This form should ONLY be filled out for Individuals who own 25% or more of the equity of Company
Company Name:

Name:	**Title:**

1. Ethnicity

☐ Hispanic or Latino/a
☐ Not Hispanic or Latino/a
☐ Prefer not to respond

2. Race (select all that apply)

☐ American Indian or Alaska Native
☐ Asian
- ☐ Indian
- ☐ Chinese
- ☐ Filipino
- ☐ Japanese
- ☐ Korean
- ☐ Vietnamese
- ☐ Asian (Other)

☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander
- ☐ Guamanian or Chamorro
- ☐ Native Hawaiian
- ☐ Samoan
- ☐ Pacific Islander (Other)

☐ White
☐ Prefer not to respond

3. Middle Eastern or North African Ancestry

☐ Middle Eastern or North African
☐ Not Middle Eastern or North African
☐ Prefer not to respond

4. Gender

☐ Female
☐ Male
☐ Nonbinary
☐ Prefer to self-describe: _____
☐ Prefer not to respond

5. Sexual Orientation

☐ Gay or lesbian
☐ Bisexual
☐ Straight, that is, not gay, lesbian, or bisexual
☐ Something else
☐ Prefer not to respond

6. Veteran Status

☐ Veteran
☐ Non-veteran
☐ Prefer not to respond

7. Other

☐ Limited English proficiency
☐ Disability
☐ Long-term
☐ Residence in an environment isolated from the mainstream of American society;
☐ Membership of a federally or state-recognized Indian Tribe;
☐ Long-term residence in a rural community
☐ Located in a CDFI Area, as defined in 12 C.F.R. § 1805.201(b)(3)(ii)