



**Purchase Area Development District  
COVID-19 Business Relief Working Capital Loan Program**

**Applicant Information**

Check One:  Sole Proprietor  Partnership  LLC  Independent contractor  Self-employed  Other Business  
 Name \_\_\_\_\_ DBA \_\_\_\_\_  
 Address \_\_\_\_\_ Business Tax ID \_\_\_\_\_  
 \_\_\_\_\_ Phone \_\_\_\_\_  
 Owner (s) \_\_\_\_\_ Title \_\_\_\_\_  
 Primary Contact \_\_\_\_\_ Email \_\_\_\_\_

**Loan Request Information**

**PADD COVID-19 Business Relief Loans will range from \$5,000 to \$ 25,000**

Amount of Loan Request: \$ \_\_\_\_\_ Number of Employees \_\_\_\_\_ Business Closed: YES or NO **NOTE:**

**Eligible Expenses Include Payroll, Mortgage/Rent/Lease, Business Debt Payments, Inventory, Utilities. The PADD May Request Proof of Use of Funds through Bank Statements or Receipts**

	Y	N		Y	N
Is the Applicant or any owner of the Applicant presently suspended, debarred, proposed for debarment, declared ineligible, voluntarily excluded from participation in this transaction by any Federal department or agency, or presently involved in any bankruptcy?	<input type="checkbox"/>	<input type="checkbox"/>	Has the Applicant, any owner of the Applicant, or any business owned or controlled by any of them, every obtained a direct or guaranteed loan from any Federal agency that is currently delinquent or has defaulted in the last 7 years and caused a loss to the government?	<input type="checkbox"/>	<input type="checkbox"/>
If the Applicant or any individual owning 20% or more of the equity of the Applicant subject to an indictment, criminal information, arraignment, or other means by which formal criminal charges are brought in any jurisdiction, or presently incarcerated, or on probation or parole?	<input type="checkbox"/>	<input type="checkbox"/>	The Applicant is not engaged in any activity that is illegal under federal, state, or local law.	<input type="checkbox"/>	<input type="checkbox"/>

**Certification of Application**

**Certification:** I hereby represent and certify that the foregoing information, to the best of my knowledge, is (a) true, complete and accurately and fairly describes the proposed project for which financial assistance is sought; and (b) does not contain any information for which an entity competing with the applicant may claim a proprietary interest. I further certify that to the best of my knowledge and based upon due inquiry, neither I, nor any of the proposed guarantors or officers, directors or principals associated with the applicant are or were at the time of this application, directors or officers of, or otherwise have a fiduciary duty toward, an entity that is or may be in competition with the applicant. As used herein, applicant shall include any person or entity which is guarantying any proposed financing.

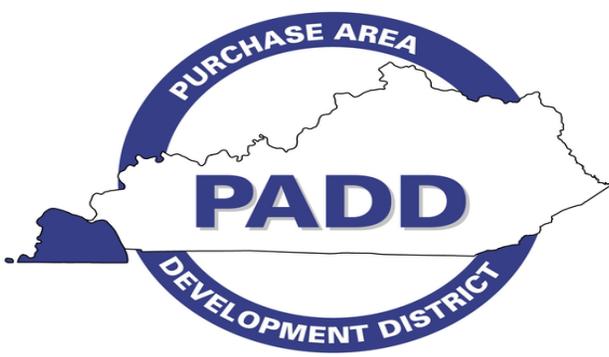
**Conflict of Interest:** I hereby represent and certify that neither I, nor any of the proposed guarantors or officers, directors, principals or employees associated with the applicant are, at the time of this application, related by blood, marriage, law or business arrangement to the PADD Board of Directors and/or other such PADD advisory Boards.

