

SELF-EMPLOYED BUSINESS NARRATIVE FORM

Borrower Name:	Date:	Business Name:	Website:
Business Address:		Business Start Date: Legal St	tructure (Partnership, Corp., LLC):
Is the Business Address different than the home address? : Yes No			
Business Ownership (%):	If less than 100%, w	ho owns the remaining portion, and wha	t percent?
Does the business have a physical location?	If more than 1 locat	ion, please specify: Busi	iness Description:
No		Location Typ	
Does the Business Provide Sal	es of Goods, Services		ercial
Number of Employees:		al considerations you would like to comn your bank statements, including source	
Full-Time			
Part-Time			
Contractors			
I/We hereby certify that the information provided in this form are true, accurate, and complete. I/We understand that any misrepresentation made in this document may result in the loan application being declined.			
Title:	Name:	Date:	Signature:



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