



## EASTERN AMERICAN CDC

Federally Chartered Certified Economic Development Company

● 438 Broad Ave, Palisades Park, NJ 07650 ● Tel: (201) 585-0136 ● eFax: (201) 608-7991 ● [www.EA504.org](http://www.EA504.org)

### Microloan Application

<b>Loan Amount Request</b>	\$			
<b>Purpose of loan</b>				
<b>Product (Check applied)</b>	<b>Fast &amp; Easy</b>	<b>Growing</b>	<b>Opportunity</b>	
<b>Personal Credit Score</b>				

<b>1. Business Information</b>		
Business Name:		
Business Address:		
Type of Entity (Check One):	Sole-Proprietorship	Partnership
	C-Corporation	LLC/LLP
		S-Corporation
Nature of Business:	Construction related	Education
	Engineering & related services	IT & related services
	Manufacturing	Professional services
	Retail	Tourism related
	Others, please specify (	Logistic/Transportation
	)	Trading/Wholesale/Distribution
Products & Services:		
Date Established: (MM/YY)	# of employees: (Current)	# of employees: (After 2 years)
State of Incorporation:	Primary Contact Person Name	Recent Tax Year Gross Revenue

<b>2. Owner/Guarantor Information (anyone owning 20% or more of the business)</b>		
Name:	% Own:	Title:
Home Address:		
Social Security Number:		Date of Birth:
Phone #:		Email:
US Citizen? (Yes/No)	US Permanent Resident? (Yes/No/NA)	Monthly Housing Expense?
Name:	% Own:	Title:
Home Address:		
Social Security Number:		Date of Birth:
Phone #:		Email:



## EASTERN AMERICAN CDC

Federally Chartered Certified Economic Development Company

● 438 Broad Ave, Palisades Park, NJ 07650 ● Tel: (201) 585-0136 ● eFax: (201) 608-7991 ● [www.EA504.org](http://www.EA504.org)

US Citizen? (Yes/No)	US Permanent Resident? (Yes/No/NA)	Monthly Housing Expense?
Name:		% Own: Title:
Home Address:		
Social Security Number:		Date of Birth:
Phone #:		Email:
US Citizen? (Yes/No)	US Permanent Resident? (Yes/No/NA)	Monthly Housing Expense?
Name:		% Own: Title:
Home Address:		
Social Security Number:		Date of Birth:
Phone #:		Email:
US Citizen? (Yes/No)	US Permanent Resident? (Yes/No/NA)	Monthly Housing Expense?

<b>3. Declaration (Please provide details on an additional page to any question with a “Yes” Response)</b>		
Yes	No	1. Is the applicant party to any lawsuit or subject to outstanding judgements?
Yes	No	2. Is the applicant party to taxes or credit obligation past due?
Yes	No	3. Has the applicant EVER filed bankruptcy or served as an officer in a company that declared bankruptcy?
Yes	No	4. Is the applicant presently under indictment or probation or parole, or EVER been charged or convicted for any criminal offense other than a minor motor vehicle violation?
Yes	No	5. Is the applicant a political party, a campaign, a candidate, a public official or foreign political official or an immediate family member of such an official, or a business entity formed by or for the benefit of any public official?
Yes	No	6. Is the applicant business engaged in the conduct or purveyance of “adult” (i.e., pornographic, lewd, prurient, obscene or otherwise similarly disreputable) activities, services, products or materials (including nude or seminude performances or the sale of sexual aids or devices)?