Name of Business \_\_\_\_\_

By \_\_\_\_\_ Title: \_\_\_\_\_

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

HAS THE BUSINESS RECEIVED A SBA PPP LOAN OR EIDL LOAN YES NO



## COVID RELIEF EXPENSE SCHEDULE

Applicant Business: _____	As of month ending: _____

EXPENSE TYPE (LIST CREDITORS)	PAYROLL	INTEREST ON LOANS	UTILITIES	RENT	LEASE	VENDORS	TOTAL MONTHLY
<b>TOTALS</b>			\$	\$			

By: \_\_\_\_\_  
Signature

Date: \_\_\_\_\_  
Print Name and Title: \_\_\_\_\_

**NOTE: ELIGIBLE LOAN AMOUNT= (MONTHLY EXPENSES) X 3**

**ELIGIBLE LOAN AMOUNT: \$**

**NOTES:**

**1.)PRINCIPLE PAYMENTS ON BUSINESS LOANS ARE NOT ELIGIBLE EXPENSES 2.)INPUT ACCOUNTS PAYABLES, INVENTORY, SUPPLIES UNDER "VENDOR"**



**PERSONAL FINANCIAL STATEMENT  
DISASTER PROGRAMS**

U.S. SMALL BUSINESS ADMINISTRATION

As of \_\_\_\_\_, \_\_\_\_\_

SBA uses the information required by SBA form 413D as one of a number of data sources in analyzing the repayment ability and creditworthiness of an application for an SBA disaster loan. Complete this form for: (1) each proprietor; (2) general partner; (3) managing member of a limited liability company (LLC); (4) each owner of 20% or more of the equity of the Applicant (including the assets of the owner's spouse and any minor children); and (5) any person providing a guaranty on the loan. **Return completed form to: Disaster Processing and Disbursement Center at 14925 Kingsport Road, Fort Worth, TX 76155-2243 or FAX to 1-202-481-1505.**

Name \_\_\_\_\_ Business Phone \_\_\_\_\_

Residence Address \_\_\_\_\_ Residence Phone \_\_\_\_\_

City, State, & Zip Code \_\_\_\_\_

Business Name of Applicant/Borrower \_\_\_\_\_

ASSETS		LIABILITIES	
	(Omit Cents)		(Omit Cents)
Cash on hand & in Banks .....	\$ _____	Accounts Payable .....	\$ _____
Savings Accounts .....	\$ _____	Notes Payable to Banks and Others .....	\$ _____
IRA or Other Retirement Account .....	\$ _____	(Describe in Section 2)	
(Describe in Section 5)		Installment Account (Auto) .....	\$ _____
Accounts & Notes Receivable .....	\$ _____	Mo. Payments \$ _____	
(Describe in Section 5)		Installment Account (Other) .....	\$ _____
Life Insurance-Cash Surrender Value Only .....	\$ _____	Mo. Payments \$ _____	
(Complete Section 8)		Loan on Life Insurance .....	\$ _____
Stocks and Bonds .....	\$ _____	Mortgages on Real Estate .....	\$ _____
(Describe in Section 3)		(Describe in Section 4)	
Real Estate .....	\$ _____	Unpaid Taxes .....	\$ _____
(Describe in Section 4)		(Describe in Section 6)	
Automobiles - Total Present Value .....	\$ _____	Other Liabilities .....	\$ _____
(Describe in Section 5, and include		(Describe in Section 7)	
Year/Make/Model)		Total Liabilities .....	\$ _____
Other Personal Property .....	\$ _____	Net Worth .....	\$ _____
(Describe in Section 5)		<b>Total Liabilities and Net Worth</b> \$ _____	
Other Assets .....	\$ _____		
(Describe in Section 5)			
<b>Total Assets</b> \$ _____			

Section 1. Source of Income	Contingent Liabilities
Salary .....	As Endorser or Co-Maker .....
Net Investment Income .....	Legal Claims & Judgments .....
Real Estate Income .....	Provision for Federal Income Tax .....
Other Income (Describe below)* .....	Other Special Debt .....

Please list monthly debt payments for your personal and business debts (exclude any payments with less than 12 months remaining)

Blank area for listing monthly debt payments.

\*Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.