



# MIDDLETOWN

## COVID-19 CDBG EMERGENCY BUSINESS ASSISTANCE FORGIVEABLE LOAN PROGRAM APPLICATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Street

City

State

Zip Code

Phone Number(s): \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

EIN # \_\_\_\_\_ DUNS# \_\_\_\_\_

**Business Organization Type:**  Sole Proprietor  Limited Liability Company  
 Corporation  Partnership

**Ownership/Management:**

Company Name	% Interest Owned	Title
_____	_____	_____
_____	_____	_____

Please provide a brief narrative of the impact COVID-19 has had on your business Including the number of employees lost due to COVID pandemic:

Years in Business: \_\_\_\_\_ Years at Present Address: \_\_\_\_\_

Lease Expiration Date: \_\_\_\_\_ Monthly Rent: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Average Gross Annual Receipts: \$ \_\_\_\_\_

Please indicate the square footage of the occupied space: \_\_\_\_\_

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

Loan Amount Requested: \$ \_\_\_\_\_

Number of Employees on March 1, 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:**

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**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:**

### 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 by 20% or more as a result of COVID-19 since March 9, 2020. **Attach balance sheet, profit loss statement or other financial documentation that demonstrates the required decline in revenue.**
- I certify that I will hire or retain at least one person of low to moderate income according to HUD guidelines.
- I have attached a completed IRSW-9 Form and DUNS number.
- I have provided documentation to help verify the economic hardship suffered as a result of COVID-19, including financial statements, and other data as applicable.
- I agree to document and report the economic impact to the business as a result of this loan, including but not limited to, jobs retained, job hired, increased sales, participation in other relief programs.
- 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 loan made.
- I agree to meet with City of Middletown Economic Development Department prior to disbursement of funds

\_\_\_\_\_  
**Business Name**

\_\_\_\_\_  
**Authorized Representative Signature**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Date**

### SUBMISSION INSTRUCTIONS

COMPLETED APPLICATIONS MUST BE SUBMITTED VIA MAIL, EMAIL OR HAND DELIVERY BY 11/20/20 TO:

City of Middletown  
Administrative Services Community Development  
(3<sup>rd</sup> Floor by Building Inspection)  
One Donham Plaza  
Middletown, OH 45042

If you have questions about the application requirements or have any issues with submitting any of the required documents, please email [idah@cityofmiddletown.org](mailto: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.

## COVID-19 CDBG EMERGENCY BUSINESS ASSISTANCE FORGIVEABLE LOAN PROGRAM INCOME VERIFICATION FORM - For Job Retention

DATE: \_\_\_\_\_

Business: \_\_\_\_\_

Your employer has received assistance through the City of Middletown to maintain/retain the business and associated job(s), including your job. We are asking your cooperation in completing this form for record keeping purposes to verify both the job retention and income benefits being provided through the City of Middletown's small business assistance program.

FULL NAME (PRINT PLEASE):	
ADDRESS:	
TELEPHONE	
JOB TITLE:	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME
Are you a resident of the City of Middletown? <input type="checkbox"/> Yes <input type="checkbox"/> No	Please select the <u>number</u> of people in your household, including yourself: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8

Was your total household income during the last 12 months higher or lower than the amount indicated below? The dollar amount represents annual household income.                       Higher         Lower

1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
\$45,550	\$52,050	\$58,550	\$65,050	\$70,300	\$75,500	\$80,700	\$85,900

**Describe any employer paid benefits you receive as an employee:**

Please identify the appropriate race category and Hispanic ethnicity if applicable (optional):			
<input type="checkbox"/> American Indian/Alaskan Native		<input type="checkbox"/> Black/African American	
<input type="checkbox"/> American Indian/Alaskan Native & Black/African American		<input type="checkbox"/> Black/African American & White	
<input type="checkbox"/> American Indian/Alaskan Native & White		<input type="checkbox"/> Native Hawaiian/ Other Pacific Islander	
<input type="checkbox"/> Asian		<input type="checkbox"/> White	
<input type="checkbox"/> Asian & White		<input type="checkbox"/> Other Multi-Racial	
<b>Hispanic ethnicity if appropriate</b>	<input type="checkbox"/> Hispanic	<b>Female Head of Household</b>	<input type="checkbox"/> Yes
	<input type="checkbox"/> Not Hispanic		<input type="checkbox"/> No

By signing below, I hereby certify that the information contained on this form is accurate and complete to the best of my knowledge, under penalty of law and verifiable by federal government representatives.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**COVID-19 CDBG EMERGENCY BUSINESS ASSISTANCE FORGIVABLE LOAN  
PROGRAM DUPLICATION OF BENEFITS AFFIDAVIT**

