



South Central Oregon Economic Development District Economic Relief Loan Fund for Small Businesses

The Economic Relief Loan Fund was created to boost recovery for small businesses financially impacted as a direct result of the Coronavirus (COVID-19) by providing short-term loan funds for continued business operations.

Loan Guidelines:

- Loans up to \$10,000 will be based on demonstrated need.
- Businesses must have ten (10) or fewer employees.
- There are no loan fees and no prepayment penalties.
- The loan term is 60 months and the interest rate is 5%. Loans will have a ninety-day grace period before payments begin.
- A business may receive only one loan from the fund.
- Loans made be used for: rent, payroll, inventory/supplies, utilities, equipment replacement and increasing on-line sales capacity.
- Affected businesses that have insurance claims pending or have applied for a business loan from another source MAY also apply for this loan.

Process:

The loan application gathers information about the business, how it was affected by COVID Crisis, how much financial assistance is needed, and how loan funds will be used if the loan is approved.

- Applicants should submit a complete, signed Economic Relief Fund Application to SCOEDD at P.O. Box 1529, Klamath Falls OR, or via email to betty@scoedd.org
- Business owners will be contacted by a SCOEDD staff member to schedule to discuss business needs and how the funds will be used. Staff will also verify the financial status of the business prior to the associated economic crisis.
- The loan request will be considered taking into account the financial health of the business before the crisis and how the loan funds may have a significant effect on the businesses' ability to reopen or continue operations.
- If approved, SCOEDD will try to make funds available to the business owner within one week of receiving and approving the application. This timeline may be longer depending on the volume and completeness of loan applications.
- To help determine the effectiveness of this disaster loan program and as part of participating in the program, business owners will be asked periodically to provide updates on the financial condition of the business for one year from the date of the loan.

For more information: Betty at (541)884-5593, or betty@scoedd.org



South Central Oregon Economic Development District Economic Relief Loan Fund Application

Instructions: Please complete this application in its entirety. If you have questions while completing the application, please contact Betty Riley or Pam Ruddock at (541)884-5593, or betty@scoedd.org

Name: _____

Business Name: _____

Cell Phone: _____ Business Phone: _____

Home Phone: _____ Email: _____

Business Physical Address: _____

Business Mailing Address: _____

Home Physical Address: _____

Age of business: 0-1 Years 1-2 Years Over 2 Years

Loan amount requested: _____

Number of employees: Current _____ Prior to emergency _____

Services or products you provide: _____

How will you use loan funds?

Rent Payroll Inventory Utilities Equipment

Other: _____

How was your business impacted by the COVID Crisis?

Business interruption - How long? _____ Are you open/doing business again? _____

Closure

Loss of employees

What is the estimated financial impact to your business (lost sales, inability to manufacture and distribute, physical damage, interruption in supply chain, other impacts) \$ _____

To what degree, if any, is your business insured for any of your losses? _____

What is the status of any insurance settlement/payments? _____

Have you received any other loans, donations, or grants because of the crisis? If so, please describe.

Applicant Signature: _____ Date: _____

Title: _____

Co-Applicant Signature: _____

Submit completed loan application to:

South Central Oregon Economic Development District
P.O. Box 1529
Klamath Falls OR 97601
Or via email to betty@scoedd.org

Please provide the following documents:

- 2019 Federal Tax Returns – Personal
- 2019 Federal tax return – Business
- If 2019 tax returns are not complete, provide a copy of the extension and 2019 yearend Profit and Loss and Balance Sheet
- Current business Profit & Loss (P&L) and Balance Sheet
- Credit Report Authorization – form attached
- Personal financial statement – form attached

Credit Report Authorization

I/We the undersigned hereby authorize South Central Oregon Economic Development District (SCOEDD) to make any credit inquiries which SCOEDD may deem necessary, in connection with our application for a business loan. This authorization also applies to inquiries/checks that SCOEDD may deem necessary in the future, in connection with the servicing of our loan.

Applicant

Signature

Print Full Length Name

Street Address

City, State, Zip

Social Security Number

Date of Birth

Spouse

Signature

Print Full Length Name

Street Address

City, State, Zip

Social Security Number

Date of Birth



**PERSONAL FINANCIAL STATEMENT
 7(a) / 504 LOANS AND SURETY BONDS**

U.S. SMALL BUSINESS ADMINISTRATION

As of _____, _____

SBA uses the information required by this Form 413 as one of a number of data sources in analyzing the repayment ability and creditworthiness of an application for an SBA guaranteed 7(a) or 504 loan or a guaranteed surety.