## EASTERN AMERICAN CDC

Federally Chartered Certified Economic Development Company

• 438 Broad Ave, Palisades Park, NJ 07650 • Tel: (201) 585-0136 • eFax: (201) 608-7991 • [www.EA504.org](http://www.EA504.org)

Yes	No	7. Is the applicant business engaged in the any of following services: sales by transient merchants, Christmas tree sales or other outdoor storage; or any activity constituting a nuisance?
-----	----	--

#### 4. Representation, Acknowledgements and Agreements

The undersigned certifies, acknowledges and agrees that: (1) the applicant intends to apply for credit for the purpose indicated in this application, (2) all information provided in this application, addendum and in any attachment and supporting documentation is true accurate and complete and if the information submitted changes before closing of any loan, this information must be updated and/or supplemented, (3) the applicant's intent is to apply for business purpose credit and such credit will not be used for personal, family, or household purposes, (4) submission of this application does not create a commitment to lend, (5) the applicant and any guarantor may be required to submit additional information to process this application, (6) Eastern American CDC is hereby authorized to obtain and use any information (including consumer credit reports and any investigation consumer reports on any individual who is an applicant or proposed guarantor) and/or to make employment or other inquiries deemed appropriate by the Eastern American CDC in connection with any account update, renewal, extension or review, it being understood that an electronic image of the applicant will also serve as authorization, (7) Eastern American CDC may report information about any account to credit bureaus and others who may properly receive that information; late payments, missed payments, or other defaults on any account may be reflected in any applicant's or any guarantor's credit reports, (8) the undersigned has a right to ask if their consumer credit report was requested, and if such a report was requested, and if the undersigned asks, will be informed of the name and address of the consumer reporting agency that furnished such report

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, 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 Act. The federal agency that administers compliance with this law is the Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580. Lender complies with section 326 of the USA Patriot Act. Lender may also ask to see your driver's license or any other photo identifying documentation. This law mandates that Lender verify certain information about you, including your name, legal address, date of birth, and Social Security or tax identification number, while processing your account application.

The applicant shall disclose whether or not on a regular basis or as an organized business who serves as a check casher, currency dealer or exchanger, issuer of traveler's checks, money orders or stored value cards, seller or redeemer of traveler's checks, money orders, or stored value cards, money transmitter and the U.S. Postal Service provided that the person or entity conducts more than \$1,000 in business with one person in one or more transactions (in order or more categories) on any one day. Notwithstanding the foregoing, there is no activity threshold or minimum dollar amount applicable to a money transmitter. In the event that the applicant is a Money Service Business, the applicant will provide proof that it has registered as such and the nature of the applicant's compliance with the requirements of the rules and regulations promulgated by the Department of the Treasury's Office of Foreign Asset Control.

Business Name: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Signor Name: \_\_\_\_\_ Authorized Signature: \_\_\_\_\_



**FINANCIAL INFORMATION AND CREDIT REPORT  
AUTHORIZATION AND RELEASE**

Authorization is hereby granted to Eastern American CDC and their employees, agents, contractors, and related entities (“Authorized Parties”) to obtain all financial information and records, related to the undersigned including but not limited to, financial statements, tax returns, employment information, accounts and credit reports through any credit reporting agency.

My signature below authorizes the release to any credit reporting agency a copy of my credit application, and authorizes the credit reporting agency to obtain information regarding my employment, savings accounts, and outstanding credit accounts (mortgages, auto loans, personal loans, charge cards, credit unions, etc).

Authorization is further granted to the reporting agency to use a copy, facsimile, electronic copy and/or other reproduction of this Authorization to obtain any financial information relating to the undersigned. As used herein, the phrase “financial information” shall be broadly construed, as allowed by applicable law.

This Authorization hereby grants permission and authorizes the Authorized Parties to share and release any such financial information related to the undersigned with lending and/or financial institutions, including their committees and representatives.

The undersigned hereby release, discharge, exonerate the Authorized Parties, and any person/party furnishing financial information from any and all liability of every nature and kind arising out of the furnishing and inspection of such financial information and other information, and this release shall be binding on my successors, heirs, assignees and legal representatives.

Signing below grants permission for the release and sharing of financial information with credit reporting agency(ies), lending institutions, financial institutions and others. This Authorization shall be effective immediately and shall continue through payoff and satisfaction of any applicable loan (or termination of a loan application) and until written notice is received by either or both of the entities in the first paragraph from the undersigned terminating this Authorization.

