



# Maine COVID-19 Relief Consumer Loan Program

## AFFIDAVIT OF ELIGIBILITY

I, \_\_\_\_\_, HEREBY DECLARE under the penalties of perjury that the following is true and correct:

1. My name is: \_\_\_\_\_

2. I am currently living in Maine and my address is:

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

City, State ZIP: \_\_\_\_\_

3. I have experienced a reduction in income likely due to circumstances related to COVID-19 and am not receiving a loan from any other credit union or financial institution pursuant to this Loan Guarantee Program; and

4. The amount of unemployment compensation benefits I am receiving, or am eligible to receive, **per week**, pursuant to Title 26, of the Maine Revised Statutes, chapter 13, between March 15, 2020 and December 31, 2020, is:

\_\_\_\_\_/per week

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

Print Name: \_\_\_\_\_

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

### ACKNOWLEDGEMENT

The above referenced individual, either personally known to me or having proved his or her identity to me, appeared before me and made oath that the forgoing statements were true.

\_\_\_\_\_  
Notary Public/Attorney at Law

Print Name: \_\_\_\_\_

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

My Commission Expires: \_\_\_\_\_