



## Certification of Borrower

I, the undersigned borrower, have read the following statements and hereby certify that:

- |   |                           |
|---|---------------------------|
| <p>1. I am _____ with a substantial interest in an entity that is making the application for a loan guarantee</p> <ul style="list-style-type: none"> <li>• A commissioner or employee of the Missouri Agricultural and Small Business Development Authority</li> <li>• A member of the General Assembly</li> <li>• A state-wide elected official</li> <li>• A director of a State Department</li> <li>• A parent, child, spouse or sibling of any of the above</li> </ul> <p>(Substantial interest Defined in RSMo Section 105.40) If any apply, check the box True</p>   | <p>___ TRUE ___ FALSE</p> |
| <p>2. I am a permanent resident of the State of Missouri and at least 18 years of age.</p>  | <p>___ TRUE ___ FALSE</p> |
| <p>3. This project is located within the State of Missouri.</p>   | <p>___ TRUE ___ FALSE</p> |
| <p>4. I will provide adequate collateral.</p>   | <p>___ TRUE ___ FALSE</p> |
| <p>5. I agree that the loan may not be assumed by another person without the prior approval of the Lender and the Authority and then only if the purchaser of the property is an eligible applicant for an Authority loan.</p>  | <p>___ TRUE ___ FALSE</p> |
| <p>6. I understand and agree that I must supply the Lender and the Authority with requested financial information annually, or more often if requested.</p>   | <p>___ TRUE ___ FALSE</p> |
| <p>7. As an applicant to a program administered by the Missouri Agricultural and Small Business Development Authority, I (we) understand that:</p> <p>(a) the information provided to the Authority in connection with the loan or loan guaranty is to be used by the Authority or its assignees in determining whether I (we) qualify as a participant in its programs;</p> <p>(b) the information provided to the Authority will not be disclosed outside the Authority except as required by law;</p> <p>(c) I (we) do not have to provide this information, but if the information is not provided, the application for approval may be delayed or rejected; and</p> <p>(d) the application for a loan or a loan guaranty authorizes the Authority to obtain financial information from financial institutions (No further notice of subsequent access to this information shall be provided during the term of the loan or the loan guaranty).</p> | <p>___ TRUE ___ FALSE</p> |
| <p>8. I authorize the Authority to release information regarding the description of the property to be financed to the extent necessary to comply with legal requirements for processing the loan application.</p>  | <p>___ TRUE ___ FALSE</p> |
| <p>9. I am a veteran of the US Military.</p>  | <p>___ TRUE ___ FALSE</p> |

## INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the Federal Government for certain types of loans related to a dwelling in order to monitor the lender's compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may not discriminate either on the basis of this information, or on whether you choose to furnish it. If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race, or sex, under Federal regulations, this lender is required to note the information on the basis of visual observation and surname if you have made this application in person. If you do not wish to furnish the information, please check the box below. (Lender must review the above material to assure that the disclosures satisfy all requirements to which the lender is subject under applicable state law for the particular type of loan applied for.)

<p><b>BORROWER</b></p> <p><input type="checkbox"/> I do not wish to furnish this information</p>	<p><b>CO-BORROWER</b></p> <p><input type="checkbox"/> I do not wish to furnish this information</p>
<p><b>Ethnicity:</b> <input type="checkbox"/> Hispanic or Latino    <input type="checkbox"/> Not Hispanic or Latino</p>	<p><b>Ethnicity:</b> <input type="checkbox"/> Hispanic or Latino    <input type="checkbox"/> Not Hispanic or Latino</p>
<p><b>Race:</b>    <input type="checkbox"/> American Indian or Alaska Native</p> <p>              <input type="checkbox"/> Asian</p> <p>              <input type="checkbox"/> Black or African American</p> <p>              <input type="checkbox"/> Native Hawaiian or Other Pacific Islander</p> <p>              <input type="checkbox"/> White</p>	<p><b>Race:</b>    <input type="checkbox"/> American Indian or Alaska Native</p> <p>              <input type="checkbox"/> Asian</p> <p>              <input type="checkbox"/> Black or African American</p> <p>              <input type="checkbox"/> Native Hawaiian or Other Pacific Islander</p> <p>              <input type="checkbox"/> White</p>
<p><b>Sex:</b>      <input type="checkbox"/> Female      <input type="checkbox"/> Male</p>	<p><b>Sex:</b>      <input type="checkbox"/> Female      <input type="checkbox"/> Male</p>

## Certification and Signature(s)

I (we) hereby certify, subject to penalties of perjury that all information I (we) have supplied to MASBDA is truthful and complete.

Signature:	Date
Signature:	Date

## Affidavit of Authorized Workers

**BEFORE ME**, the undersigned Notary, \_\_\_\_\_, on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared \_\_\_\_\_, known to me to be a credible person and of lawful age, who being by me first duly sworn, on \_\_\_\_\_ oath, deposes and says:

I certify that I am either the applicant or am an authorized representative of the applicant (please list name of applicant \_\_\_\_\_) and as such am authorized to make the statement of affirmation contained herein.

**I (We) hereby certify, subject to penalties of law, that I(we) do not knowingly employ, hire for employment, or continue to employ any unauthorized alien to perform work in the state of Missouri and further certify I have and will continue to comply with federal law (8 U.S.C., 1324a) which requires the examination of an appropriate document or documents to verify that each individual is not an unauthorized alien.**

I further certify that I (the applicant) am enrolled in a federal work authorization program and actively verify the work authorization status of all those hired and currently employed by me, my business, and/or any other business entity which I have hiring or management authority.

I understand that as a condition to participate in this program administered by a political subdivision of the State of Missouri I (the applicant) must provide documentation to certify my enrollment and participation in the federal work authorization program. **You must include a copy of the Memorandum of Understanding (MOU) you received when enrolling in e-verify.** To enroll, visit [www.dhs.gov/e-verify](http://www.dhs.gov/e-verify).

I certify that I (the applicant) shall include in any contract it enters with a subcontractor in connection with the activities that qualify the applicant for this program, an affirmative statement from the subcontractor that such subcontractor is not knowingly in violation of Section 285.530.1 RSMo, and shall not be in violation during the length of the contract. In addition the applicant will receive a sworn affidavit from the subcontractor under the penalty of perjury, attesting that the subcontractor's employees are lawfully present in the United States. I certify that the applicant will maintain and provide MASBDA access to documentation demonstrating compliance with this requirement.

I understand that if the applicant is found to have employed an unauthorized alien, the applicant may be subject to penalties pursuant to law, including Sections 135.815, 285.025, and 285.535, RSMo.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

State of Missouri

County of \_\_\_\_\_

Subscribed and sworn to before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

[Notary Seal:]

\_\_\_\_\_  
[signature of Notary]

My commission expires: \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
[typed name of Notary]  
NOTARY PUBLIC