

# City of Long Beach

333 W. Ocean Blvd., 3rd Fl., Long Beach, CA 90802  
Phone: (562) 570-6615 • FAX: (562) 570-6215

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## Loan Package Requirements

A preliminary review of your City of Long Beach Loan Application will be conducted *after* receipt of the following:

- **Application form**, completed, signed and dated, along with **Authorization for Credit Report, IRS Form W-9 and IRS Form 4506** authorizing the City to receive a copy of your tax information directly from the IRS.
- **History** of the new business showing:
  - Form of ownership (sole proprietorship, partnership or corporation).
  - Date of establishment.
  - Names and titles of owners.
- **Resumes** – for each individual owning 20% or more of the business.
- **Business plan**:
  - Existing Business required – a must, including financial projections
  - Start-up business or recent purchase of existing business – a must, including financial projections.
- **Financial statements** (balance sheet and profit and loss statement):
  - Personal – Current for each individual owning 20% or more of the business.
  - Business:
    - Current.
    - Prior three years.
- **Tax returns** – for each of the prior years:
  - Personal - Form 1040 for each individual owning 20% or more of business (including Schedule C for the sole proprietorship).
  - Business - Form 1065 for partnership and Form 1120 for corporation.
- **Source and use of funds statement**:
  - Source – show all sources including equity being invested.
  - Use – list each major (over 10% of total) expenditure for project.
- **Other documents**:
  - First Consideration Agreement signed when accepting loan funds.
  - Proposed real property purchase contract, escrow instructions, and environmental review, if applicable.
  - Proposed lease, if applicable.
  - City License
  - Copy of Social Security Card and Photo I.D.
  - Business Liability and Hazard Insurance also Flood Insurance, if applicable.
  - Partnership – Copy of Partnership Agreement.
  - Corporation:
    - Copy of Articles of Incorporation.
    - Copy of By-Laws.
    - Copy of Resolution
    - State of CA-Secretary of State-Statement of Information
  - Any other documents you consider useful in evaluating this request.

The preliminary review consists of analyzing all the above information to determine compliance with the loan program's rules and regulations, feasibility and, most importantly, the ability to service debt on the proposed loan.

## City of Long Beach Loan Application

Name of Borrower		Single <input type="checkbox"/> Married <input type="checkbox"/>	Business Name	Date
Street Address				City/State/Zip
Contact Name		Title		Phone
Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/>			U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, give Alien Registration No.	
Social Security # or Federal Tax I.D. #		Date Business Established	Major Product/Service	
Amount of Loan Requested		Purpose of Loan		

Schedule of Each Individual Owner with 20% or More Ownership in the Business:

Name	Title	% Owned	SS#	Position with Business
Number of Employees (including subsidiaries and affiliates) At the time of Application _____ If Loan is approved _____ Subsidiaries or Affiliates (Separate from above) _____				
<b>Accountant's Name</b>		Contact Person		Phone #
Street Address			City/State/Zip	
<b>Attorney's Name</b>		Contact Person		Phone #
Street Address			City/State/Zip	
<b>Bank's Name</b>		Contact Person		Phone #
Street Address			City/State/Zip	

Have you file for Bankruptcy or compromised a debt in the last 7 years?  Yes  No

Are you currently involved in a lawsuit or do you have a pending judgment that may impact your ability to repay this loan?  Yes  No

If you answered **Yes** to either of these questions, please explain.

Describe the economic impact that the project will provide.

Describe your primary products, customers and seasonality of sales, etc.

<b>Signature</b>	<b>Date</b>
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# FINANCIAL STATEMENT

OMIT CENTS FROM ALL AMOUNTS

**I/We submit this statement of**

Our Joint or  My Individual Financial Condition with a loan request of \$ \_\_\_\_\_

<b>FINANCIAL CONDITION AS OF :</b>
------------------------------------

**Note: A married applicant may apply for either a joint or separate account**

LAST NAME (PLEASE PRINT OF TYPE) INT.	FIRST NAME	MIDDLE	AGE	SOCIAL SECURITY NUMBER	TELEPHONE NUMBER (BUS.)
SPOUSE NAME (INCLUDING MAIDEN NAME)				SOCIAL SECURITY NUMBER	(HOME)
STREET ADDRESS		CITY	STATE	ZIP CODE	HOW LONG? YRS.
EMPLOYER(S) FIRM NAME(S)				ADDRESS	HOW LONG? YRS.
					AGES OF DEPENDENTS
					POSITION

