



# COVID-19 Relief Business Direct Loan

*(Economic Recovery Loan Program)*

**A completed loan application package must include all attachments listed on page five before it can be reviewed.**

## BUSINESS/BORROWER INFORMATION

Business/Borrower Name		Federal Tax ID#	
Mailing Address		City/State/Zip	County
Phone Number	Fax Number	Email Address	

## LOAN INFORMATION

Amount Requested	Term Requested
Number of Jobs Created	Number of Jobs Retained
Public Benefit (attach additional sheet, if necessary)	
Purpose of Loan	Number of Years Business Operating

## GUARANTOR INFORMATION

Guarantor Name			
Federal Tax ID Number	NAICS Number	Date Established	State
Mailing Address	City/State/Zip	County	
Phone Number	Fax Number	Email Address	
Contact Person Name	Title		
Phone Number	Fax Number	E-mail Address	

<b>Business Type</b>	<input type="checkbox"/> Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> S-Corp	<input type="checkbox"/> C-Corp
	<input type="checkbox"/> LLC	<input type="checkbox"/> LLP	<input type="checkbox"/> Other (describe)	
<b>Is there any legal action currently pending or threatened against the applicant(s) or guarantor(s)?</b>	<input type="checkbox"/> No	If yes, please explain.		
	<input type="checkbox"/> Yes			



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Business/Borrower Name
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<b>Does business/borrower offer health insurance or pension plans to its employees?</b>	
<input type="checkbox"/> Health Insurance	Type: _____
<input type="checkbox"/> Pension Plan	Type: _____

<b>Business Principals: List all Partners or Stockholders and their ownership percentage*.</b> (Attach additional sheets if necessary.)			
Name & Title	Address	Phone Number	Ownership Percentage
			%
			%
			%

*\*Individuals owning 20% or more of the borrower or 5% or more who receive substantial income from the borrower, must provide unlimited personal guarantees.*

<b>Business Indebtedness: Include major leases. Use an asterisk (*) to identify debts to be paid with loan proceeds.</b> (Attach additional sheets if necessary.)							
Payable To	Original Amount	Original Date	Present Balance	Interest Rate	Maturity Date	Monthly Payment	How Secured

<b>Proposed Collateral: (Attach additional sheets if necessary.)</b>						
Type	Description	Market Value	Basis for Valuation	Existing Lien holder	Outstanding Balance	



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Business/Borrower Name

## SIGNATURE and CERTIFICATION

By signing below, I represent that I am the individual authorized to complete this application on behalf of the above borrower. I also certify that the information provided and submitted in connection with the application is true and accurate and fairly presents the business and financial status of the applicant. I authorize FAME to conduct appropriate business or personal credit checks.

\_\_\_\_\_  
Borrower/Authorized Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Borrower/Authorized Representative Name

\_\_\_\_\_  
Guarantor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guarantor Name

\_\_\_\_\_  
Guarantor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guarantor Name

**FAME DISCLOSURE and CONFIDENTIALITY STATEMENT**

Certain information in the Finance Authority of Maine's (FAME's) possession must be available for public inspection after an application for financial assistance is received. This information includes the names of applicants, including principals; the amounts, types and general terms of financial assistance; description of projects and businesses benefiting from the assistance; the number of jobs and the amount of tax revenues projected in connection with a project; and the names of the financial institutions participating with the Authority.

Certain records at FAME are designated confidential and will not be available to the public for inspection. This includes the disclosure of records which would constitute an invasion of an individual's privacy, such as: personal tax returns, financial statements, assessments of creditworthiness or financial condition, records obtained by FAME in connection with any monitoring or servicing of an existing project, or the release of any records or information which FAME has determined could cause competitive detriment to a business or individual to whom the information belongs and/or pertains.

If an applicant wants certain information to remain confidential, the applicant must clearly identify what information or documents are to remain confidential. The applicant must also explain in writing the basis for such a request. Where the applicant asserts that the basis for the confidentiality request is that release of the information could cause a competitive disadvantage, or loss of a competitive advantage, the applicant must provide FAME with sufficient information to independently determine the likelihood of such a detriment. Applicants may wish to consult an attorney or FAME's legal counsel regarding the scope of public disclosure and confidentiality as it relates to FAME and the business seeking assistance.

FAME does not discriminate in the administration of any of its programs or in its employment practices on the basis of race, color, national origin, age, gender, religion, physical or mental disability, political affiliation, marital status or sexual orientation. FAME is an equal opportunity employer, provider and lender.

**SIGNATURE and CERTIFICATION**

By signing below, I certify that I have read and understand the Finance Authority of Maine's (FAME's) Disclosure and Confidentiality Statement.

\_\_\_\_\_  
Borrower/Authorized Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Borrower/Authorized Representative Name

## APPLICATION CHECKLIST

**A completed loan application package must include the following before it can be reviewed:**

- 2 years financial statements from Borrower(s) & Guarantor(s); or last 2 years available tax returns for Borrower(s) & Guarantor(s)
- Signed Personal Financial Statement for each guarantor which authorizes FAME to pull credit report
- Debt schedule for business
- Completed, signed application
- Valid email addresses and telephone numbers for **all** applicants/borrowers and guarantors
- Employment Plan (if your business employs ten or more)

Supplemental information such as collateral appraisals, marketing plans, resumes, site assessments, and aging of accounts receivable/payable may be requested by the Authority. If these materials are readily available, please include them with your application package.