

SELF-EMPLOYED BUSINESS NARRATIVE FORM (NON-QM ONLY) (10/01/2020)

Self-Employed Business Narrative Form

This form 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 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. Number of owners: _____
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
11. Describe any machinery or equipment required for business operations:
12. Does the business require inventory (raw material or finished goods) to generate sales?
- Yes No
- a. If yes, describe the inventory and turnover ratio:
- _____

Name

Email

Title

Phone Number

Signature

Date