

**Open for Business**

**Loan Application**

**Applicant Information**

Full Name: \_\_\_\_\_  
*Last* *First*

Address: \_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*City* *State* *ZIP Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

County: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Gender: \_\_\_\_\_

NC Driver's License Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Co-Applicant Information (if applicable)**

Full Name: \_\_\_\_\_  
*Last* *First*

Address: \_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*City* *State* *ZIP Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

County: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Gender: \_\_\_\_\_

NC Driver's License Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Business Information**

Business Name: \_\_\_\_\_ Federal Tax ID: \_\_\_\_\_

Business Address: \_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*City* *State* *ZIP Code*

Business Type: \_\_\_\_\_

How is your business structured? \_\_\_ LLC \_\_\_ Sole Proprietorship \_\_\_ Partnership \_\_\_ S Corp \_\_\_ C Corp

Briefly describe your business: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What % ownership do you have in your business? \_\_\_\_\_ How many employees do you have? \_\_\_\_\_  
How many jobs saved/retained by borrowing these funds? \_\_\_\_\_ Last year's gross revenues \_\_\_\_\_

Are you in active bankruptcy? YES  NO

Who are your current customers? How do you earn revenue?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Briefly describe how COVID-19 has impacted your business. Please be as specific as possible.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**General Demographic Questions**  
*The following information is required for program reporting and statistical monitoring. Your response will not affect consideration of your application.*

How do you or your organization identify? (Check all that apply) \_\_\_ White \_\_\_ Black \_\_\_ Asian \_\_\_ Native American \_\_\_ Other/Multi-Racial

Does this qualify as a minority owned business (MBE)? YES  NO

Does this qualify as a woman owned business (WBE)? YES  NO

Is your business located in a downtown area? YES  NO

How many years have you been in operation? \_\_\_\_\_

**Loan Request**

Requested Loan Amount: \_\_\_\_\_

How do you intend to secure loan? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Collateral**

List available collateral to secure loan (e.g. vehicle, property, equipment).

Assets available to secure this loan (describe)	Asset Value	Loans on Asset

How would you utilize these funds should your business be approved for a loan?

Examples include: 1) Payroll, 2) Rent/Lease, 3) Inventory, 4) Equipment, 5) Other.

Use of Funds	\$ Amount Allocated

Based on the table above, please enter specific details.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe any other sources of funding you have received for COVID-19 relief (state, local, federal, or non-profit funding). Other funding sources are not a disqualifying factor.

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Where/how did you find out about this loan opportunity?

	Newspaper		Online Advertisement
	Billboard		Radio
	Chamber of Commerce/Economic Dev. Professional		Social Media
	Word of Mouth		
	Other (please specify):		

**Conflict of Interest & Assurances**

Conflict of Interest Policy Acknowledgement

**Please initial.**

\_\_\_\_\_ In order to preclude any perceived or real conflict of interest, the applicant acknowledges that he/she has no familial, business, or any financial relationship with any member of the Board of Directors or staff of the Kerr-Tar Regional Council of Governments. Further, the applicant certifies that he/she will not use any funds awarded through this loan to influence or attempt to influence an officer or employee of any federal or state agency or a member of Congress or the North Carolina General Assembly.

Assurances

**Please initial.**

\_\_\_\_\_ All loan proceeds will be used only for business-related purposes as specified in this loan application and consistent with the Coronavirus Aid, Relief, and Economic Security Act.

\_\_\_\_\_ The business for which these funds will be used will not discriminate in any business practice, including employment practices and services to the public on the basis of race, color, religion, marital status, handicap, age, or national origin.

**Required Documents**

Please attach the following:

	2019 & 2020 Tax Returns (if no tax returns, need other documentation of business revenue)
	Year to Date Balance Sheet and Profit/Loss Statement
	Balance Sheet and Profit/Loss Statement for the past 2 years
	Registration with the State of North Carolina
	Photo ID
	Proof of Insurance

**Signature**

*The undersigned hereby authorizes the Kerr-Tar Regional Council of Governments or any of its affiliates to make all inquiries with credit bureaus and others it deems necessary—including business counselors, consultants, and partnering agencies—to verify the accuracy of the information provided herein and to determine credit worthiness. Further, the undersigned hereby certifies that the enclosed application information is valid, accurate, and complete.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_