\_\_\_\_\_, being first duly sworn /  
(PRINTED NAME OF AFFIANT)

affirmed according to law, hereby states, under penalty of perjury, the following:

1. I (PLACE AN "X" NEXT TO THE STATEMENT THAT APPLIES) (a) \_\_\_\_\_ operate as an individual / sole proprietorship; OR, (b) \_\_\_\_\_ am a duly authorized signatory and representative of the business entity named below.
2. I make this affidavit in connection with the application for the City of Middletown's COVID- 19 CDBG Emergency Business Assistance Loan Program (the "Program"), submitted by \_\_\_\_\_, (the "Recipient"), located at \_\_\_\_\_.

(RECIPIENT ADDRESS)

The Program is funded by the U.S. Department of Housing and Urban Development with a supplemental appropriation from the Community Development Block Grant – CARES (CDBG-CV) – The Coronavirus Aid, Relief, and Economic Security Act of 2020 (CARES Act).

3. The Recipient has received, or it is reasonably anticipated that the Recipient will receive, the following assistance funding to prevent, prepare for, or respond to the Coronavirus / COVID-19 pandemic (check all that apply and include amount):
  - Paycheck Protection Program (SBA) - Amount: \$ \_\_\_\_\_
  - Economic Injury Disaster Loan (SBA) - Amount: \$ \_\_\_\_\_
  - Express Bridge Loan (SBA) - Amount: \$ \_\_\_\_\_
  - Debt Relief Program (SBA) - Amount: \$ \_\_\_\_\_
  - Disaster Relief Fund (FEMA) - Amount: \$ \_\_\_\_\_
  - Public Assistance Program (FEMA) - Amount: \$ \_\_\_\_\_
  - Emergency Food and Shelter Program (FEMA) - Amount: \$ \_\_\_\_\_
  - Unemployment Insurance Provisions (Treasury) - Amount: \$ \_\_\_\_\_
  - The Coronavirus Relief Fund (Treasury) - Amount: \$ \_\_\_\_\_
  - Economic Impact Payments (Treasury) - Amount: \$ \_\_\_\_\_
  - Nutrition Assistance Block Grant (USDA) - Amount: \$ \_\_\_\_\_
  - Disaster Household Distribution (USDA) - Amount: \$ \_\_\_\_\_
  - Summer Food Service Program (USDA) - Amount: \$ \_\_\_\_\_
  - Emergency Food Assistance Program (USDA) - Amount: \$ \_\_\_\_\_
  - Pandemic EBT (USDA) - Amount: \$ \_\_\_\_\_
  - SNAP Emergency Allotments (USDA) - Amount: \$ \_\_\_\_\_
  - Community Living Allocation (HHS) - Amount: \$ \_\_\_\_\_
  - Dislocated Workers Grant (Labor) - Amount: \$ \_\_\_\_\_

- State of Ohio Assistance - Amount: \$ \_\_\_\_\_
- Other: \_\_\_\_\_ - Amount: \$ \_\_\_\_\_

4. The Recipient has not received, nor is it reasonably anticipated that the Recipient will receive, any other Federal assistance funds to prevent, prepare for, or respond to, the Coronavirus/COVID-19 pandemic other than that set forth above.
5. The Recipient can produce receipts for costs incurred and/or loss of expenses related to the Coronavirus/COVID-19 pandemic in the amount of \$\_\_\_\_\_.  
(NOTE: If total losses do not exceed amount of federal assistance received, the applicant is ineligible for the loan).
6. The Recipient understands that, should the U.S. Department of Housing and Urban Development (HUD) or the City of Middletown determine that the Recipient Business has received a duplication of benefits, the Recipient Business may be required to repay a portion or all of the assistance provided by HUD and/or the City of Middletown.

\_\_\_\_\_  
Affiant Signature

\_\_\_\_\_  
Affiant Title

\_\_\_\_\_  
Affiant Printed Name

\_\_\_\_\_  
Date

**JURAT CERTIFICATE**

Oath or Affirmation Administered to the Signer and Signed in the Presence of a Notary Public

**STATE OF OHIO**

**COUNTY OF** \_\_\_\_\_

Sworn to or affirmed and subscribed before me by \_\_\_\_\_  
(NAME OF AFFIANT)

this date of \_\_\_\_\_.  
(Date)

\_\_\_\_\_  
Signature of Notary Public Administering Jurat

(AFFIX SEAL HERE)

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