

Required Documentation:

- Completed and signed application
- Most recent Business Federal Tax Returns
 - Business must be in operation since January 1, 2019 and be able to provide a 2019 and 2020 federal business tax return, if available
- Copy of current Business Lease Agreement
- Copy of valid City of Chowchilla Business License
- Copy of registration with the State of California’s Secretary of State (e.g., Articles of Incorporation/Organization, current Statement of Information, Fictitious Business Name Statement aka DBA, if applicable)
- Documentation of previously received PPP loan, SBA fund, or any other COVID-19 federal relief funding, if applicable
- Disclosure of delinquent or defaulted federal loans in the last seven years, if applicable
- Proof of lease, rent, or mortgage delinquency, if applicable
 - Eligible documentation includes overdue bill, letter from the landlord, or a forbearance letter from the mortgage company
- Proof of utility delinquency, if applicable
 - Eligible documentation includes overdue bill or letter from the utility company for no more than the latest three months
- Payroll information for the most recent month
 - Please include name and address of each employee
 - At least one employee meets eligible income requirements with current household income at or below 120% of County Median Income
- Copy of the Business Insurance
- Financial Statements and Current Statement of Assets and Liabilities
- DUNS number
- Business W-9 Form

The table below lists the State of California’s Housing & Community Development (HCD) Income Level (120%) for the Fiscal Year (FY) 2021. Gross income is defined as all income received, before deductions, of all household members 18 years or older. Such income includes wages, salaries, unemployment, assets, disabilities, and pensions.

Madera County	Household Size (Number of Persons)							
	1	2	3	4	5	6	7	8
Maximum Income Limit	\$59,400	\$67,900	\$76,350	\$84,850	\$91,650	\$98,450	\$ 105,200	\$112,000

Source: <https://www.hcd.ca.gov/grants-funding/income-limits/state-and-federal-income-limits/docs/income-limits-2021.pdf>

Business Information:

Business Name: _____

DBA or Trade Name, if applicable: _____

Business Address: _____

Business Owner(s) Full Name(s): _____

Business Phone No. _____ Email: _____

Type of Business: _____ Number of Employees: _____

Contact Person: _____

Title: _____

Phone No. _____ Email: _____

Eligibility Questions:

<input type="checkbox"/> Yes <input type="checkbox"/> No	Within the last 5 years, have any of the business owners or organization: 1) been convicted of a felony; 2) pleaded guilty to a felony; 3) pleaded nolo contendere to a felony; 4) been placed on pretrial diversion for a felony; or 5) been placed on any form of parole or probation (including probation before judgment) for a felony?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have an active City of Chowchilla Business License?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have Articles of Organization/Incorporation with the State of California's Secretary of State?
<input type="checkbox"/> Yes <input type="checkbox"/> No	For those with a DBA, do you have a current Fictitious Business Name Statement?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you in arrears on rent/lease, mortgage, or utilities payments at some point since March 27, 2020?

<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Have any owners of the business been approved for a PPP loan, SBA funds, or other COVID-19 federal relief funding? <i>If yes, how much has been approved and for what purpose were the funds used?</i></p> <p>\$ _____</p> <p>Purpose: _____</p>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Has any owner of the business ever obtained a direct or guaranteed loan from SBA or any other Federal Agency that is currently delinquent or has defaulted in the last seven years and caused a loss to the government?</p>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Does at least 1 employee meet eligible income requirements – 120% of County Median Income?</p>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Does your business fall within the following categories: gaming, liquor or tobacco store, marijuana dispensaries and manufacturing, or any business or activity that does not comply with local, state, or federal laws?</p>

General Information:

<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Is the United States the principal place of residence for all employees of the business included in the Applicant's payroll calculation?</p>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Are you a citizen or permanent resident of the United States?</p>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Are there any other business owners with 20% or more ownership?</p>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Are all owners with a 20% or greater interest in the business citizens or permanent residents of the U.S.?</p>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Are you a controlling manager of the business or organization?</p>

COVID-19 Impacts (mark all that may apply):

<input type="checkbox"/>	Laid off at least one employee
<input type="checkbox"/>	At least one employee contracted COVID-19
<input type="checkbox"/>	Loss in revenue
<input type="checkbox"/>	Business deemed "non-essential" and was forced to shut down operations

Attestation:

Acknowledgment: I/We understand that this loan is being provided by the City of Chowchilla based upon the information that I/we have provided in this application. I/We am/are also verifying that there are no outstanding tax liens or legal judgments against the business.

Certification: I/We agree that this application authorizes the City to request additional documentation that may be necessary to verify information for the loan program. I/ We also agree that this form authorizes the City to verify the business owner(s) Small Business Administration (SBA) loans/ grants received for this business in connection with the coronavirus pandemic and/or CARES Act. By signing below, I/we certify that the above statements are true and correct to the best of my/our knowledge. I/We understand that a false statement may disqualify me/us from benefits.

Owner Signature

Date

Co-Owner Signature

Date