Complete this form for: (1) each proprietor; (2) general partner; (3) managing member of a limited liability company (LLC); (4) each owner of 20% or more of the equity of the Applicant (including the assets of the owner's spouse and any minor children); and (5) any person providing a guaranty on the loan

Return completed form to:

For 7(a) loans: the lender processing the application for SBA guaranty

For 504 loans: the Certified Development Company (CDC) processing the application for SBA guaranty

For Surety Bonds: the Surety Company or Agent processing the application for surety bond guaranty

Name	Business Phone
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Home Address	Home Phone
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City, State, & Zip Code

Business Name of Applicant

ASSETS (Omit Cents)	LIABILITIES (Omit Cents)
Cash on Hand & in banks..... \$ _____	Accounts Payable..... \$ _____
Savings Accounts..... \$ _____	Notes Payable to Banks and Others..... \$ _____ (Describe in Section 2)
IRA or Other Retirement Account..... \$ _____ (Describe in Section 5)	Installment Account (Auto)..... \$ _____ Mo. Payments \$ _____
Accounts & Notes Receivable \$ _____ (Describe in Section 5)	Installment Account (Other)..... \$ _____ Mo. Payments \$ _____
Life Insurance – Cash Surrender Value Only..... \$ _____ (Describe in Section 8)	Loan(s) Against Life Insurance..... \$ _____
Stocks and Bonds \$ _____ (Describe in Section 3)	Mortgages on Real Estate..... \$ _____ (Describe in Section 4)
Real Estate..... \$ _____ (Describe in Section 4)	Unpaid Taxes \$ _____ (Describe in Section 6)
Automobiles \$ _____ (Describe in Section 5, and include Year/Make/Model)	Other Liabilities..... \$ _____ (Describe in Section 7)
Other Personal Property..... \$ _____ (Describe in Section 5)	Total Liabilities..... \$ _____
Other Assets \$ _____ (Describe in Section 5)	Net Worth \$ _____
Total \$ _____	Total \$ _____ *Must equal total in assets column.

Section 1. Source of Income.	Contingent Liabilities
Salary..... \$ _____	As Endorser or Co-Maker \$ _____
Net Investment Income..... \$ _____	Legal Claims & Judgments \$ _____
Real Estate Income..... \$ _____	Provision for Federal Income Tax \$ _____
Other Income (Describe below)* \$ _____	Other Special Debt..... \$ _____

Description of Other Income in Section 1.

*Alimony or child support payments should not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.

Section 2. Notes Payable to Banks and Others. (Use attachments if necessary. Each attachment must be identified as part of this statement and signed.)

Names and Addresses of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed Type of Collateral

Section 3. Stocks and Bonds. (Use attachments if necessary. Each attachment must be identified as part of this statement and signed.)

Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

Section 4. Real Estate Owned. (List each parcel separately. Use attachment if necessary. Each attachment must be identified as a part of this statement and signed.)

	Property A	Property B	Property C
Type of Real Estate (e.g. Primary Residence, Other Residence, Rental Property, Land, etc.)			
Address			
Date Purchased			
Original Cost			
Present Market Value			
Name & Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment per Month/Year			
Status of Mortgage			

Section 5. Other Personal Property and Other Assets. (Describe, and, if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment and, if delinquent, describe delinquency.)

Section 6. Unpaid Taxes. (Describe in detail as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)

Section 7. Other Liabilities. (Describe in detail.)

Section 8. Life Insurance Held. (Give face amount and cash surrender value of policies – name of insurance company and Beneficiaries.)

I authorize the SBA/Lender/Surety Company to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness.

CERTIFICATION: (to be completed by each person submitting the information requested on this form)

By signing this form, I certify under penalty of criminal prosecution that all information on this form and any additional supporting information submitted with this form is true and complete to the best of my knowledge. I understand that SBA or its participating Lenders or Certified Development Companies or Surety Companies will rely on this information when making decisions regarding an application for a loan or a surety bond. I further certify that I have read the attached statements required by law and executive order.

Signature _____

Date _____

Print Name _____

Social Security No. _____

Signature _____

Date _____

Print Name _____

Social Security No. _____

NOTICE TO LOAN AND SURETY BOND APPLICANTS: CRIMINAL PENALTIES AND ADMINISTRATIVE REMEDIES FOR FALSE STATEMENTS:

Knowingly making a false statement on this form is a violation of Federal law and could result in criminal prosecution, significant civil penalties, and a denial of your loan or surety bond application. A false statement is punishable under 18 U.S.C. §§ 1001 and 3571 by imprisonment of not more than five years and/or a fine of up to \$250,000; under 15 U.S.C. § 645 by imprisonment of not more than two years and/or a fine of not more than \$5,000; and, if submitted to a Federally-insured institution, a false statement is punishable under 18 U.S.C. § 1014 by imprisonment of not more than thirty years and/or a fine of not more than \$1,000,000. Additionally, false statements can lead to treble damages and civil penalties under the False Claims Act, 31 U.S.C. § 3729, and other administrative remedies including suspension and debarment.

PLEASE NOTE: The estimated average burden hours for the completion of this form is 1.5 hours per response. If you have questions or comments concerning this estimate or any other aspect of this information, please contact Chief, Administrative Branch, U.S. Small Business Administration, Washington, D.C. 20416, and Clearance officer, paper Reduction Project (3245-0188), Office of Management and Budget, Washington, D.C. 20503. PLEASE DO NOT SEND FORMS TO OMB.

For South Central Oregon Economic Development District Use Only:

Comments: _____

Recommendation: Approval _____ Decline _____

Date: _____

Signed: _____