



City of Bath Economic Relief Bridge Loan Program (COVID-19)

BORROWER

Business: _____

Address: _____

Phone Number: _____ E-mail Address _____

Primary Contact: _____

Tax Identification Number (TIN): _____

Type of Business: _____

Annual Income (year ending 2019): _____

Employees (as of Feb. 28, 2020): _____

Phone Number: _____ E-mail Address _____

COVID-19 LOSS OF REVENUE

Description (ie. closure, reduction of hours, revenue decline): _____

LOAN REQUEST

Amount: _____

GUARANTOR

Name: _____

Address: _____

Social Security Number: _____ Phone Number: _____

Percent of Ownership: _____

ADDITIONAL GUARANTORS

Name: _____

Address: _____

Social Security Number: _____ Phone Number: _____

Percent of Ownership: _____

Name: _____

Address: _____

Social Security Number: _____ Phone Number: _____

Percent of Ownership: _____

APPLICATION CHECKLIST

Application Form

Financial Statements

Debt Schedule (if necessary)

CERTIFICATION

By signing this application, you certify that this application and the information provided in all supporting documents and forms is true and accurate in all material respects.

Borrower's signature: _____

Date: _____

Guarantor's signature _____

Date: _____

Application form and materials should be submitted to Marc Meyers at mmeyers@cityofbath.com.