ASSETS	AMOUNT	LIABILITIES	AMOUNT
Cash in Banks (Schedule 1)	\$	Accounts Payable	\$
Collectable Accounts Due Me		Installment Obligations	
Good Notes Receivable & Trust Deeds Owned (Schedule 3)		Commercial Notes Payable to Banks (Schedule 2)	
Other Receivables		Loans Payable to Others	
Readily Marketable Securities (Schedule 4a)		Income Taxes Payable	
Other Investments (Schedule 4b)		Property Taxes Payable	
Cash Value of Life Insurance (Schedule 5)		Loans on Life Insurance (Schedule 5)	
Real Estate (Schedule 6)		Real Estate Loans (Schedule 7)	
Other Assets (Describe)		Other Liabilities (Describe)	
		<b>TOTAL LIABILITIES</b>	\$
		<b>NET WORTH</b> (TOTAL ASSETS LESS TOTAL LIABILITIES)	\$
<b>TOTAL ASSETS</b>	\$	<b>TOTAL LIABILITIES &amp; NET WORTH</b>	\$

Do not list alimony, child support or separate maintenance unless you want us to consider it in order to obtain this credit

GROSS INCOME FOR YEAR	ANNUAL EXPENDITURES	CONTINGENT LIABILITIES
Salary	Res. Prop. Taxes & Assessments	As Endorser
Spouse's Salary	Other Taxes	As Guarantor
Dividends	Mortgage Payments	On Damage Claims
Interest	Other Payments	For Taxes
Fees or Commissions	Living Expense	Other (Describe)
Rentals	All Expense – Income Property	
Other		<input type="checkbox"/> CHECK HERE IF "NONE"
<b>TOTAL INCOME</b>	<b>TOTAL EXPENDITURES</b>	<b>TOTAL</b>
\$	\$	\$

Please fill in all blanks, entering "NONE" or "Ø" where appropriate. Attach supplemental schedules as needed. On all schedules, designate Pledged Assets with a "P" and any Separate Property of your Spouse with an "S"

SCHEDULE 1: CASH				SCHEDULE 2: COMMERCIAL NOTES PAYABLE TO BANKS					
SVGS.	Time C/D's	Cking.	CASH BALANCE ON ABOVE DATE	BANK WHERE CARRIED	BRANCH OFFICE	AMOUNT OWNED ON ABOVE DATE	INT. RATE	MATURITY DATE	METHOD OF BORROWING (UNSECURED, TYPE OF COLLATERAL, GUARANTEED, ETC.)
<b>TOTAL</b>			\$						

SCHEDULE 3: GOOD NOTES RECEIVABLE AND TRUST DEEDS (MORTGAGES) OWNED				
NAME OF DEBTOR	HOW PAID	BALANCE DUE	FINAL MATURITY DATE	COLLATERAL
	Per			
	Per			
	Per			
	Per			
	Per			
<b>TOTAL</b>		\$		

Please fill in all blanks, entering "NONE" or "Ø" where appropriate. Attach supplemental schedules as needed. On all schedules, designate Pledged Assets with a "P" and any Separate Property of your Spouse with an "S"

**SCHEDULE 4a – READILY MARKETABLE SECURITIES and 4b OTHER INVESTMENTS**

DESCRIPTION	NO. of SHARES OR PAR VALUE of BONDS	4a – READILY MARKETABLE SECURITIES		4b – OTHER INVESTMENTS			NAMES OF REGISTERED OWNERS
		PRICE	VALUE	CURRENT VALUE		YEARLY INCOME	
				PRICE	VALUE		
			\$		\$		
		<b>TOTAL</b>	<b>\$</b>	<b>TOTAL</b>	<b>\$</b>		

**SCHEDULE 5: LIFE INSURANCE**

INSURED	PRIMARY BENEFICIARY	FACE AMOUNT (OMIT 000'S)	CASH VALUE	LOAN ON POLICY	INSURED	PRIMARY BENEFICIARY	FACE AMOUNT (OMIT 000'S)	CASH VALUE	LOAN ON POLICY	
								<b>TOTAL OF ALL POLICIES</b>	<b>\$</b>	<b>\$</b>

