

Small Business Loan/Grant Assistance Program (SBAP)

I. BUSINESS INFORMATION

Business name (legal): _____ Business phone: _____

Business address: _____ City,State,ZIP: _____

Please provide a brief description of your business:

How long has your business been in operation? _____

What was your business revenue for 2019? _____

What was your business' profit or loss for 2019? _____ Profit Loss

What is the legal entity of your business? Corporation LLC Sole proprietorship Other

Do you own 100% of the business? Yes No

Number of employees, including yourself: _____ Full time: _____ Part time: _____

Title of Job Created or Retained: _____ Full time: _____ Part time: _____

II. OWNER'S PERSONAL INFORMATION

Full name: _____ Email address: _____

Home address: _____ City,State,ZIP: _____

Home phone: _____ Cell phone: _____

Best time to call: Morning Afternoon

Date of Birth (month,day,year): _____ Social Security number/ITIN: _____

Number of persons in household: _____ Household Income: _____

Assets: Cash: \$ _____ **Liabilities** Mortgage: \$ _____

Home value: \$ _____ Credit cards: \$ _____

Other Assets _____ : \$ _____ Other Debt _____ : \$ _____

III. LOAN REQUEST

Amount Requested: \$ _____

Use of Funds and how company has been impaired by COVID-19:

IV. MONTHLY BUSINESS EXPENSES AND REVENUE

EXPENSES	AMOUNT
Monthly Rent	
Monthly Mortgage Payment	
Average Monthly utility costs	
Monthly Payroll Expenses (including all related payroll expenses)	
Monthly Debt Service Payments	
Other Fixed Monthly Expenses (Example. property insurance)	
SUBTOTAL (enter the sum of all expenses above)	
REVENUES	
Cash in Hand	
Accounts Payable Amount	
Estimated Monthly revenue (Based on Current Business Volume)	
Estimated Monthly revenue (Prior to COVID-19)	

V. OTHER INFORMATION REQUIRED

- 2018 and 2019 Business and personal tax returns. (Federal)
- Year 2020 internally prepared financials through 2/29/2020
- 2019 internally prepared financials if tax returns are not completed
- Copies of utility bills, lease agreement, rental receipts, mortgage payment receipt
- Copy of most recent bank statements

- Accounts Payable Register and copy of invoices.
- Copy of front and back of Massachusetts driver's license

VI. APPLICATION QUESTIONS

- Have you ever declared personal or business bankruptcy? Yes No
- If yes, was you bankruptcy discharged or dismissed more than 12 months ago? Yes No
- Are you or your business currently subject to any lawsuits or legal proceedings? Yes No
- Do you have any past due tax liabilities or tax liens? Yes No
- Are you a U.S. citizen or legal resident? Yes No

VII. AUTHORIZATION FOR VERIFICATION OF INFORMATION

PLEASE READ CAREFULLY BEFORE SIGNING

The information contained in this statement is provided to induce FRCDA/RDA/ to extend credit to the undersigned or to others upon the guarantee of the undersigned. The undersigned acknowledge and understand that FRCDA/RDA is relying on information provided herein in deciding to grant credit or to accept a guarantee thereof. Each of the undersigned represents warrants and certifies that the information provided herein is true, correct and complete. Each of the undersigned agrees to notify FRCDA/RDA immediately and in writing of any change in name, address, or employment and of any material adverse change (1) in any information contained in this statement or (2) in the financial condition of any of the undersigned or (3) in the ability of any of the undersigned to perform its (or their) obligations to FRCDA/RDA. In absence of such notice or a new and full written statement, this should be considered as a continuing statement and substantially correct. If the undersigned fail to notify FRCDA/RDA as required above, or if any of the information herein should be inaccurate or incomplete in any material respect, FRCDA/RDA may declare the indebtedness immediately due and payable. BY signing below, you authorize FRCDA/RDA to make or have made any credit, employment or investigation inquiry that FRCDA/RDA determines appropriate. As long as any obligation of the undersigned to FRCDA/RDA/ is outstanding, the undersigned shall supply financial information to FRCDA/RDA as requested.

OWNER'S SIGNATURE: _____ DATE _____

OWNER'S SIGNATURE: _____

For FRCDA/RDA/ Use Only:

Date received:	Date business contacted if incomplete:
Approved:	Declined:
Date closed:	Date closed:

