



Ownership Confirmation

Applicant Name/Business Name:

CAPP#:

To begin the preliminary review of your Child Care Facilities Improvement Application, the information for all individuals and entities that have an ownership percentage in your business is required.

Please provide the information for all owners and entities that have an ownership interest in your business using the fields below. The information provided must be completed in its entirety and accurate and will be verified during the review process.

Owner Name	Owner Type (Individual, Operating Business, Trust, Finance Firm)	SSN	EIN (if applicable)	Percent of Ownership %	Personal Address	Phone Number	Email Address

By signing this form, you are confirming that you are the Authorized Representative for the applicant and authorize the EDA to obtain such information including, but not limited to, a credit bureau check as it may require, covering the applicant and/or its principals, stockholders and/or investors.

Authorized Representative Signature

Date:

Authorized Representative Print Name:

Title: