



Self-Employed Business Narrative Form

Please provide comprehensive information regarding the business for which you are submitting Bank Statement or 1099 income documentation for qualification purposes. This document consists of two essential components:

Bank Statement Narrative (Pages 1-2) and Business Summary (Begins on Page 3)

Please ensure all information is up to date, complete and accurate as incomplete submissions may result in processing delays.

Bank Statement Narrative

1. **Borrower's Full Name:** _____
2. **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 Management	<input type="checkbox"/> Administrative-Support-Waste
<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
3. **Name of business:** _____ **Website:** _____
4. **Number of owners:** _____ **Borrower Ownership Percentage:** _____
5. **Loan Amount:** _____
6. **Service or Product provided:** _____
7. **Date business started:** _____
8. **Business legal structure:**

<input type="checkbox"/> Partnership
<input type="checkbox"/> Corporation
<input type="checkbox"/> Sub-S Corporation
<input type="checkbox"/> Limited Liability Company
<input type="checkbox"/> Sole Proprietor



9. **Business location:** (insert address of primary location)

A. **Is the space a:**

- ☐ residence
- ☐ commercial/warehouse?

B. **Number of business locations:** ☐ one ☐ 2-5 ☐ <5

10. **Are these locations:**

- ☐ Owned
- ☐ Leased

11. **Number of employees:**

- ☐ 0-5
- ☐ 6-10
- ☐ 11-25
- ☐ < 25

12. **Describe any machinery or equipment required for business operations:**

13. **Does the business require inventory (raw material or finished goods) to generate sales?**

- ☐ Yes
- ☐ No

A. **If yes, describe the inventory and turnover ratio:**



Business Summary

1. **Summarize the nature of the business:**

2. **Describe how the business earns income:**

3. **What payment methods does the business receive income (check all that apply):**

- ☐ Check
- ☐ Cash
- ☐ Wire Transfer
- ☐ ACH Deposit
- ☐ Intuit
- ☐ Venmo
- ☐ PayPal
- ☐ Zelle
- ☐ Visa Cash App
- ☐ American Express Payment App
- ☐ Other (describe) _____

_____ *I confirm that the business is currently open and active as of the date below.*

Name: _____

Company: _____

Title: _____

Date: _____

Email: _____

Phone No.: _____

Signature: _____