

Religious Eligibility Worksheet For all 7(a) and 504 Loan Programs

OMB Control No.: 3245-0348 Expiration Date: 07/31/2020

The purpose of the information requested is to assist the SBA and the Lender/Certified Development Company (CDC) with determining the eligibility of a loan request from a Small Business Applicant whose business has a religious component. Failure to submit the information would affect that determination. For non-delegated loans, the completed form must be submitted to SBA with the loan application. For delegated loans, the Lender or CDC must retain the completed form in its files.

Applicant Business Legal Name	DBA					
Type of Loan Requested	☐ 7(a) loan☐ International Trade	☐ SBA Express☐ CAPLine	☐ Export Express☐ Export Working Capital Program	□ 504 loan		
Requested Loan Amount \$_						
Please detail the use of proceeds	below (attach a separa	te sheet if necessa	ry).			
Is the Small Business Applicant an	nd/or its activities connect	ted, associated, or af	filiated with a religious organization in	n any way? □Yes □ No		
If "Yes" explain the nature and extent of the relationship (attach a separate sheet if necessary).						
☐ Religious instruction, indoctrina☐ Religious broadcasting (e.g., rel☐ Generation of newspaper, journal	artifacts, gifts, and/or other g, or indoctrination with a stion, or counseling wheth ligious music, religious properties al, or other religious publications.	er religious items. regard to any items s her to adults or child rograming, including lications. ings, music, artifacts	old (including those listed immediatel ren (includes use of religious material g instruction, indoctrination, counselin , computer software, religious art, etc.	at day care facilities). g, and religious services).		
☐ Provision of reading room or oth☐ Other:		ıres, readings, praye	r, worship, meditation, or other activit	ies related to religion.		
Comments or Explanation of the	Above (attach separate	e sheet if necessar	y)			
	rticularly those that inv	volve teaching, ins	ith regard to the entire business. In tructing, counseling, or indoctrinat parate sheet if necessary)			

Lender/CDC Official:			Date:	Date:	
		Signature			
Print Name and Title:					
Determination	☐ Eligible	☐ Recommend Not Eligible			
Comment or Explanation:					
SBA Center/District Counsel:		Signature	Date:		
Type or Print Name:					

NOTE: According to the Paperwork Reduction Act, you are not required to respond to this collection of information unless it displays a currently valid OMB Control Number. The estimated burden for completing this form, including time for reviewing instructions, gathering data needed, and completing and reviewing the form is 15 minutes per response. Comments or questions on the burden estimates should be sent to U.S. Small Business Administration, Director, Records Management Division, 409 3rd St., SW, Washington DC 20416, and/or SBA Desk Officer, Office of Management and Budget, New Executive Office Building, Rm. 10202, Washington DC 20503. **PLEASE DO NOT SEND FORMS TO THESE ADDRESSES.**

SBA Form 1971 (05/17) Page | 2