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

SS#: \_\_\_\_\_

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

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

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

Spouse SS#: \_\_\_\_\_

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

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

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

Previous Street Address: \_\_\_\_\_



## PERSONAL FINANCIAL STATEMENT

### U.S. SMALL BUSINESS ADMINISTRATION

The purpose of this form is to collect information about the Business Applicant and its owners' financial condition. SBA uses the information required by this Form 413 as one of a number of data sources in analyzing the repayment ability and creditworthiness of an applicant for an SBA loan or, with respect to a surety bond, to assist in recovery in the event that the contractor defaults on the contract. SBA also uses the information to assess whether an individual meets the economic disadvantage threshold for the Women-Owned Small Business (WOSB) Program and the 8(a) Business Development (BD) Program. Submission of this information is required as part of your application for assistance. Failure to provide the information would impact the agency's decision on your application.

To complete this form

- 1) Check all that apply.
- 2) Complete the form in its entirety (attached a separate sheet, if necessary)
- 3) Review the applicable certifications and sign (spousal signature, if required)

<input type="checkbox"/> <b>7(a) loan / 504 loan / Surety Bonds</b> Complete this form for: (1) each proprietor; (2) general partner; (3) managing member of a limited liability company (LLC); (4) each owner of 20% or more of the equity of the Applicant; and (5) any person providing a guaranty on the loan (including the assets and liabilities of the owner's spouse and any minor children).  <b>Return completed form to:</b> <b>For 7(a) loans:</b> the Lender processing the application for SBA guaranty <b>For 504 loans:</b> the Certified Development Company (CDC) processing the application for SBA guaranty <b>For Surety Bonds:</b> the Surety Company or Agent processing the application for surety bond guarantee
--

<input type="checkbox"/> <b>Disaster Business Loan Application (Excluding Sole Proprietorships)</b> Complete this form for: (1) each applicant; (2) each general partner; (3) each managing member of a limited liability company (LLC); (4) each owner of 20% or more of the equity of the Applicant business; and (5) any person providing an unlimited guaranty on the loan.  <b>Return completed form to: Disaster Processing and Disbursement Center at 14925 Kingsport Road, Fort Worth, TX 76155-2243 or FAX to 1-202-481-1505 or <a href="mailto:disasterloans@sba.gov">disasterloans@sba.gov</a></b>
--

<input type="checkbox"/> <b>Women Owned Small Business (WOSB) Federal Contracting Program</b> This form must be completed by each individual claiming economic disadvantage in connection with the SBA's Women-Owned Small Business (WOSB) Federal Contracting Program. A separate form must be completed by the individual's spouse, unless the individual and the spouse are legally separated. Use attachments if necessary. Each attachment must be identified as a part of this statement and signed. In addition, each individual claiming economic disadvantage must update the form as changes arise, but at least annually, to ensure the information is current, accurate and complete.  SBA's regulations state that to be considered economically disadvantaged for purposes of the WOSB Program, a woman must have an adjusted gross income averaged over the three prior fiscal years of \$350,000 or less; less than \$6 million in the fair market value of all her assets (to include her primary residence and value of the business concern); and less than \$750,000 in personal net worth (excluding equity interest in her personal residence and ownership interest in the business, and funds invested in a retirement account that are unavailable until retirement age). 13 C.F.R. §127.203. The information contained in this form must be submitted and certified through <a href="http://beta.certify.sba.gov">beta.certify.sba.gov</a>
---