**SCHEDULE 6: REAL ESTATE – Please designate any Homestead Real Estate with an " H " .**

PARCEL NO.	LOCATION AND TYPE OF PROPERTY	TITLE IN NAME OF	YEAR OF ACQ.	% OWN	MY/OUR INTEREST ONLY			
					PURCHASE PRICE	ESTIMATED PRESENT VALUE	ENCUMBRANCE	GROSS MO. INCOME

**SCHEDULE 7: REAL ESTATE LOANS**

Show No. of Parcel From Schedule C	TO WHOM PAYABLE	HOW PAYABLE		INT. RATE	YEAR OF FINAL MATURITY	PRESENT AMT. OWING
		\$	Per			
		\$	Per			
		\$	Per			
		\$	Per			
		\$	Per			
		\$	Per			
		\$	Per			

HAVE YOU GONE THROUGH BANKRUPTCY OR COMPROMISED A DEBT IN LAST 7 YEARS?  YES  NO

IF THIS IS A STATEMENT OF YOU & YOUR SPOUSE, ARE ANY ASSETS SPOUSE'S SEPARATE PROPERTY?  YES  NO

ARE ANY ASSETS PLEDGED OR DEBTS SECURED EXCEPT AS SHOWN?  YES  NO

EXECUTOR OF YOUR WILL

For the purpose of procuring and establishing credit from time to time with you, the undersigned furnishes the following as being a full, true, and correct statement of its financial condition on the date given below.

In consideration of the granting of such credit, the undersigned agrees that in the event of any material change in financial condition from that as hereinafter set forth, the undersigned will immediately notify you of such change and the extent and character thereof, and agrees that if the undersigned should at any time fail or become insolvent or commit an act of bankruptcy, or if any deposit account of the undersigned with you, or any other property of the undersigned held by you, be attempted to be obtained or held by writ of execution, garnishment, attachment or otherwise, at the instance of any other person, firm or corporation, or if any of the representations made below prove to be untrue, or if the undersigned fails to notify you of any material change as above agreed then and in either such case, at your option, all or any of the obligations of the undersigned to or held by you shall become immediately due and payable without demand or notice, and the same may be charged against the balance of any deposit account of the undersigned with you, the undersigned hereby also giving and creating a continuing lien upon such balance of deposit account from time to time existing to secure all obligations of the undersigned to or held by you, either as borrower or guarantor.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

DATE SIGNED \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF CO-APPLICANT

# BUSINESS DEBT SCHEDULE

**Company Name:**

**Date**

This schedule should contain loans for contracts and notes payable, not accounts payable or accrued liabilities.

Creditor Name/Address	Loan Date	Original Amount	Current Balance	Interest Rate	Monthly Payment	Maturity Date	Collateral/Security

\_\_\_\_\_  
Signature

**CITY OF LONG BEACH  
CREDIT CHECK AUTHORIZATION FORM**

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City of Long Beach  
Attn: Loan Program  
333 W. Ocean Blvd., 3rd Fl.  
Long Beach, CA 90802

RE: Credit Check Authorization

To Whom It May Concern:

This letter is to give authorization for the City of Long Beach to initiate a credit check on my personal credit history, the business \_\_\_\_\_, and the corporation \_\_\_\_\_ . With this certification, you are authorized to check my references from suppliers and other creditors. You are also authorized to verify information with various taxing entities, including, but not limited to, the State of California Franchise Tax Board, the State of California Board of Equalization, and the Federal Internal Revenue Service.

A copy of this authorization may be deemed to be the equivalent of the original and may be used as a duplicate original. Your prompt reply will help expedite my transaction. Thank you.

Sincerely,

\_\_\_\_\_  
Original Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, and Zip Code

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Name of Business Applicant

\_\_\_\_\_  
Federal Taxpayer I.D. Number

\_\_\_\_\_  
Business Street Address

\_\_\_\_\_  
City, State, and Zip Code

**Note to Borrower:** A copy of this form must be filled out and contain an original signature of each owner holding 20% or more ownership position in the business. The information obtained in credit reports or from other sources will be used in making a credit decision for any of the loan programs offered by the City of Long Beach. All credit information is maintained in strictest confidence, to the extent permitted by the California Government Code, and will only be used by the people involved in making the credit decisions.



