City of Fontana's Empowerment Revolving Loan Fund Program Administered by AmPac Tri-State CDC, Inc. dba AmPac Business Capital Certification of Identity

[Borrower's Legal Name]- [Loan Product] Loan #[Loan Number]

I, [Signer's Legal Name], hereby certify:

THAT, [Signer's Legal Name], whose name appears on the loan papers and [Variations of Signer's Legal Name on Application Forms], whose name appears on various other documents in connection with said [Loan] are on and the same person.

I FURTHER CERTIFY, that my date of birth is [Signer's Date of Birth], and my social security number is [Signer's Social Security Number].

This Certification is dated: [Date]	
[Signer's Legal Name], individually	_