: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Explain how the proposed tenant improvements will improve the success of the current or proposed business(es) at this location: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Attach photos of current interior(s) and any drawings or color/materials samples for the proposed tenant improvements.***

**Tenant Improvement Project Information (continued):**

Describe the current status of the proposed tenant improvement project: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you hired any consultants or contractors yet? Yes \_\_\_\_ No \_\_\_\_

If yes, list name, type, phone, and email and attach contracts for each one: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you already spent any funds on the project? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, how much have you spent? \_\_\_\_\_

Have you met with the City of Santa Rosa Community Development Department yet? Yes \_\_\_\_ No \_\_\_\_

If Yes, please provide name(s) of person(s) contacted: \_\_\_\_\_

Are there any code violations at the property? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, please describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you planning to construct any other improvements on the interior or exterior of the property concurrent with the tenant improvements? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, please describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Attach copies of contracts for any consultants or contractors you have already hired.***



**Proposed Sources of Funding:**

Applicant cash	\$
Private lender funds	\$
Tenant Improvement loan/rebate requested from Redevelopment Agency	\$
Other (describe): _____	\$
Total Sources	\$

If you are using private lender funds, have you applied for that loan yet? Yes \_\_\_\_ No \_\_\_\_

If Yes, with which bank? \_\_\_\_\_

When do you expect to be notified of loan approval? \_\_\_\_\_

If you are using your own cash, do you have the amount you need on hand? Yes \_\_\_\_ No \_\_\_\_

If No, by what date do you expect to have it? \_\_\_\_\_

**Collateral Proposed to Secure Loan**

Describe proposed collateral: \_\_\_\_\_

Address: \_\_\_\_\_

Assessor's Parcel Number (APN): \_\_\_\_\_

Present Market Value: \_\_\_\_\_

Outstanding debt on collateral:

Lender: \_\_\_\_\_ Loan balance: \_\_\_\_\_

Lender: \_\_\_\_\_ Loan balance: \_\_\_\_\_

***Attach any lender commitments.***

**Proposed Project Schedule:**

**Date**

Apply for Planning Approvals	
Receive Planning Approvals	
Apply for Building Permit	
Receive Building Permit	
Begin Construction	
Complete Construction	

**Borrower Information:**

**Please complete this section for each borrower, co-borrower, owner, partner, or stockholder having more than 20% ownership of borrowing legal entity. (Add additional sheets, if necessary).**

Borrower/Co-Borrower/Owner/Principal/Stockholder Name:

First: \_\_\_\_\_ Last: \_\_\_\_\_ Title: \_\_\_\_\_

Percentage of Ownership: \_\_\_\_\_

Home street address: \_\_\_\_\_

Home phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Total Household Income: \_\_\_\_\_ Source(s): \_\_\_\_\_

Employer's Name (if different from applicant): \_\_\_\_\_

Years with Company: \_\_\_\_\_ Position: \_\_\_\_\_

Rent or Own Home (circle one) Number of Years: \_\_\_\_\_

Home Rent / Mortgage Payment: \_\_\_\_\_ Total of all home mortgages: \$ \_\_\_\_\_

Current Home Market Value: \$ \_\_\_\_\_

Personal accounts:

Bank Name: \_\_\_\_\_

Account #: \_\_\_\_\_ Checking Balance: \_\_\_\_\_ Savings Balance: \_\_\_\_\_

Account #: \_\_\_\_\_ Checking Balance: \_\_\_\_\_ Savings Balance: \_\_\_\_\_

Are any of your assets held in trust? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever declared bankruptcy? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you party to any claim or lawsuits? Yes \_\_\_\_\_ No \_\_\_\_\_

Are there any outstanding judgments against you? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever had property foreclosed upon or given the title or deed in lieu thereof?

Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever directly or indirectly been obligated on any loan which resulted in foreclosure, transfer of title in lieu of foreclosure, or judgment? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you a co-maker or endorser on a note? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you obligated to pay alimony, child support, or separate maintenance?

Yes \_\_\_\_\_ No \_\_\_\_\_

**Attach an explanation for each "yes" answer.**

**Borrower Information (Continued):**

**If borrowing legal entity is a business:**

Date business established: \_\_\_\_\_

Business mailing address: \_\_\_\_\_

Business phone: \_\_\_\_\_

Type of business: \_\_\_\_\_

Number of full-time employees: \_\_\_\_\_ Number of part-time employees: \_\_\_\_\_

Business bank accounts:

Bank Name	Account Number	Current Balance	Bank Contact	Bank Phone

**Loan Repayment**

Please describe the proposed source of loan repayment and ability to make payments over the loan term:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Voluntary Information:**

The following information is requested to monitor compliance with the equal opportunity laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish it, and you apply in person, this lender will note race and sex on the basis of visual observation or surname.

