

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

2021

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.

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

<input type="checkbox"/>	Newspaper	<input type="checkbox"/>	Online Advertisement
<input type="checkbox"/>	Billboard	<input type="checkbox"/>	Radio
<input type="checkbox"/>	TV	<input type="checkbox"/>	Social Media
<input type="checkbox"/>	Downtown Coordinator/Main Street Coordinator	<input type="checkbox"/>	Word of Mouth
<input type="checkbox"/>	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:

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

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: _____