



United States of America
SMALL BUSINESS ADMINISTRATION
STATEMENT OF PERSONAL HISTORY

Please Read Carefully: SBA uses Form 912 as one part of its assessment of program eligibility. Please reference SBA Regulations and Standard Operating Procedures if you have any questions about who must submit this form and where to submit it. For further information, please call SBA's Answer Desk at 1-800-U-ASK-SBA (1-800-827-5722), or check SBA's website at www.sba.gov.

Name and Address of Applicant (Firm Name)(Street, City, State, and ZIP Code)

SBA District/Disaster Area Office

Amount Applied for (when applicable)

File No. (if known)

1. Personal Statement of: (State name in full, if no middle name, state (NMN), or if initial only, indicate initial.) List all former names used, and dates each name was used. Use separate sheet if necessary.

2. Give the percentage of ownership or stock owned or to be owned in the small business or the development company

Social Security No.

First Middle Last

3. Date of Birth (Month, day, and year)

4. Place of Birth: (City & State or Foreign Country)

Name and Address of participating lender or surety co. (when applicable and known)

5. U.S. Citizen? YES NO **INITIALS:** _____
If No, are you a Lawful Permanent resident alien: YES NO
If non- U.S. citizen provide alien registration number: _____

6. Present residence address:

Most recent prior address (omit if over 10 years ago):

From: _____
To: _____
Address: _____

Home Telephone No. (Include Area Code): _____
Business Telephone No. (Include Area Code): _____

PLEASE SEE REVERSE SIDE FOR EXPLANATION REGARDING DISCLOSURE OF INFORMATION AND THE USES OF SUCH INFORMATION.

YOU MUST INITIAL YOUR RESPONSES TO QUESTIONS 5,7,8 AND 9.

IF YOU ANSWER "YES" TO 7, 8, OR 9, FURNISH DETAILS ON A SEPARATE SHEET. INCLUDE DATES, LOCATION, FINES, SENTENCES, WHETHER MISDEMEANOR OR FELONY, DATES OF PAROLE/PROBATION, UNPAID FINES OR PENALTIES, NAME(S) UNDER WHICH CHARGED, AND ANY OTHER PERTINENT INFORMATION. AN ARREST OR CONVICTION RECORD WILL NOT NECESSARILY DISQUALIFY YOU; HOWEVER, UNTRUTHFUL ANSWER WILL CAUSE YOUR APPLICATION TO BE DENIED AND SUBJECT YOU TO OTHER PENALTIES AS NOTED BELOW.

7. Are you presently under indictment, on parole or probation? **INITIALS:** _____
 Yes No (If yes, indicate date parole or probation is to expire.)

8. Have you ever been charged with, and/or arrested for, any criminal offense other than a minor motor vehicle violation? Include offenses which have been dismissed, discharged, or not prosecuted. (All arrests and charges must be disclosed and explained on an attached sheet.)
 Yes No **INITIALS:** _____

9. Have you ever been convicted, placed on pretrial diversion, or placed on any form of probation, including adjudication withheld pending probation, for any criminal offense other than a minor vehicle violation?
 Yes No **INITIALS:** _____

10. I authorize the Small Business Administration Office of Inspector General to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for programs authorized by the Small Business Act, and the Small Business Investment Act.

CAUTION - PENALTIES 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, surety bond, or other program participation. A false statement is punishable under 18 USC 1001 and 3571 by imprisonment of not more than five years and/or a fine of up to \$250,000; under 15 USC 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, under 18 USC 1014 by imprisonment of not more than thirty years and/or a fine of not more than \$1,000,000.

Signature	Title	Date
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Agency Use Only

11. Fingerprints Waived _____
Date Approving Authority
 Fingerprints Required _____
Date Approving Authority
Date Sent to OIG _____

12. Cleared for Processing _____
Date Approving Authority
13. Request a Character Evaluation _____
Date Approving Authority
(Required whenever 7, 8 or 9 are answered "yes" even if cleared for processing.)

PLEASE NOTE: The estimated burden for completing this form is 15 minutes per response. You are not required to respond to any collection of information unless it displays a currently valid OMB approval number. Comments on the burden should be sent to U.S. Small Business Administration, Chief, AIB, 409 3rd St., S.W., Washington D.C. 20416 and Desk Officer for the Small Business Administration, Office of Management and Budget, New Executive Office Building, Room 10202, Washington, D.C. 20503. OMB Approval 3245-0178. **PLEASE DO NOT SEND FORMS TO OMB.**

Part V: "STATEMENTS REQUIRED BY LAW AND EXECUTIVE ORDER AND CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY, AND VOLUNTARY EXCLUSION" (Completed for Initial Application and with any Ownership Changes)

APPLICANT'S CERTIFICATION

By my signature, I certify I have read and received a copy of the "STATEMENTS REQUIRED BY LAW AND EXECUTIVE ORDER" which was attached to this application. My signature represents my agreement to comply with the approval of my request for SBG Assistance and to comply whenever applicable with the hazard insurance, lead-based paint, civil rights or other limitations in this notice. I also certify that my personal history and financial information submitted to SBA electronically, as part of my application, is current, accurate, and complete.

Business Name: _____

By: _____
Signature Title _____ Date _____

Each Proprietor, each General Partner, each Limited Partner or Stockholder owning 20% or more, each Guarantor, and the spouse, when applicable, of each of these must sign. The person signing on behalf of the business must also sign individually.

Signature and Title _____ Date _____

Signature and Title _____ Date _____

Signature and Title _____ Date _____

Signature and Title _____ Date _____

Signature and Title _____ Date _____

Signature and Title _____ Date _____

Signature and Title _____ Date _____



AMERICAN
SURETY AGENCY

15201 Mason Road Ste 1000 #333
Cypress, TX 77433
281-256-3830 (P) • 281-256-3832 (F)
info@americansurety.net

Job Reference Check for:

Account Name: _____

Contact Name: _____ Phone: _____

Obligee: _____ Project: _____

Description: _____

Start Date: _____ Completion Date: _____

Contract Price \$ _____ Bonded: Yes No

Quality of Work: Excellent Good Fair Poor

Comments:

Signature: _____

Printed Name: _____ Date: _____



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Supplier Reference Check for:

Account Name: _____

Name of Supplier: _____

Contact Name: _____

High Credit: _____

Credit Terms: _____

Comments: _____

Signature: _____

Printed Name: _____ Date: _____