I do not wish to furnish this information:

**Race / National Origin:**

African American

Asian or Pacific Islander

Native American

White

Eskimo or Aleut

Other

**Veteran Status:**

Non Veteran

Vietnam Era Veteran

Other Veteran

**Gender:**

Female

Male

**Applicant Certification:**

I hereby certify that:

- I am the owner of record of the property proposed to be improved; **or**
- I am the tenant and have obtained written consent of the owner of record of the property to be improved to participate in this Program.
- I have read and understand the Downtown Tenant Improvement Program Guidelines.
- I am qualified and will abide by such conditions set forth in this application and the Program Guidelines.
- The information provided, contained herein and attached hereto, is accurate and correct to the best of my knowledge.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature of Co-Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

### **Attachments to Application**

Please attach the following documents, as applicable to your project, to this application form before submitting. The application cannot be considered complete without all of the necessary applicable attachments.

- Lease or leasing commitment for each space to be improved
- Agreement and Waiver by Owner, if applicant is the tenant (Attachment 1)
- Borrower's Certification and Authorization (Attachment 2)
- Photos of current interior(s)
- Drawings of proposed tenant improvements
- Color and materials samples for proposed tenant improvements
- Contracts for all consultants or contractors
- Lender commitment(s)
- Explanations of any "Yes" answers to questions on Page 6 of Application
- W-9 Form (Attachment 3)
- Personal Financial Statement for applicant, or if applicant is a business entity, for each owner, proprietor, or principal having 20% or more ownership (Attachment 4)
- Federal income tax returns for the last 3 years (individual, if proprietorship or partnership, or business, for all other entities.
- Articles of incorporation for borrowing entity, if applicable
- Accounts receivable and payable within 90 days
- List of vendors with addresses and account numbers for accounts over 30 days
- Financial statements (balance sheets and income/expense statements) – prior year and current within 90 days
- If Applicant is a start-up business: Proformas detailing Year One of projected operations with monthly cash flow and Years 2 and 3 of operations with annual cash flow, with all assumptions explained



**Department of Economic Development and Housing**  
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707-543-3300 Fax: 707-543-3317 TDD: 707-543-3318  
[www.srcity.org](http://www.srcity.org)



**Attachment 1**

**Agreement and Waiver by Owner**

***Please Print Neatly***

I, \_\_\_\_\_ (Owner) understand that my tenant \_\_\_\_\_ (Tenant) has applied to the Redevelopment Agency of the City of Santa Rosa's Downtown Tenant Improvement Program (Program) to construct certain tenant improvements at my property located at the following address:

\_\_\_\_\_. I further understand that under the Program, Tenant will receive a rebate of a portion of the costs for the design and construction of the tenant improvements in the form of a loan, all in accordance with the Program Guidelines.

I have received and reviewed the Program Guidelines and reviewed the application Tenant has prepared. I agree to permit the proposed improvements to my building at the above address (Property). I understand that I am not financially responsible to complete these improvements.

I understand and agree that the Redevelopment Agency of the City of Santa Rosa (Agency) and the City of Santa Rosa (City) assume no responsibility or liability to me or any other party for any action or failure of any contractor or other third party and in no way guarantee any work to be done or material to be supplied.

I agree to hold the Agency and City harmless from and indemnify them for and against any and all claims which may be brought or raised against the Agency or City or any of its officers, representatives, agents, or agencies regarding any matters relevant to the Tenant's or Owner's obligations under the Program.

I assure the Agency and City that Tenant lawfully rents and occupies the Property pursuant to a \_\_\_\_\_ (Property Lease), dated as of \_\_\_\_\_, and which expires on \_\_\_\_\_, and that Tenant may continue to rent and occupy the Property in accordance with the terms and conditions of the Property Lease so long as Tenant is not in default under the Lease.

I understand and agree that if Tenant is accepted into the Program, Tenant will be required to enter into a Loan Agreement with the Agency setting forth, among other things, Tenant's obligations with respect to the construction of the tenant improvements and certain ongoing operational and maintenance covenants. I authorize Tenant to make the proposed improvements to the Property.

