

OWNERS INFORMATION: **BORROWER/REAL ESTATE HOLDING COMPANY/ELIGIBLE PASSIVE COMPANY:**

Name of Company: _____

For each owner, regardless of ownership (5% or more). If married couple both have ownership, please complete for both spouses regardless of ownership %. Use additional sheets as needed.

% Ownership:				
First Name:				
Middle Name:				
Last Name: (include any suffixes)				
Female?				
Current address:				
Previous address: (omit if over 10 years)				
Home phone:				
Business phone:				
Cell phone:				
SSN:				
DOB:				
Place of Birth:				
US Citizen: (Y/N)				
If no, Permanent Resident Alien? (Y/N)				
If yes, Alien Registration #:				
If no, county of citizenship:				
Veteran? (Yes/No) If yes, branch and years:				

Race: (check one please) <input type="checkbox"/> Asian	<input type="checkbox"/> American Indian			
	<input type="checkbox"/> Black/African American			
	<input type="checkbox"/> White/Caucasian	<input type="checkbox"/> White/Caucasian	<input type="checkbox"/> White/Caucasian	<input type="checkbox"/> White/Caucasian
	<input type="checkbox"/> Native Hawaiian/ Pacific Islander			

Hispanic/Latino? (Y/N)				
------------------------	--	--	--	--

OWNERS INFORMATION: SMALL BUSINESS CONCERN/OPERATING COMPANY
(if different than borrower)

Name of Company: _____

For each owner, regardless of ownership (5% or more). If married couple both have ownership, please complete for both spouses regardless of ownership %. Use additional sheets as needed.

% Ownership:				
First Name:				
Middle Name:				
Last Name: (include any suffixes)				
Female?				
Current address:				
Previous address: (omit if over 10 years)				
Home phone:				
Business phone:				
Cell phone:				
SSN:				
DOB:				
Place of Birth:				
US Citizen: (Y/N)				
If no, Permanent Resident Alien? (Y/N)				
If yes, Alien Registration #:				
If no, county of citizenship:				
Veteran? (Yes/No) If yes, branch and years:				
Race: (check one please)	<input type="checkbox"/> American Indian, <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Native Hawaiian/ Pacific Islander	<input type="checkbox"/> American Indian, <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Native Hawaiian/ Pacific Islander	<input type="checkbox"/> American Indian, <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Native Hawaiian/ Pacific Islander	<input type="checkbox"/> American Indian, <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Native Hawaiian/ Pacific Islander
Hispanic/Latino? (Y/N)				