

Years in Business: _____ Years at Present Address: _____

Lease Expiration Date: _____ Monthly Rent: _____

Type of Business: _____

Average Gross Annual Receipts: \$ _____

Amount of Personal Funds Invested in the Business to Date: \$ _____

Number of Employees On 03/01/2020

	Full-Time:	_____
	Part-Time:	_____
Jobs Expected to be Retained/Hired as a Result of this Loan	Full-Time:	_____
	Part-Time:	_____

Use of Funds: Please describe how the COVID-19 Emergency Loan will be used to help your small business retain/hire employees and keep your business operating during this challenging time?

Use: _____	\$: _____
Use: _____	\$: _____
Use: _____	\$: _____
Use: _____	\$: _____
Use: _____	\$: _____
Total \$: _____	

Have you applied or do you plan on applying for any other COVID-19 financial assistance programs (SBA Disaster Loan, Payroll Protection Loan, etc.)? If so, list assistance applied for, and note if it was received:

Please describe your plans and ability to persevere to the best of your ability through the COVID-19 State of Emergency:

Please describe the economic and/or community benefits your business creates for the City of Middletown:

Please continue to next page.

Required Application submittals and Eligibility Certifications

By checking each box below, the undersigned hereby certifies that the statement is true and/or that the required submittals are provided in conjunction with the application.

- I confirm that my business is located within the City of Middletown and the business maintains all proper licenses and permits for operation.
- I certify that my revenue has declined as a result of COVID-19 since March 9, 2020. **Attach balance sheet, profit loss statement or other financial documents that demonstrate income from January 2020 through and including September 2020.**
- I certify that the average annual gross receipts of the business are less than \$2,000,000
- I have attached a completed IRS W-9 Form and DUNS number.
- I maintain 25 or fewer Full Time employees.
- I agree and certify that I will utilize any awarded funds for eligible business expenses and not personal use.
- I confirm that the business is current with all local, state, and federal taxes.
- I certify that the business has complied with its bylaws or other governing documents to obtain approval for the undersigned to submit this application and execute a loan agreement on behalf of the applicant.
- I certify that the above information, to the best of my knowledge is accurate and true. I understand that the CITY will rely on the accuracy of the submittal and certifications made in conjunction with this application. Any misrepresentation or inaccurate information may be treated as a default concerning any award made.

Business Name

Authorized Representative Signature

Title

Date

SUBMISSION INSTRUCTIONS

Please complete the following affidavit and submit to the City of Middletown Community Development Department via email at idah@cityofmiddletown.org or via U.S. Mail to:

City of Middletown
Administrative Services
One Donham Plaza
Middletown, Ohio 45042

Questions regarding this affidavit can be directed to Ida Hawkins via phone at (513)425-7950 or email at idah@cityofmiddletown.org

The City of Middletown does not discriminate in its programs and activities on the basis of age, color, gender expression/ identity, genetic information, marital status, national origin, physical or mental disability, pregnancy, race, religion, sex, sexual orientation, or veteran status, as applicable.