



SMALL BUSINESS CORONAVIRUS (COVID-19) DISASTER ASSISTANCE LOAN FUND

PROGRAM APPLICATION

Loan File Checklist

- Business Plan
- Personal History Form (Attachment A) *
- Personal Financial Statement (Attachment B)*
- Schedule of Business Debt (Attachment C)
- Articles of Incorporation / Bylaws
- Federal Business (EIN) Registration
- (3) Years of Business Federal Tax Returns
- (3) Years Business Consolidated Financial Statements (P&L and Balance Sheet)
- (3) Months Business Banking Statements
- (3) Years Personal Federal Tax Returns *
- (3) Months Personal Banking Statements *

***Must be completed by anyone owning 20% or more in the business**

STAFFORD *Virginia* ECONOMIC DEVELOPMENT AUTHORITY

Date: ___/___/___

I – Business Information

Business Legal Name: _____

DBA or Tradename (if applicable): _____

Business Address: _____

City: _____ Zip: _____

Business Phone #: _____ Cell Phone #: _____

Email: _____

Website: _____

When did the business start operating / open? ___/___/___ (month/year)

Legal Structure (check one) Sole Proprietorship LLC Corporation

Partnership Independent Contractor Other

Federal Tax ID# (EIN): _____

Do you have employees (Yes or No): _____ If yes, how many: _____

Description of business: _____



II – Ownership Information

Complete this section for each person who has 20% or more ownership interest in the business.
Use additional sheets as necessary.

Name: _____

Home Street Address: _____

City: _____

Zip: _____

Home Phone #: _____

Work Phone #: _____

Mobile Phone #: _____

Email Address: _____

Position: _____

Percentage of Ownership: _____

Name: _____

Home Street Address: _____

City: _____

Zip: _____

Home Phone #: _____

Work Phone #: _____

Mobile Phone #: _____

Email Address: _____

Position: _____

Percentage of Ownership: _____

STAFFORD *Virginia* ECONOMIC DEVELOPMENT AUTHORITY

III - Use of Loan Funds

Use	Amount	Description
Building Rent / Mortgage Payments		
Working Capital		
Inventory		
Supplies		
Marketing/Advertising		
Other: _____		
Total		



IV – Applicant Questionnaire

a) Is the business current on all Stafford County tax and filing obligations?

Yes: _____ No: _____

b) Are all business owners who reside in Stafford County (as detailed within Section II) current on all Stafford County tax obligations?

Yes: _____ No: _____

c) Have you, any officers, or your company ever filed bankruptcy? Yes: _____ No: _____

If yes, please explain: _____

Has the bankruptcy been discharged? Yes: _____ No: _____

d) Have any personal or business bank account had checks and/or debts returned for Non-Sufficient Funds (NSF) within the last 3 months?

Yes: _____ No: _____

e) Are you authorized to live/work in the United States?

Yes: _____ No: _____

f) Have you been convicted of a felony related to fraud or embezzlement within the last 10 years?

Yes: _____ No: _____

If yes, please explain: _____

g) Are you or your business involved in any pending lawsuits?

Yes: _____ No: _____

If yes, please explain: _____

STAFFORD *Virginia* ECONOMIC DEVELOPMENT AUTHORITY

Each of the applicants must initial the following statements to indicate that they understand and agree to the following conditions:

_____ I acknowledge that this completed and signed application is only an application for the disaster assistance grant loans expressed herein. This application, even if favorably received, does not constitute a commitment on the part of the EDA to extend loan funds.

_____ I agree to notify the EDA immediately in writing if any of the information contained in this application materially changes in any respect.

_____ I agree to hold harmless and indemnify the EDA and its board members, employees, agents, representatives and associates against any claims, charge, suit, damages or other similar liability and to further waive any claims against the EDA whether now existing or arising in the future regarding any damages, losses, liability, costs or expenses (including reasonable attorney fees) incurred and arising from this application.

_____ I understand that by submitting this application the EDA is under no obligation to approve and/or extend an assistance loan.

PLEASE CHECK AND COMPLETE APPROPRIATE BOX

That I am an employee of:
 _____ Stafford County _____ Department

That I am related to (name) _____, an employee of the:
 _____ Stafford County _____ Department
 _____ Stafford County EDA Board Member
 _____ Any Stafford County elected or appointed official

My relationship to the person is: _____ Spouse, _____ Father, _____ Mother, _____ Daughter,
 _____ Son, _____ other, _____ (Specify relationship)

That I am not related to an employee of Stafford County, Stafford County EDA, nor am I an employee of Stafford County.

