



COMMUNITY RECOVERY LOAN APPLICATION

Today's Date _____

The **Community Recovery Loan Program** is designed to help small businesses within North Carolina (Triangle and Triad) and Florida (Jacksonville and Orlando) negatively impacted by the pandemic. The loans from this lending partnership are available to for-profit and nonprofit businesses, sole proprietors/1099 businesses and LLCs. Individuals with more than 20% ownership must also be an applicant on the loan.

Loan amounts up to \$25,000 for terms up to 66 months (maximum term determined by loan amount) are available until the fund is depleted. The possible loan amount will be based on loan payments that could have been afforded pre-Covid, and the loan amount may be no more than 6 months of pre-March 1, 2020 expenses (2019).

Loans will be approved in the order that qualified applications are received. Monthly payments of the loan will be deferred for the first six (6) months. The interest rate on this loan is 3%. Although interest will accrue from the date of loan origination, the first payment will be delayed for 6 months. Further payment deferments will be addressed on a case-by-case basis.

Checklist of Documentation required for this loan application

- Signed Application (this document)
- 2021 YTD internal Profit and Loss on the business (or at least a rough draft)
- 2019-2020 tax returns, both business and personal returns
- If 2020 returns have not yet been filed, then the 2019 business and personal returns and a 2020 Profit and Loss statement from the business
- If unable to demonstrate that business was profitable in 2019, SHCU may consider alternative methods of ability to repay:
 - o Proof of income from other verifiable sources (Note: If other verifiable income is from the income of another person, including a spouse, then that person must also be an applicant on the loan)
 - o NOTE: Strong personal credit history of individual signer(s) will be required in these situations.
- Proof of current operations (e.g. bank statement, payroll documentation)

Business Information

Business/Organization Name _____

Street Address _____

City _____ State _____ Zip Code _____

Legal Structure _____

Contact Person _____

Business Phone _____ Cell Phone _____

Number of full-time equivalent (FTE) employees now: _____

40 hours/week = 1.0 FTE,

Part time employees = 0.5 FTE

of FTEs pre-COVID: _____

Who referred you? _____

Federal Tax ID # _____

County _____

Date Started (month/year) _____

Email _____

NAICS Code _____

North American Industry Classification System (NAICS) is the standard used in classifying business establishments for the purpose of collecting, analyzing, and publishing statistical data related to the business economy. If you don't know your NAICS you can look it up at www.naics.com/search.

Has the company had any unsatisfied judgments, tax liens, or bankruptcy proceedings within past year? _____

How would the Community Recovery Loan be used?

Briefly describe your business or organization and how you plan to use this loan to recover from COVID:

Loan Amount Requested \$ _____

Uses of Funds *Total Project Uses should equal Loan Amount*

Business rent/mortgage \$ _____

Building renovations \$ _____

Inventory \$ _____

Machinery/equipment \$ _____

Wages \$ _____

Working capital \$ _____

Technology \$ _____

Vehicle purchase/repair \$ _____

Other _____ \$ _____

Total Project Uses \$ _____

Reason for loan (check all that apply):

Pay existing obligations (ex: rent catch-up)

Re-open business

Hire/rehire employees

Change business to accommodate COVID

(online, deliveries, etc.)

Marketing & advertising

Other: Please specify

Applicant Information

Each individual owner of 20% or more of this business must fill in the information requested and sign below. Co-applicants may be business owners or family members providing additional income sources. For nonprofit organizations, please provide this information for the Executive Director, Treasurer and/or Board Chairperson.