# DUNS NUMBER FORM

DUNS Number \_\_\_\_\_

Service Provided \_\_\_\_\_

Legal Name
Company Name
Type of Business
Physical Address (include zip code)
NAICS
Mailing Address (include zip code)
Telephone Number (     ) _____ - _____
Email Address
Contact Name & Title
Number of Employees
Is health insurance provided to employees?
Please sign and date below.
Signature _____ Date _____

The Federal government requires that all applicants for Federal grants, loans, cooperative agreements, or technical assistance with the exception of individuals other than sole proprietors, have a DUNS number. The Federal government will use the DUNS number to better identify related organizations that are receiving funding under grants and cooperative agreements, and to provide consistent name and address data for electronic grant application systems.

The Data Universal Numbering System (DUNS) is a unique nine-digit identification number provided by Dun & Bradstreet (D&B).

- If you already have a DUNS number, use that number on all of your applications. It is not necessary to request another DUNS number from D&B.
- If you are not sure if you have a DUNS number call D&B at 1-866-705-5711 and indicate that you are a Federal grant applicant or prospective applicant. D&B will tell you if you already have a number.
- If you do not have a DUNS number call D&B at 1-866 705-5711 and indicate that you are a Federal grant applicant or prospective applicant. D&B will ask you to provide the information listed at the left and will immediately assign you a number, free of charge.
- The City of Long Beach, CA can assist you in obtaining a DUNS number. This form must be completed in its entirety to obtain assistance and/or a DUNS number. Thank you.

### Request for Transcript of Tax Return



(Rev. April 2006)

Department of the Treasury  
Internal Revenue Service

- ▶ Do not sign this form unless all applicable lines have been completed.  
Read the instructions on page 2.
- ▶ Request may be rejected if the form is incomplete, illegible, or any required line was blank at the time of signature.

OMB No. 1545-1872

**Tip:** Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can also call 1-800-829-1040 to order a transcript. If you need a copy of your return, use **Form 4506**, Request for Copy of Tax Return. There is a fee to get a copy of your return.

<b>1a</b> Name shown on tax return. If a joint return, enter the name shown first.	<b>1b</b> First social security number on tax return or employer identification number (see instructions)
<b>2a</b> If a joint return, enter spouse's name shown on tax return	<b>2b</b> Second social security number if joint tax return
<b>3</b> Current name, address (including apt., room, or suite no.), city, state, and ZIP code	
<b>4</b> Previous address shown on the last return filed if different from line 3	
<b>5</b> If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information.	

**Caution:** If a third party requires you to complete Form 4506-T, **do not** sign Form 4506-T if lines 6 and 9 are blank.

**6 Transcript requested.** Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶ \_\_\_\_\_

**a Return Transcript**, which includes most of the line items of a tax return as filed with the IRS. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120A, Form 1120H, Form 1120L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days . . . . .

**b Account Transcript**, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 30 calendar days . . . . .

**c Record of Account**, which is a combination of line item information and later adjustments to the account. Available for current year and 3 prior tax years. Most requests will be processed within 30 calendar days . . . . .

**7 Verification of Nonfiling**, which is proof from the IRS that you **did not** file a return for the year. Most requests will be processed within 10 business days . . . . .

**8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2003, filed in 2004, will not be available from the IRS until 2005. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 45 days . . . . .

**Caution:** If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

**9 Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Signature of taxpayer(s).** I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, **either** husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer.

<b>Sign Here</b>		Date	Telephone number of taxpayer on line 1a or 2a (    )    -    -    -
	Signature (see instructions)		
	Title (if line 1a above is a corporation, partnership, estate, or trust)		
	Spouse's signature	Date	



## General Instructions

**Purpose of form.** Use Form 4506-T to request tax return information. You can also designate a third party to receive the information. See line 5.

**Tip.** Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

**Where to file.** Mail or fax Form 4506-T to the address below for the state you lived in when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

**Note.** If you are requesting more than one transcript or other product and the chart below shows two different service centers, mail your request to the service center based on the address of your most recent return.

