



## 2021 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.*