

Business Narrative Form

Self-Employed



This form is to be completed by an employee (non-relative) of the borrower's business, with knowledge and information of the operations and finances of the business. Typical positions held by this employee would include: Controller, Treasurer, V.P. Finance, Finance Manager, Accounting Manager or Human Resources Manager. This form can also be completed by a third-party individual with direct knowledge of the borrower's business, such as a Certified Public Accountant or an IRS Enrolled Agent.

1. Using the North American Industry Classification System (NAICS) below, please check the industry that best describes this business:

- | | |
|---|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Mining-Quarrying-Oil & Gas Extraction |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Other Services |
| <input type="checkbox"/> Accommodation-Food Service | <input type="checkbox"/> Administrative-Support-Waste Management |
| <input type="checkbox"/> Agriculture-Forestry-Fishing-Hunting | <input type="checkbox"/> Information |
| <input type="checkbox"/> Construction (Home & Remodeling) | <input type="checkbox"/> Real Estate-Rental and Leasing |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Arts-Entertainment-Recreation |
| <input type="checkbox"/> Transportation-Warehousing | <input type="checkbox"/> Professional-Scientific-Technical Service |
| <input type="checkbox"/> Utilities | <input type="checkbox"/> Health Care-Social Assistance |
| <input type="checkbox"/> Educational Services | <input type="checkbox"/> Finance and Insurance |

2. Name of business: _____
3. % of ownership: _____
4. Service or Product provided: _____
5. Date business started: _____
6. Business legal structure: ____ Partnership ____ Corporation ____ Sub-S Corporation ____ Limited Liability Company
7. Business location: *(insert address of primary location)* _____
- A. Is the space a ____ residence or ____ commercial/warehouse?
8. Number of business locations: ____ one ____ 2-5 ____ greater than 5
9. Are these locations ____ owned or ____ leased?
10. Number of employees: ____ 0-5 ____ 6-10 ____ 11-25 ____ greater than 25 - describe: _____
11. Any machinery or equipment required for business operations: _____
12. Does the business require inventory (raw material or finished goods) to generate sales? ____ Yes ____ 6-10
- A. If yes, describe the inventory and turnover ratio: _____

Date: _____ Title: _____

Email: _____ Phone Number: _____

Signature: _____

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