I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS ENTIRE APPLICATION AS COMPLETED, AND THAT EACH RESPONSE IS TRUE AND COMPLETE.

Applicant: _____
 Signature Date

ALL QUESTIONS MUST BE ANSWERED BY THE FOLLOWING INDIVIDUALS AND ARE SUBJECT TO VERIFICATIONS BY STAFFORD EDA:

(All parties listed below are considered "Associates" of the small business applicant.)

- For a sole proprietorship, the sole proprietor;
- For a partnership, all general partners and all limited partners owning 20% or more of the equity of the firm, or any partner that is involved in management of the applicant business;
- For a corporation, all owners of 20% or more of the corporation and each officer and director;
- For limited liability companies (LLCs), all members owning 20% or more of the company, each officer, director, and managing member; and

(If more than one person must complete this section, this page may be copied, completed and attached to this form.)

1. Are you presently subject to an indictment, criminal information, arraignment, or other means by which formal criminal charges are brought in any jurisdiction? Yes No Initials: _____
2. Have you been arrested in the past six months for any criminal offense? Yes No Initials: _____
3. For any criminal offense – other than a minor vehicle violation – have you ever: 1) been convicted; 2) plead guilty; 3) plead nolo contendere; 4) been placed on pre-trial diversion; or 5) been placed on any form of parole or probation (including probation before judgment)? Yes No Initials: _____
4. Has an application for the loan you are applying for now ever been submitted to Stafford EDA in connection with any Stafford EDA program? Yes No
5. Are you presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal or State department or agency? Yes No
6. If you are at least a 50% or more owner of the applicant business, are you more than 60 days delinquent on any obligation to pay child support arising under an administrative order, court order, repayment agreement between the holder and a custodial parent, or repayment agreement between the holder and a state agency providing child support enforcement services? Yes No N/A
7. Are you a U.S. Citizen? Yes No Initials: _____
- If "No," are you a Lawful Permanent resident alien? Yes No Initials: _____
- If "Yes," Provide Alien Registration Number: _____ If "No," country of citizenship: _____

Signature:

Association to Applicant:

(See list above)

Print Name:

- If "YES" to Question 1, the loan request is ineligible for Stafford EDA assistance.
- If "YES" to Question 2 or 3, additional detail will be required and you may be subject to a criminal background check and a character determination in accordance with Stafford EDA policy.
- If "YES" to Question 3 and you are currently on parole or probation (including probation before judgment), the loan request is ineligible for Stafford EDA assistance.

If "YES" to Questions 4, 5, or 6, additional documentation or clarification may be required.

If "YES" to Question 7, you will be required to provide necessary documentation to verify legal authority for loan.

Personal Financial Statement

Confidential

1 of 2

IMPORTANT: Read these directions before completing this Statement. Please note there are two pages (tabs). Start by filling out the Schedules (tab 2), as the formulas will auto-populate onto the Statement (tab 1). Any additional information not included in the Schedules should then be manually filled in on the Statement. Please note that a signature on the second page is required to validate the PFS, whether the form is filled out electronically or by hand.

If you are applying for individual credit in your own name and are relying on your own income or assets and not the income or assets of another person as the basis for repayment of the credit requested, complete only Sections 1 and 3.

If you are applying for joint credit with another person, complete all Sections, providing information in Section 2 about the joint applicant.

If you are applying for individual credit, but are relying on income from alimony, child support, or separate maintenance or on the income or assets of another person as a basis for repayment of the credit requested, complete all Sections, providing information in Section 2 about the person upon whose alimony, support, or maintenance payments or income or assets you are relying.

If this statement relates to your guaranty of the indebtedness of other person(s), firm(s) or corporation(s), complete Sections 1 and 3.

T0 (Name of Lender): Stafford Economic Development Authority

FINANCIAL STATEMENT AS OF (Date):

Table with 2 main sections: SECTION 1 - INDIVIDUAL INFORMATION and SECTION 2 - OTHER PARTY INFORMATION. Each section contains fields for Name, Residence address, City, State & Zip, Position or occupation, Business name, Business address, City, State & Zip, Res. Phone, and Bus. Phone.