### Chart for individual transcripts (Form 1040 series and Form W-2)

If you filed an individual return and lived in:	Mail or fax to the "Internal Revenue Service" at:
District of Columbia, Maine, Maryland, Massachusetts, New Hampshire, New York, Vermont	RAIVS Team Stop 679 Andover, MA 05501  978-247-9255
Alabama, Delaware, Florida, Georgia, North Carolina, Rhode Island, South Carolina, Virginia	RAIVS Team P.O. Box 47-421 Stop 91 Doraville, GA 30362  678-530-5326
Arkansas, Kansas, Kentucky, Louisiana, Mississippi, Oklahoma, Tennessee, Texas, West Virginia	RAIVS Team Stop 6716 AUSC Austin, TX 73301  512-460-2272
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nebraska, Nevada, New Mexico, Oregon, South Dakota, Utah, Washington, Wyoming	RAIVS Team Stop 38101 Fresno, CA 93888  559-253-4990
Connecticut, Illinois, Indiana, Iowa, Michigan, Minnesota, Missouri, North Dakota, Ohio, Wisconsin	RAIVS Team Stop 6705-B41 Kansas City, MO 64999  816-823-7667
New Jersey, Pennsylvania, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team DP 135SE Philadelphia, PA 19255-0695  215-516-2931

### Chart for all other transcripts

If you lived in or your business was in:	Mail or fax to the "Internal Revenue Service" at:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Georgia, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Tennessee, Texas, Utah, Washington, Wyoming	RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409  801-620-6922
Connecticut, Delaware, District of Columbia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia, Wisconsin	RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250  859-669-3592
A foreign country, or A.P.O. or F.P.O. address	RAIVS Team DP 135SE Philadelphia, PA 19255-0695  215-516-2931

**Line 1b.** Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

**Line 6.** Enter only one tax form number per request.

**Signature and date.** Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the information be sent to a third party, the IRS must receive Form 4506-T within 60 days of the date signed by the taxpayer or it will be rejected.

**Individuals.** Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

**Corporations.** Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer.

**Partnerships.** Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

**All others.** See Internal Revenue Code section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

**Documentation.** For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the Letters Testamentary authorizing an individual to act for an estate.

### Privacy Act and Paperwork Reduction Act Notice

We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. Sections 6103 and 6109 require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form**, 10 min.; **Preparing the form**, 12 min.; and **Copying, assembling, and sending the form to the IRS**, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6406, Washington, DC 20224. Do not send the form to this address. Instead, see *Where to file* on this page.

## Request for Taxpayer Identification Number and Certification

Give form to the  
 requester. Do not  
 send to the IRS.

Print or type See Specific Instructions on page 2.	Name	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶ .....	
	<input type="checkbox"/> Exempt from backup withholding	
	Address (number, street, and apt. or suite no.)	
City, state, and ZIP code		
Requester's name and address (optional)		
List account number(s) here (optional)		

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). **However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3.** For other entities, it is your employer identification number (EIN). If you do not have a number, see **How to get a TIN** on page 3.

Social security number								
or								
Employer identification number								

**Note:** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), **and**
2. I am not subject to backup withholding because: **(a)** I am exempt from backup withholding, or **(b)** I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or **(c)** the IRS has notified me that I am no longer subject to backup withholding, **and**
3. I am a U.S. person (including a U.S. resident alien).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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### Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

**U.S. person.** Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

**Note:** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Foreign person.** If you are a foreign person, use the appropriate Form W-8 (see **Pub. 515**, Withholding of Tax on Nonresident Aliens and Foreign Entities).

### Nonresident alien who becomes a resident alien.

Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a **nonresident alien or a foreign entity** not subject to backup withholding, give the requester the appropriate completed Form W-8.

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS 30% of such payments (29% after December 31, 2003; 28% after December 31, 2005). This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will **not** be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

**Payments you receive will be subject to backup withholding if:**

1. You do not furnish your TIN to the requester, or
2. You do not certify your TIN when required (see the Part II instructions on page 4 for details), or
3. The IRS tells the requester that you furnished an incorrect TIN, or
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate **Instructions for the Requester of Form W-9**.

## Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of Federal law, the requester may be subject to civil and criminal penalties.

