

Personal History Statement

This form must be completed by each person owning 20% or more of the applicant business along with any other guarantors.

Name of Business Applicant			Title	Ownership %
Business Address		City	State	Zip
First Name	Middle Initial	Last Name	Former Names & Dates Used	
Social Security Number	Date of Birth	Primary Phone	Email	
Present Residence Address		City	State	Zip
Most Recent Prior Address		City	State	Zip
Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, are you a lawful permanent resident? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Eligibility Questionnaire

1. Are you involved any pending lawsuits (including divorce)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you ever filed for bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you ever settled a debt for less than owed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Do you have any delinquent unpaid federal or local taxes or unresolved liens from taxes owed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Are you presently under indictment, or on parole or probation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Has any business owned by you ever received a loan or grant from the St. Louis Economic Development Partnership, STL Partnership CDC, St. Louis Development Corporation, or The St. Louis Local Development Company?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Are you or your immediate family members by blood, marriage, or adoption related to a board member or staff member of the St. Louis Economic Development Partnership, STL Partnership CDC, St. Louis Development Corporation, or The St. Louis Local Development Company?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Are you or your immediate family members by blood, marriage, or adoption related to an elected or appointed official or employee of the City of St. Louis or St. Louis County?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answer yes to any of the above questions, please explain below or in an attachment.

Signature	Name	Date