



Hurricane Florence Recovery Loan Application

To be eligible for this loan, a business must document physical damage or economic injury resulting from Hurricane Florence and be located in an affected county.

Please submit your completed package to florence@carolinasmallbusiness.org. If you are unable to submit your package electronically, you may send it by mail to: Carolina Small Business Development Fund, ATTN: Hurricane Florence Recovery Loan, 3128 Highwoods Boulevard, Suite 170, Raleigh, NC 27604.

If submitting by e-mail, note that an application is not complete until responding to the verification e-mail

I. BUSINESS INFORMATION

Legal Name of Business		Today's Date
<input type="text"/>		<input type="text"/>
Doing Business As		Business Start Date
<input type="text"/>		<input type="text"/>
Street Address	City	County
<input type="text"/>	<input type="text"/>	<input type="text"/>
Federal Tax ID # (if incorporated)	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>

Type of Business

<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Construction	<input type="checkbox"/> Communications	<input type="checkbox"/> Technology	<input type="checkbox"/> Other:
<input type="checkbox"/> Retail	<input type="checkbox"/> Real Estate	<input type="checkbox"/> Education	<input type="checkbox"/> Tourism	<input type="text"/>
<input type="checkbox"/> Service	<input type="checkbox"/> Restaurant	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Transportation	

Legal Structure

<input type="checkbox"/> LLC	<input type="checkbox"/> Sole Proprietorship	Business Phone	Website URL
<input type="checkbox"/> S-Corporation	<input type="checkbox"/> Legal Partnership	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> C-Corporation		Full-Time Employees	Part-Time Employees
		<input type="text"/>	<input type="text"/>

II. PERSONAL INFORMATION

Please provide the information below as the primary owner of the business. For non-profit organizations, the Executive Director, Treasurer, and/or Board Chairperson should complete this information and list their Business Ownership as 0%.

First Name	Last Name	Title
<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Address	City	County
<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Security # or Personal Tax ID #	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>
Contact Email	Work Phone	Mobile Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>

Are you the sole owner of the business? Yes No If no, what is your % of ownership? %

Annual Salaries & Wages	Interest & Dividends	Net Rental Income
<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Income	Other Income Detail	
<input type="text"/>	<input type="text"/>	

III. PERSONAL ASSETS & LIABILITIES

ASSET TYPE	AMOUNT (\$)	LIABILITY TYPE	AMOUNT (\$)
Cash & Savings:	<input type="text"/>	Revolving Accounts:	<input type="text"/>
Automobiles:	<input type="text"/>	Auto Loans:	<input type="text"/>
Stocks/Bonds:	<input type="text"/>	Other installment Loans:	<input type="text"/>
Real Estate:	<input type="text"/>	Loans Against Life Insurance:	<input type="text"/>
Retirement Account:	<input type="text"/>	Student Loans:	<input type="text"/>
Notes Receivable:	<input type="text"/>	Unpaid Taxes:	<input type="text"/>
Cash Value of Life Insurance:	<input type="text"/>	Other Loans (List Type):	<input type="text"/>
Other Assets (List Type):	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	Other Liabilities (List Type):	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TOTAL ASSETS	<input type="text"/>	TOTAL LIABILITIES	<input type="text"/>

IV. LOAN REQUEST

Describe how your business was physically or economically impacted by Hurricane Florence

Loan Amount Requested (May not exceed \$25,000)

Describe plans for use of proceeds

Anticipated Source of Repayment

- | | | |
|---|---|---------------------------------|
| <input type="checkbox"/> Business Funds | <input type="checkbox"/> Bank Loan | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Owner's Personal Funds | <input type="checkbox"/> SBA Physical Damage Loan | |
| <input type="checkbox"/> Insurance Proceeds | <input type="checkbox"/> SBA Economic Injury Loan | |

If you do not secure the loan, how many jobs would you have to eliminate? **Jobs**

If you have applied for other disaster relief funding, please list source:

Are you working with or have you already worked with a business counselor for a long term disaster relief loan? If so, please provide:

Contact Name and Organization

Contact Phone

How did you hear about this loan opportunity?

V. DOCUMENTATION

In order to complete your application, please attach or include the following:

- Most Recent Profit & Loss Statement & Balance Sheet
- Business Federal Tax Returns for 2017
- Personal Federal Tax Returns for 2017
- Three months of Bank Statements

VI. DEMOGRAPHIC INFORMATION

The following information is requested by the Federal Government for certain types of loans, in order to monitor the lender's compliance with equal credit opportunity. You are not required to furnish this information, but you are encouraged to do so. The law provides that a Lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish it, under the Federal regulations this Lender is required to note race/ethnicity on the basis of visual observation or surname. If you do not wish to furnish the following information, choose the "Decline to State" option.

Race & Ethnicity of Applicant

- | | |
|--|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Hispanic or Latino |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Not Hispanic or Latino |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> I do not wish to furnish this information |
| <input type="checkbox"/> Native Hawaiian or other Pacific Islander | |
| <input type="checkbox"/> White | |
| <input type="checkbox"/> Other | |
| <input type="checkbox"/> Decline to State | |

VII. EQUAL CREDIT OPPORTUNITY ACT

The Federal Equal Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided that the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The Federal agency that administers Carolina Small Business Development Fund's compliance with this law is the Federal Trade Commission, Equal Credit Opportunity, Room 500, 633 Indiana Avenue N.W., Washington, DC 20580. If your application for business credit is denied, you have the right to a written statement of specific reasons for the denial. To obtain the statement, please contact Carolina Small Business Development Fund, Attention: Small Business Lending, 3128 Highwoods Blvd, Suite 170, Raleigh, NC 27604 within sixty (60) days from the date of notification of the credit denial. Carolina Small Business Development Fund will send the Applicant a written statement of the reason(s) for the denial within thirty (30) days of receiving the request for the statement.

The undersigned hereby acknowledges that he/she is aware that under the provisions of the Equal Credit Opportunity Act, he/she has the right to receive a written statement of the specific reason(s) for the denial if this application for credit is denied.

Applicant Signature _____ **Date** _____

Applicant Signature _____ **Date** _____

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