



## Self-Employed Business Narrative Form

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"/> Finance and Insurance                     |
| <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"/> Other Services                            |

2. Name of business: \_\_\_\_\_

3. Number of owners: \_\_\_\_\_

4. Service or Product provided: \_\_\_\_\_

5. Date business started: \_\_\_\_\_

6. Business legal structure:

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

7. Business location: (insert address of primary location): \_\_\_\_\_

a. Is the space a? ☐ residence ☐ commercial/warehouse

☐ one ☐ 2-5 ☐ greater than 5

8. Number of business locations:

☐ owned ☐ leased

9. Are these locations?

☐ 0-1 ☐ 2-10 ☐ 11-25 ☐ greater than 25

10. Number of employees: \_\_\_\_\_

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



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