I understand and agree that if Tenant is accepted into the Program, Tenant will be subject to certain ongoing maintenance and operational covenants contained in the Loan Agreement, and I will be required to execute a Consent and Agreement by Owner (Owner's Consent) to maintain the improvements in the event of a default by Tenant under the Loan Agreement.

I understand and agree that the Owner's Consent will require my conformance with the Program Guidelines and the operational and maintenance covenants, including the operational requirements in Section 9 of the Loan Agreement, which requirements shall apply to all storefronts in the building I own regardless of how many storefronts are included in the improvement project.

Downtown Tenant Improvement Program Application

I understand and agree that, if Tenant is accepted into the Program, I will be required to maintain fire and extended insurance coverage for the Property as described in Appendix 2 of the Program Guidelines.

I understand that the proposed improvements may increase the value of my building and may result in an increase in my annual property taxes, and I agree to pay any such increase in property taxes if and when due.

**ACKNOWLEDGEMENT**

I have read the above statements and acknowledge that they are true and complete to the best of my knowledge. I agree to comply with the agreements set forth above, and have no objection to Tenant pursuing the proposed tenant improvement project.

\_\_\_\_\_  
Property Owner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Tenant Signature

\_\_\_\_\_  
Date

**Attachment 2**

**Borrower's Certification & Authorization**

The undersigned certify the following:

1. I/We have applied for a loan from Santa Rosa Redevelopment Agency (the "Lender") for a Tenant Improvement Project. In applying for the loan, I/we completed a loan application containing various information on the purpose of the loan, the amount and source of the down payment, employment and income information, and assets and liabilities. I/We certify that all of the information is true and complete. I/We made no misrepresentations in the loan application or other documents, nor did I/we omit any pertinent information.
2. I/We understand and agree that Lender reserves the right to change the loan review process to a full documentation program. This may include verifying the information provided on the application with the employer and/or the financial institution.
3. I/We authorize the Lender or its agents to verify my/our statements with any source, and obtain credit and employment history. To process the application, the Lender may require a credit report, an appraisal, and certain property inspections.
4. I/We certify that I/we have read and understand the Program Guidelines for the Downtown Tenant Improvement Program.

**Authorization to Release Information**

To Whom It May Concern:

1. I/We have applied for a loan from Santa Rosa Redevelopment Agency (the "Lender") for a Tenant Improvement Project. As part of the application process, Lender may verify information contained in my/our loan application and in other documents required in connect with the loan, either before the loan is closed or a part of its quality control program.
2. I/We authorize you to provide to Lender, and to any investor to whom Lender may sell my/our mortgage, any and all information and documentation that they request. Such information includes, but is not limited to, employment history and income; bank, money market, and similar account balances; credit history; and copies of income tax returns.
3. Lender or any investor that purchases the mortgage may address this authorization to any party named in the loan application.
4. A copy of the authorization may be accepted as an original.
5. Your prompt reply to Lender or the investor that purchased the mortgage is appreciated.

\_\_\_\_\_  
(Borrower's Signature)

\_\_\_\_\_  
(Social Security Number)

\_\_\_\_\_  
(Borrower's Signature)

\_\_\_\_\_  
(Social Security Number)

## Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

<b>Print or type See Specific Instructions on page 2.</b>	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification (required): <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶	
	<input type="checkbox"/> Other (see instructions) ▶	
Address (number, street, and apt. or suite no.)		Requester's name and address (optional)
City, state, and ZIP code		
List account number(s) here (optional)		

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									
				-			-		

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number									
				-					

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

#### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,
- The U.S. grantor or other owner of a grantor trust and not the trust, and
- The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

**Foreign person.** If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

**Nonresident alien who becomes a resident alien.** Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a “saving clause.” Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS a percentage of such payments. This is called “backup withholding.” Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

#### **Payments you receive will be subject to backup withholding if:**

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate Instructions for the Requester of Form W-9.

Also see *Special rules for partnerships* on page 1.

### **Updating Your Information**

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account, for example, if the grantor of a grantor trust dies.

### **Penalties**

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

### **Specific Instructions**

#### **Name**

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

**Sole proprietor.** Enter your individual name as shown on your income tax return on the “Name” line. You may enter your business, trade, or “doing business as (DBA)” name on the “Business name/disregarded entity name” line.

**Partnership, C Corporation, or S Corporation.** Enter the entity's name on the “Name” line and any business, trade, or “doing business as (DBA) name” on the “Business name/disregarded entity name” line.

