

Applicant Business Legal and/or DBA Name:

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

OMB Control No.: 3245-0348 Expiration Date: 09/30/2023

The purpose of the information requested is to assist SBA and the Lender/Certified Development Company (CDC) ("SBA Lender") with determining the eligibility of a loan application from a Small Business Applicant whose business has a religious component. Failure to submit the information would affect that determination.

Instructions for SBA Lenders: Prior to submitting an application to the SBA loan processing center (non-delegated) or processing a loan under delegated authority, the SBA Lender must submit the completed SBA Form 1971 and supporting documentation to the Associate General Counsel for Litigation for review at Form1971Review@sba.gov.

Applicant Address:	Applicant Website (if applicable)	
Applicant Phone:		
Requested Loan Amount	Type of Loan	
Please describe in detail what the proceed	ds of the loan will be used for (attach separate sheet if r	necessary):
Is Applicant connected, associated, or affi	iliated with a religious organization in any way?	Yes No
If "Yes" explain the nature and extent of t	the relationship (attach separate sheet if necessary):	
Religious instruction, counseling, or Religious instruction, indoctrination facilities). Religious broadcasting (e.g., religion religious services). Generation, Sale or distribution of a Creation or development of religious Prayer, religious worship, or religious	facts, gifts, and/or other religious items. or indoctrination with regard to any items sold (including on, or counseling whether to adults or children (includes ous music, religious programing, including instruction, newspaper, journal, or other religious publications. us materials (e.g. writings, music, artifacts, computer s	s use of religious material at daycare, indoctrination, counseling, and software, religious art, etc.).
Explain the nature of each of the religious	s components checked above (attach separate sheet if n	necessary)
Signature of Authorized Representative o	of Applicant:	Date:
Print Name:		
Title:		
Authorized Lender Official Signature:		Date:
Print Name:		
Title:		
Lender Email	Lender / CDC 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 5 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.