<input type="checkbox"/> <b>8(a) Business Development Program</b> 8(a) applicants must show that 51% of the firm is owned by one or more individuals determined by the SBA to be socially and economically disadvantaged. The information contained in this form must be submitted by each socially and economically disadvantaged individual using their one time 8(a) eligibility to qualify this firm for 8(a) certification. If married, the spouse must complete a separate SBA Form 413, except when the individual and the spouse are legally separated. If separated, provide copy of separation document.  SBA's regulations state that to be considered economically disadvantaged for purposes of the 8(a) Business Development Program, an individual must have an adjusted gross income averaged over the three prior fiscal years of \$350,000 or less; less than \$6 million in the fair market value of all assets (to include primary residence and value of the business concern); and less than \$750,000 in personal net worth (excluding equity interest in the personal residence and ownership interest in the business, and funds invested in a retirement account that are unavailable until retirement age). 13 C.F.R. §124.104.  <b>Note:</b> Please complete this form with Personal Information not Business Information and divide all jointly owned assets and liabilities, as appropriate with spouse or others. The information contained in this form must be submitted and certified through <a href="http://certify.sba.gov">certify.sba.gov</a> . For additional information go to: <a href="http://www.sba.gov/8abd">http://www.sba.gov/8abd</a>
---

<b>Name</b>	<b>Business Phone</b> (xxx-xxx-xxxx)
<b>Home Address</b>	<b>Home Phone</b> (xxx-xxx-xxxx)
<b>City, State, &amp; Zip Code</b>	
<b>Business Name of Applicant/Borrower</b>	
<b>Business Address</b> (if different than home address)	
<b>Business Type:</b> ___ Corporation ___ S-Corp. ___ LLC ___ Partnership ___ Sole Proprietor (does not apply to ODA applicant)	

**This information is current as of [month/day/year]**  
*(within 90 days of submission for 7(a)/504/SBG/ODA/WOSB or within 30 days of submission for 8(a) BD)*

**WOSB applicant only, Married** \_\_\_ Yes \_\_\_ No

<b>ASSETS</b>	<b>LIABILITIES</b>
(Omit Cents)	(Omit Cents)
Cash on Hand & in banks..... _____	Accounts Payable..... _____
Savings Accounts..... _____	Notes Payable to Banks and Others..... _____ (Describe in Section 2)
IRA or Other Retirement Account..... _____ (Describe in Section 5)	Installment Account (Auto)..... _____ Mo. Payments _____
Accounts & Notes Receivable..... _____ (Describe in Section 5)	Installment Account (Other)..... _____ Mo. Payments _____
Life Insurance – Cash Surrender Value Only..... _____ (Describe in Section 8)	Loan(s) Against Life Insurance..... _____
Stocks and Bonds..... _____ (Describe in Section 3)	Mortgages on Real Estate..... _____ (Describe in Section 4)
Real Estate..... _____ (Describe in Section 4)	Unpaid Taxes..... _____ (Describe in Section 6)
Automobiles..... _____ (Describe in Section 5, and include Year/Make/Model)	Other Liabilities..... _____ (Describe in Section 7)
Other Personal Property..... _____ (Describe in Section 5)	Total Liabilities..... _____
Other Assets..... _____ (Describe in Section 5)	Net Worth..... _____
<b>Total</b> _____	<b>Total</b> _____ Must equal total in assets column.

<b>Section 1. Source of Income.</b>	<b>Contingent Liabilities</b>
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 should 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 part of this statement and signed.)

Names and Addresses 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 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 Real Estate (e.g. Primary Residence, Other Residence, Rental Property, Land, etc.)			
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 the SBA/Lender/Surety Company to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness.