**Disregarded entity.** Enter the owner's name on the “Name” line. The name of the entity entered on the “Name” line should never be a disregarded entity. The name on the “Name” line must be the name shown on the income tax return on which the income will be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a domestic owner, the domestic owner's name is required to be provided on the “Name” line. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on the “Business name/disregarded entity name” line. If the owner of the disregarded entity is a foreign person, you must complete an appropriate Form W-8.

**Note.** Check the appropriate box for the federal tax classification of the person whose name is entered on the “Name” line (Individual/sole proprietor, Partnership, C Corporation, S Corporation, Trust/estate).

**Limited Liability Company (LLC).** If the person identified on the “Name” line is an LLC, check the “Limited liability company” box only and enter the appropriate code for the tax classification in the space provided. If you are an LLC that is treated as a partnership for federal tax purposes, enter “P” for partnership. If you are an LLC that has filed a Form 8832 or a Form 2553 to be taxed as a corporation, enter “C” for C corporation or “S” for S corporation. If you are an LLC that is disregarded as an entity separate from its owner under Regulation section 301.7701-3 (except for employment and excise tax), do not check the LLC box unless the owner of the LLC (required to be identified on the “Name” line) is another LLC that is not disregarded for federal tax purposes. If the LLC is disregarded as an entity separate from its owner, enter the appropriate tax classification of the owner identified on the “Name” line.

**Other entities.** Enter your business name as shown on required federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name/disregarded entity name" line.

## Exempt Payee

If you are exempt from backup withholding, enter your name as described above and check the appropriate box for your status, then check the "Exempt payee" box in the line following the "Business name/disregarded entity name," sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

**Note.** If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following payees are exempt from backup withholding:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2),
  2. The United States or any of its agencies or instrumentalities,
  3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,
  4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or
  5. An international organization or any of its agencies or instrumentalities.
- Other payees that may be exempt from backup withholding include:
6. A corporation,
  7. A foreign central bank of issue,
  8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,
  9. A futures commission merchant registered with the Commodity Futures Trading Commission,
  10. A real estate investment trust,
  11. An entity registered at all times during the tax year under the Investment Company Act of 1940,
  12. A common trust fund operated by a bank under section 584(a),
  13. A financial institution,
  14. A middleman known in the investment community as a nominee or custodian, or
  15. A trust exempt from tax under section 664 or described in section 4947.

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 15.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 9
Broker transactions	Exempt payees 1 through 5 and 7 through 13. Also, C corporations.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 5
Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup>	Generally, exempt payees 1 through 7 <sup>2</sup>

<sup>1</sup> See Form 1099-MISC, Miscellaneous Income, and its instructions.

<sup>2</sup> However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney, and payments for services paid by a federal executive agency.

## Part I. Taxpayer Identification Number (TIN)

**Enter your TIN in the appropriate box.** If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on page 2), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

**Note.** See the chart on page 4 for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at [www.ssa.gov](http://www.ssa.gov). You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at [www.irs.gov/businesses](http://www.irs.gov/businesses) and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting [IRS.gov](http://IRS.gov) or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note.** Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

**Caution:** A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

## Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, below, and items 4 and 5 on page 4 indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on the "Name" line must sign. Exempt payees, see *Exempt Payee* on page 3.

**Signature requirements.** Complete the certification as indicated in items 1 through 3, below, and items 4 and 5 on page 4.

**1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.

**2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

**3. Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.

**4. Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

**5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

### What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup>
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
4. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee <sup>1</sup> The actual owner <sup>1</sup>
5. Sole proprietorship or disregarded entity owned by an individual	The owner <sup>3</sup>
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulation section 1.671-4(b)(2)(i)(A))	The grantor*
For this type of account:	Give name and EIN of:
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulation section 1.671-4(b)(2)(i)(B))	The trust

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> You must show your individual name and you may also enter your business or "DBA" name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

<sup>4</sup> List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 1.

\*Note. Grantor also must provide a Form W-9 to trustee of trust.

**Note.** If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

### Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, social security number (SSN), or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

#### Protect yourself from suspicious emails or phishing schemes.

Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to [phishing@irs.gov](mailto:phishing@irs.gov). You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: [spam@uce.gov](mailto:spam@uce.gov) or contact them at [www.ftc.gov/idtheft](http://www.ftc.gov/idtheft) or 1-877-IDTHEFT (1-877-438-4338).

Visit [IRS.gov](http://IRS.gov) to learn more about identity theft and how to reduce your risk.

### Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.



**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 .....	\$	_____
<b>Total</b>	\$	_____	Net Worth .....	\$	_____
			<b>Total</b>	\$	_____

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.

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\*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.**