## Specific Instructions

### Name

If you are an individual, you must generally enter the name shown on your social security card. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

**Sole proprietor.** Enter your **individual** name as shown on your social security card on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

**Limited liability company (LLC).** If you are a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Treasury regulations section 301.7701-3, **enter the owner's name on the "Name" line.** Enter the LLC's name on the "Business name" line.

**Other entities.** Enter your business name as shown on required Federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name" line.

**Note:** *You are requested to check the appropriate box for your status (individual/sole proprietor, corporation, etc.).*

### Exempt From Backup Withholding

If you are exempt, enter your name as described above and check the appropriate box for your status, then check the "Exempt from backup withholding" box in the line following the business name, sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

**Note:** *If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.*

**Exempt payees.** Backup withholding is **not required** on any payments made to the following payees:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2);
2. The United States or any of its agencies or instrumentalities;
3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities;
4. A foreign government or any of its political subdivisions, agencies, or instrumentalities; or
5. An international organization or any of its agencies or instrumentalities.

Other payees that **may be exempt** from backup withholding include:

6. A corporation;
7. A foreign central bank of issue;
8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States;

- 9. A futures commission merchant registered with the Commodity Futures Trading Commission;
- 10. A real estate investment trust;
- 11. An entity registered at all times during the tax year under the Investment Company Act of 1940;
- 12. A common trust fund operated by a bank under section 584(a);
- 13. A financial institution;
- 14. A middleman known in the investment community as a nominee or custodian; or
- 15. A trust exempt from tax under section 664 or described in section 4947.

The chart below shows types of payments that may be exempt from backup withholding. The chart applies to the exempt recipients listed above, **1** through **15**.

If the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt recipients except for <b>9</b>
Broker transactions	Exempt recipients <b>1</b> through <b>13</b> . Also, a person registered under the Investment Advisers Act of 1940 who regularly acts as a broker
Barter exchange transactions and patronage dividends	Exempt recipients <b>1</b> through <b>5</b>
Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup>	Generally, exempt recipients <b>1</b> through <b>7</b> <sup>2</sup>

<sup>1</sup> See **Form 1099-MISC**, Miscellaneous Income, and its instructions.  
<sup>2</sup> However, the following payments made to a corporation (including gross proceeds paid to an attorney under section 6045(f), even if the attorney is a corporation) and reportable on Form 1099-MISC are **not exempt** from backup withholding: medical and health care payments, attorneys' fees; and payments for services paid by a Federal executive agency.

## Part I. Taxpayer Identification Number (TIN)

**Enter your TIN in the appropriate box.** If you are a **resident alien** and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see **How to get a TIN** below.

If you are a **sole proprietor** and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-owner **LLC** that is disregarded as an entity separate from its owner (see **Limited liability company (LLC)** on page 2), enter your SSN (or EIN, if you have one). If the LLC is a corporation, partnership, etc., enter the entity's EIN.

**Note:** See the chart on page 4 for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get **Form SS-5**, Application for a Social Security Card, from your local Social Security Administration office or get this form on-line at [www.ssa.gov/online/ss5.html](http://www.ssa.gov/online/ss5.html). You may also get this form by calling 1-800-772-1213. Use **Form W-7**, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or **Form SS-4**, Application for Employer Identification Number, to apply for an EIN. You can get Forms W-7 and SS-4 from the IRS by calling 1-800-TAX-FORM (1-800-829-3676) or from the IRS Web Site at [www.irs.gov](http://www.irs.gov).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note:** Writing "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

**Caution:** A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

## Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 3, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt recipients, see **Exempt from backup withholding** on page 2.

**Signature requirements.** Complete the certification as indicated in 1 through 5 below.

**1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.

**2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

**3. Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.

**4. Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

**5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA or Archer MSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

## What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup>
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee <sup>1</sup>
b. So-called trust account that is not a legal or valid trust under state law	The actual owner <sup>1</sup>
5. Sole proprietorship or single-owner LLC	The owner <sup>3</sup>
For this type of account:	Give name and EIN of:
6. Sole proprietorship or single-owner LLC	The owner <sup>3</sup>
7. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
8. Corporate or LLC electing corporate status on Form 8832	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership or multi-member LLC	The partnership
11. A broker or registered nominee	The broker or nominee
12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> **You must show your individual name**, but you may also enter your business or "DBA" name. You may use either your SSN or EIN (if you have one).