**CERTIFICATION:** (to be completed by each person submitting the information requested on this form and the spouse of any 20% or more owner when spousal assets are included)

By signing this form, I certify under penalty of criminal prosecution that all information on this form and any additional supporting information submitted with this form is true and complete to the best of my knowledge. I understand that SBA or its participating Lenders or Certified Development Companies or Surety Companies will rely on this information when making decisions regarding an application for a loan, surety bond, or participation in the WOSB or 8(a) BD program. I further certify that I have read the attached statements required by law and executive order.-

Signature \_\_\_\_\_

Date \_\_\_\_\_

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

Social Security No. \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

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

Social Security No. \_\_\_\_\_

---

**NOTICE TO 7(a) LOAN, 504 LOAN AND SURETY BOND APPLICANTS: CRIMINAL PENALTIES AND ADMINISTRATIVE REMEDIES 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 or surety bond application. A false statement is punishable under 18 U.S.C. §§ 1001 and 3571 by imprisonment of not more than five years and/or a fine of up to \$250,000; under 15 U.S.C. § 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, a false statement is punishable under 18 U.S.C. § 1014 by imprisonment of not more than thirty years and/or a fine of not more than \$1,000,000. Additionally, false statements can lead to treble damages and civil penalties under the False Claims Act, 31 U.S.C. § 3729, and other administrative remedies including suspension and debarment.

**NOTICE TO DISASTER BUSINESS LOAN APPLICANTS: CRIMINAL PENALTIES AND ADMINISTRATIVE REMEDIES FOR FALSE STATEMENTS:**

Whoever wrongfully misapplies the proceeds of an SBA disaster loan shall be civilly liable to the Administrator in an amount equal to one-and-one half times the original principal amount of the loan under 15 U.S.C. § 636(b). In addition, any false statement or misrepresentation to SBA may result in criminal, civil or administrative sanctions including, but not limited to: 1) fines and imprisonment, or both, under 15 U.S.C. § 645, 18 U.S.C. § 1001, 18 U.S.C. § 1014, 18 U.S.C. § 1040, 18 U.S.C. § 3571, and any other applicable laws; 2) treble damages and civil penalties under the False Claims Act, 31 U.S.C. § 3729; 3) double damages and civil penalties under the Program Fraud Civil Remedies Act, 31 U.S.C. § 3802; and 4) suspension and/or debarment from all Federal procurement and non-procurement transactions. Statutory fines may increase if amended by the Federal Civil Penalties Inflation Adjustment Act Improvements Act of 2015.

**NOTICE TO APPLICANTS OR PARTICIPANTS IN THE WOSB FEDERAL CONTRACTING PROGRAM: CRIMINAL PENALTIES AND ADMINISTRATIVE REMEDIES FOR FALSE STATEMENTS:**

Any person who misrepresents a business concern's status as a WOSB or EDWOSB, or makes any other false statement in order to influence the WOSB Program eligibility determination or other review process in any way (e.g., protest), shall be: (1) subject to fines and imprisonment of up to 5 years, or both, as stated in Title 18 U.S.C. § 1001; (2) subject to fines of up to \$500,000 or imprisonment of up to 10 years, or both, as stated in Title 15 U.S.C. § 645; (3) subject to civil and administrative remedies, including suspension and debarment; and (4) ineligible for participation in programs conducted under the authority of the Small Business Act.

**NOTICE TO APPLICANTS OR PARTICIPANTS IN THE 8(a) BUSINESS DEVELOPMENT PROGRAM: CRIMINAL PENALTIES AND ADMINISTRATIVE REMEDIES FOR FALSE STATEMENTS:**

Any person who misrepresents a business concern's status as an 8(a) BD Program participant or SDB concern, or makes any other false statement in order to influence the 8(a) certification or other review process in any way (e.g., annual review, eligibility review), shall be: (1) subject to fines and imprisonment of up to 5 years, or both, as stated in Title 18 U.S.C. § 1001; (2) subject to fines of up to \$500,000 or imprisonment of up to 10 years, or both, as stated in Title 15 U.S.C. § 645; (3) subject to treble damages and civil penalties under the False Claims Act, 31 U.S.C. § 3729; (4) subject to administrative remedies, including suspension and debarment; and (5) ineligible for participation in programs conducted under the authority of the Small Business Act.