Initial here if you intend to apply for Joint Credit. _____

Primary Individual Applicant

Name _____
 Title/Role _____
 % Ownership _____
 Address _____
 Date of Birth (mm/dd/yyyy) _____
 SSN or TIN _____
 Race _____
 Ethnicity _____
 Gender _____
 Annual Household Income _____

Co-Applicant SPOUSE CO-APPLICANT

Name _____
 Title/Role _____
 % Ownership _____
 Address _____
 Date of Birth _____
 SSN or TIN _____
 Other income sources _____
 Amounts _____
 Frequency _____
 Since when _____

Credit Information List all open accounts with or without a balance. Attach separate sheet if needed. Check **A**:Applicant **C**:Co-applicant **D**:Debts to be paid off with loan

A	C	D	LIST ALL OBLIGATIONS	ACCOUNT NUMBER	BALANCE	MONTHLY PAYMENT

Affirmations Please answer the following questions, check yes or no for **A**: Applicant, **C**: Co-applicant

A		C		In the past 3 years, have you:
YES	NO	YES	NO	
				- filed a petition for bankruptcy? If yes, when?
				- had any auto or furniture repossessed or property foreclosed upon? If yes, when?
				- had any suits, judgments filed, alimony or child support awards against you?
				- had credit in any other name? If yes, what name?
				- been a co-borrower or co-signer of any loan or lease? For whom? Where?
				Do you have any past due bills?
				Is income listed likely to be reduced in the next two years?
				Are you on temporary work assignment or internship?
				Are you a U.S. citizen or permanent resident alien?

Acknowledgments

The undersigned hereby certifies that the information contained in this application and related materials is true and correct. The undersigned hereby further certifies that the proceeds of any loan made as a result of this application will be used for business or organizational purposes only for assisting the business in recovering from COVID's economic costs, and will not be used for personal or consumer purposes. The total number of individuals on payroll of the business does not exceed 25 full-time-equivalent employees, and the business had under \$2 million in annual revenue as of the end of its last full fiscal year prior to March 1, 2020. The undersigned hereby affirms that he or she does not discriminate on the basis of race, color, religion, national origin, gender, marital status, or age. Self-Help is authorized to make all inquiries Self-Help deems necessary to verify the accuracy of this statement and to determine the creditworthiness of the individual, business or organization. The undersigned also authorizes Self-Help to answer questions and inquiries from others seeking credit experience information about the business or organization. The Credit Union or its agent is authorized to investigate your credit worthiness, employment history, and to obtain a credit report and to answer questions about its credit history with you. The Credit Union may also obtain credit reports to update, increase, extend or renew credit with you. False or misleading statements in your application may cause any loan to be in default. You agree that this application shall be the Credit Union's property whether or not this application is approved. You will notify the Credit Union in writing immediately of any changes in your name, address or employment. You understand that it is a crime to willfully and deliberately provide incomplete or incorrect information to obtain credit. If you request, you will be provided the name and address of any credit bureau from which we received a credit report To help the government fight the funding of Terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license and other identifying information.

x _____
 Primary Individual Applicant Date

x _____
 Co-Applicant Date

Application Completion Steps

1. Complete all fields of this application. This form may be completed using your computer keyboard then printed out for signatures and mailing.
 - a. Page 1 of the application requires information on your business and the proposed use of loan funds.
 - b. Page 2 requires information on the individual signers on the loan.
2. Print out the application after completing all applicable fields of the application.
3. Sign the application where needed.
4. Provide all other documentation needed to submit a full and complete application (see top of page 1).
5. Mail the application and supporting documentation to the Community Recovery loan officer closest to you. See the following list of mailing addresses and contact information.

Raleigh, NC (Wake County and the surrounding areas)

Kimberly Williams
7029 Harps Mill Road, Raleigh, NC 27615
Tel: (984) 233-7838
Kimberly.Williams@self-help.org

Greensboro, NC (Guilford County and the surrounding areas)

Scott Schomburg
3400 Battleground Avenue, Greensboro, NC 27410
Tel: (336) 545-9916
Scott.Schomburg@self-help.org

Orlando and Apopka, FL (Orange County)

DeLand, FL (Volusia County)
Juan Guillen
667 West Orange Blossom Trail, Apopka, FL 32712
Tel: (407) 880-4300
Juan.Guillen@self-help.org

Jacksonville, FL (Duval County and the surrounding areas)

Thomas Larson
13134 Wolf Bay Dr., Jacksonville FL 32218
Tel: (904) 360-5143
Thomas.Larson@self-help.org