



COVID-19 BUSINESS RELIEF WORKING CAPITAL LOAN PROGRAM

APPLICANT INFORMATION

Check One: Sole Proprietor Partnership LLC Independent Contractor
 Self-Employed Other

Business Name	DBA
Address	
City	State Zip
Phone #	Business Tax #
Owner	Title
Co-Owner (if applicable)	Title
Primary Contact	Email

APPLICANT OWNERSHIP

List all owners of 20% or more of the equity of the Applicant. Attach a separate sheet if necessary.

Owner Name	Title	Ownership %	Address

LOAN REQUEST INFORMATION

LTADD COVID-19 Business Relief Loans will range from \$5,000 to \$25,000 for short term working capital such as payroll, rent, utilities, supplies, inventory management, and payment to suppliers.

Amount of Loan Request \$ _____ Number of Employees _____

Purpose of Loan (*check all that apply*) Payroll Rent/Mortgage/Lease
 Utilities Inventory/Supplies
 Other (*explain*)

My project/business : Has Has Not received prior federal assistance as it as it relates Covid 19.

Are you receiving financial assistance from any other governmental agencies? YES or NO
 If YES, please explain.

Has the business received a SBA PP Loan or EIDL Loan? YES or NO

NOTE: Loan proceeds will be audited. Bank statements and receipts will be required for eligible expenditures.

	Y	N		Y	N
Is the Applicant or any owner of the Applicant presently suspended, debarred, proposed for debarment, declared ineligible, voluntarily excluded from participation in this transaction by any Federal department or agency, or presently involved in any bankruptcy?			Has the Applicant, any owner of the Applicant, or any business owned or controlled by any of them, ever obtained a direct or guaranteed loan from any Federal agency that is currently delinquent or has defaulted in the last 7 years and caused a loss to the government?		
Is the Applicant or any individual owning 20% or more of the equity of the Applicant subject to an indictment, criminal information, arraignment, or other means by which formal criminal charges are brought in any jurisdiction, or presently incarcerated, or on probation or parole?			The Applicant is not engaged in any activity that is illegal under federal, state, or local law.		

DOCUMENTS REQUIRED

- 2019 Financial Statement signed and dated by a company officer
- Latest Federal Income Tax Statement
- Copy of photo identification

As applicable:

- Payroll receipts
- Copy of lease agreement/mortgage statement
- Last two months utility statements
- Supplies/ inventory purchase agreements/receipts/statements

CERTIFICATION OF APPLICATION

Certification: I hereby represent and certify that the foregoing information, to the best of my knowledge, is (a) true, complete and accurately and fairly describes the proposed project for which financial assistance is sought; and (b) does not contain any information for which an entity competing with the applicant may claim a proprietary interest. I further certify that to the best of my knowledge and based upon due inquiry, neither I, nor any of the proposed guarantors or officers, directors or principals associated with the applicant are or were at the time of this application, directors or officers of, or otherwise have a fiduciary duty toward, an entity that is or may be in competition with the applicant. As used herein, applicant shall include any person or entity which is guarantying any proposed financing.

Conflict of Interest: I hereby represent and certify that neither I, nor any of the proposed guarantors or officers, directors, principals or employees associated with the applicant are, at the time of this application, related by blood, marriage, law or business arrangement to the LTADD Board of Directors and/or other such LTADD advisory Boards.

Name of Business _____

By _____ Title _____

Signature _____ Date _____