SECTION 3 - STATEMENT OF FINANCIAL CONDITION. Table with columns for ASSETS (Do not include assets of doubtful value), In Dollars (Omit Cents), LIABILITIES, and In Dollars (Omit Cents). Rows include Cash on hand, U.S. Government & Marketable Securities, Non-Marketable Securities, Retirement Accounts, Real estate owned, Loans Receivable, Automobiles, and various liabilities like Loans secured by real estate, Notes payable, and Taxes.

Table with two main sections: SOURCES OF INCOME FOR YEAR and PERSONAL INFORMATION. SOURCES OF INCOME includes Salary, Dividends, Real estate income, and Other income. PERSONAL INFORMATION includes Total Liquid Assets, Debt/Net Worth, Marital status, Dependents, and other financial details.

Table with two main sections: CONTINGENT LIABILITIES and a summary row. CONTINGENT LIABILITIES includes Do you have any contingent liabilities?, As loan endorser, Total legal claims, and Amount of contested income tax liens.

(Complete schedules and sign on Page 2)

Form updated xxxxx

Please do not leave any questions unanswered. Use "no" where necessary.

SCHEDULE A - CASH ON HAND IN BANKS

Name of Financial Institution	Location	In name of	Demand Deposits	Time Deposits
TOTAL				

SCHEDULE B - U.S. GOVERNMENT & MARKETABLE SECURITIES

Number of shares or face value (bonds)	Description	In name of	Are these pledged?	Market value
TOTAL				

SCHEDULE C - NON-MARKETABLE SECURITIES

Number of shares	Description	In name of	Are these pledged?	Source of value	Value
TOTAL					

SCHEDULE D - RETIREMENT ACCOUNTS

Type	Holder / Provider	In name of	Are these pledged?	Value
TOTAL				

SCHEDULE E - PARTIAL INTERESTS IN REAL ESTATE PARTNERSHIPS (please enter percentage owned)

Address & type of property	Title in name of	Cost	Percentage owned	Market value	Mortgage balance	Monthly payment	Monthly rental income
TOTAL							

SCHEDULE F - REAL ESTATE OWNED

Address & type of property	Title in name of	Date acquired	Cost	Market value	Mortgage balance	Monthly payment	Monthly rental income
TOTAL							

SCHEDULE G - LIFE INSURANCE CARRIED, INCLUDING N.S.L.I. AND GROUP INSURANCE

Name of insurance company	Owner of policy	Beneficiary	Face amount	Policy loans	Cash surrender value
TOTAL					

SCHEDULE H - NOTES PAYABLE TO BANKS AND OTHERS (EXCLUDING CREDIT CARDS)

Name of lender	Credit in the name of	Secured or unsecured?	Original date	High credit	Current balance	Monthly payment
TOTAL						

The information contained in this statement is provided for the purpose of obtaining or maintaining credit with **Stafford Economic Development Authority** on behalf of the undersigned, or persons, firms or corporations in whose behalf the undersigned may either severally, or jointly with others, execute a guaranty in your favor. Each undersigned understands that **Stafford Economic Development Authority** is relying on the information provided herein (including the designation made as to ownership of property) in deciding to grant or continue credit. Each undersigned represents and warrants **that the information provided is true and complete** and that **Stafford Economic Development Authority may consider this statement as continuing to be true and correct until a written notice of a change is given to Stafford Economic Development Authority by the undersigned.** **Stafford Economic Development Authority is authorized to make all inquiries it deems necessary to verify the accuracy of the statements made herein, and to determine my/our credit worthiness. Stafford Economic Development Authority is authorized to answer questions about its credit experience with me/us.**

Signature (Individual)		Signature (Other party)	
S.S. No.	Date of Birth	S.S. No.	Date of Birth
Date Signed:	Date Signed		

Business Debt Schedule

As of : _____

For: _____

Indebtedness: Furnish the following information on all installment debts, contracts, notes, and mortgages payable. Do not include accounts payable or accrued liabilities

PAYABLE TO Institution or Individual.	ORIGINAL AMOUNT	ORIGINAL DATE	PRESENT BALANCE	RATE OF INTEREST	MATURTY DATE	MONTHLY PAYMENT	SECURITY/ COLLATERAL	CURRENT OR PAST DUE

***Dates and amounts should match information shown on current Financial Statement (Balance Sheet).**

I authorize Stafford EDA to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness (including obtaining a copy of my business credit report).

Signature: _____ Date: _____