<sup>4</sup> List first and circle the name of the legal trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.)

**Note:** *If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.*

## Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA or Archer MSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, and the District of Columbia to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, or to Federal and state agencies to enforce Federal nontax criminal laws and to combat terrorism.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 30% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.



**FIRST CONSIDERATION AGREEMENT**  
**Between**  
**CITY OF LONG BEACH (The “Lender”)**  
**And**

\_\_\_\_\_ (the “Borrower”)

This agreement (“Agreement”) is made this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_ by and between the City of Long Beach (the “Lender”), and \_\_\_\_\_ (the “Borrower”), under the terms of the Loan Agreement with the Lender.

**Whereas**, the Lender has made and the Borrower has accepted a loan from funds which originated through or as a result of Federal funds made available from the U.S. Department of Housing and Urban Development (“HUD”), the U.S. Department of Commerce, or other Federal entity:

1. The Borrower commits that it will make at least 51% of the new jobs (to be created as a result of the funded activity) available to low and moderate (“L/M”) income persons (defined as persons earning 80% or less of median area income) and will provide training for any of those jobs requiring special skills or education; and
2. The Borrower has provided a LISTING by job title of the permanent jobs to be created (Attached Schedule A), indicating which jobs will be available to L/M persons, which jobs require special skills or education, and which jobs are part-time (if any); and
3. The Lender and the Borrower enter into this agreement to ensure that L/M persons receive FIRST CONSIDERATION for those jobs; and
4. The Borrower shall, QUARTERLY THROUGHOUT THE TERM OF THE FINANCING (OR UNTIL THE JOB CREATION GOAL OUTLINED IN PARAGRAPH 1 ABOVE HAS BEEN MET), provide a listing (by job title) of the permanent JOBS FILLED, and which of those jobs were available to L/M persons, and a description of how first consideration was given to such persons for those jobs. The description shall include:
  - a. What hiring process was used;
  - b. Which L/M persons were interviewed for a particular job;
  - c. Which L/M persons were hired; and
  - d. Which L/M persons were hired who live within the Lender’s Enterprise Zone (“EZ”) Employment Area (Attached Schedule B Map+).
5. In order to help meet the goals of this Agreement, the Borrower agrees to:
  - a. Obtain and keep on file (for verification) the necessary information about the applicant jobholder to determine L/M status in the form of:
    - Certification signed by the applicant jobholder that his/her family income is at or below the maximum income allowed under CDBG standard for L/M income status. The Certification must state that the information is subject to verification by authorized officials, OR
    - Evidence of applicant jobholder’s Section 8 eligibility.

- b. Consider referrals from the City of Long Beach, Workforce Development Bureau (“JTPA Provider”), as L/M persons. These qualify for JTPA assistance under income qualification criteria, which is at least as restrictive as those used in the definition of “L/M person”.
  - c. MAINTAIN QUARTERLY THROUGHOUT THE TERM OF THE FINANCING, OR UNTIL THE JOB GOAL HAS BEEN MET, a list, by prospective job title, of the following:
    - Each L/M person who has been referred to the Borrower through the City of Long Beach Workforce Development Bureau or other resources;
    - Which referred persons were actually interviewed;
    - Which referred persons were actually hired; and
    - Which referred persons actually hired live in the Lender’s designated EZ Employment Area.
6. The Borrower must assemble and maintain the documentation throughout the term of the loan or until the job creation goal is met. Lender will assist in assembling documentation as appropriate.

Documentation must be submitted QUARTERLY (for quarters ending December 31, March 31, June 30, and September 30) to:

**City of Long Beach**  
**Attention: Loan Program**  
**333 W. Ocean Blvd., 3<sup>rd</sup> Fl.**  
**Long Beach, CA 90802**

CITY OF LONG BEACH (Lender)

Dated: \_\_\_\_\_

By: \_\_\_\_\_

\_\_\_\_\_  
 Name Title

LOAN RECIPIENT:

\_\_\_\_\_  
 (Type or Print Borrower Name)

Dated: \_\_\_\_\_

By: \_\_\_\_\_

\_\_\_\_\_  
 Name Title

Attachments: Schedule A – Listing of Permanent Jobs to be Created  
 Schedule B: - Map of City of Long Beach Enterprise Zone Employment Area