

STATEMENT OF PERSONAL HISTORY

NOTICE:

All individuals required to complete this form in connection with the filing of an application for a B&I loan, will be given a Form RD 410-9, "Statement Required by the Privacy Act."

Name and address of loan applicant <i>(Firm name) (Street, City, State and Zip code)</i>	Type of business <i>(Check one)</i> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Sole owner</td> <td><input type="checkbox"/> Private corporation (for profit)</td> </tr> <tr> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> Private corporation (non-profit)</td> </tr> <tr> <td><input type="checkbox"/> Other (Explain _____)</td> <td><input type="checkbox"/> Public corporation (non-profit)</td> </tr> </table>	<input type="checkbox"/> Sole owner	<input type="checkbox"/> Private corporation (for profit)	<input type="checkbox"/> Partnership	<input type="checkbox"/> Private corporation (non-profit)	<input type="checkbox"/> Other (Explain _____)	<input type="checkbox"/> Public corporation (non-profit)
<input type="checkbox"/> Sole owner	<input type="checkbox"/> Private corporation (for profit)						
<input type="checkbox"/> Partnership	<input type="checkbox"/> Private corporation (non-profit)						
<input type="checkbox"/> Other (Explain _____)	<input type="checkbox"/> Public corporation (non-profit)						
Employer ID Number: 1. Personal Statement of: (State name in full, if no middle name (NMN), or if initial only, indicate initial) <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">First</td> <td style="text-align: center;">Middle</td> <td style="text-align: center;">Maiden</td> <td style="text-align: center;">Last</td> </tr> </table>	First	Middle	Maiden	Last	3. a. Place of birth <i>(City and State or foreign country)</i> _____ b. Date of birth <i>(month, day, year)</i> _____		
First	Middle	Maiden	Last				
Name of Spouse: 2. Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Other	4. Citizen of United States? <input type="checkbox"/> Yes <input type="checkbox"/> No 5. Social Security No. 6. a. Relationship to Applicant. _____ b. Give the percentage of ownership or stock owned or to be owned in the applicant.						
7. Are you presently under indictment, on parole or probation? If yes furnish details on a separate sheet.	<input type="checkbox"/> Yes <input type="checkbox"/> No						
8. Have you ever been charged with or arrested or convicted of any criminal offense other than a minor motor vehicle violation? If yes, furnish details on a separate sheet.	<input type="checkbox"/> Yes <input type="checkbox"/> No						
9. Starting with present address, list residence addresses during the last ten years. <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;"><u>Date</u></td> <td style="text-align: center;"><u>Street and Number</u></td> <td style="text-align: center;"><u>City</u></td> <td style="text-align: center;"><u>State</u></td> </tr> </table>		<u>Date</u>	<u>Street and Number</u>	<u>City</u>	<u>State</u>		
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10. Starting with present employer list all employers during last ten years: <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;"><u>From</u></td> <td style="text-align: center;"><u>To</u></td> <td style="text-align: center;"><u>Employer</u></td> <td style="text-align: center;"><u>Address</u></td> </tr> </table>		<u>From</u>	<u>To</u>	<u>Employer</u>	<u>Address</u>		
<u>From</u>	<u>To</u>	<u>Employer</u>	<u>Address</u>				

The information on this form will be used in connection with an investigation of your character. Any information you wish to submit, which you feel will expedite this investigation, should be set forth below and on the back of this form, if needed.

WARNING: Section 1001 of Title 18, United States Code provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined under this title or imprisoned not more than five years, or both."

Date	Title	Signature
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According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0570-0014. The time required to complete this information collection is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.