PLEASE NOTE: According to the Paperwork Reduction Act, you are not required to respond to this request for information unless it displays a valid OMB Control Number. The estimated average burden hours for the completion of this form is 1.5 hour per response. If you have questions or comments concerning this estimate or any other aspect of this information collection, please contact: Director, Records Management Division, Small Business Administration, 409 Third Street SW, Washington, D.C. 20416, and SBA Desk Officer, Office of Management and Budget, New Executive Office Building, Room 10202, Washington, D.C. 20503. PLEASE DO NOT SEND COMPLETED FORMS TO OMB.

## PLEASE READ, DETACH, AND RETAIN FOR YOUR RECORDS

### **Privacy Act (5 U.S.C. 552a) and Debt Collection Improvement Act (31 U.S.C. 7701)**

*Authorities and Purpose for Collecting Information:* SBA is collecting the information on this form, including social security numbers and other personal information, to make a character and credit or other eligibility decision in connection with you or your company's application for SBA assistance. SBA may also use social security numbers for the purpose of collecting and reporting on any delinquent fees or other amounts owed SBA, where applicable.

For purposes of SBA's financial assistance programs, 31 U.S.C. 7701 requires loan applicants and guarantors, or any indemnitor of a surety bond to provide their social security numbers, or other taxpayer identification numbers. Failure to provide this information would affect your ability to obtain an SBA loan or bond. For other individuals signing this form, the submission of the social security number is voluntary and failure to provide your social security number may not affect any right, benefit or privilege to which you are entitled. However, your social security number or other taxpayer identification number helps SBA to distinguish you from other individuals with the same or similar name or other personal identifier. This use is permitted under Executive Order 9397. Personal information collected is protected to the extent permitted by law, including the Freedom Information Act, 5 U.S.C. 552, and the Privacy Act 5 U.S.C. 552. Such information is maintained pursuant to SBA's Privacy Act System of Records at <https://www.sba.gov/sites/default/files/2020-01/sba-sorns.pdf>.

**Right to Financial Privacy Act of 1978 (12 U.S.C. 3401)** -- This is notice to you as required by the Right to Financial Privacy Act of 1978, of SBA's access rights to financial records held by financial institutions that are or have been doing business with you or your business, including any financial institutions participating in a loan or loan guaranty. The law provides that SBA shall have a right of access to your financial records in connection with its consideration or administration of assistance to you in the form of a Government guaranteed loan or guaranteed bond. SBA is required to provide a certificate of its compliance with the Act to a financial institution in connection with its first request for access to your financial records, after which no further certification is required for subsequent accesses. The law also provides that SBA's access rights continue for the term of any approved loan guaranty agreement or any approved bond agreement. No further notice to you of SBA's access rights is required during the term of any such agreement. The law also authorizes SBA to transfer to another Government authority any financial records included in an application for a loan or bond guarantee, or concerning an approved loan or loan guarantee or bond guarantee, as necessary to process, service or foreclose on a loan guaranty or collect on a defaulted loan guaranty, or to process or service the bond guarantee. No other transfer of your financial records to another Government authority will be permitted by SBA except as required or permitted by law.

### **Freedom of Information Act (5 U.S.C. 552)**

This law provides, with some exceptions, that SBA must supply information contained in agency files and records to a person requesting it. Information about approved loans that will be automatically released includes, among other things, statistics on our loan programs (individual borrowers are not identified in the statistics), and other information such as the names of the borrowers (and their officers, directors, stockholders or partners), the collateral pledged to secure the loan, the amount of the loan, its purpose in general terms, and the maturity. With respect to SBA's bond guarantee program, SBA will release, among other things, statistics on the Surety Bond Guarantee (SBG) programs and other information such as the names of small businesses (and their officers, directors, stockholders or partners) and the amount of the bond guarantees. Proprietary data on a borrower would not routinely be made available to third parties. All requests under this Act are to be addressed to the nearest SBA office and be identified as a Freedom of Information request.