



Richmond Small Business Disaster Loan Program (COVID-19)
Department of Economic Development
1500 E. Main Street, Suite 400, Richmond, VA 23219
Phone: (804)646-5036 Fax (804)646-4351



Mayor Levar Stoney

Loan Application

Company Information

Company name
Address City State Zip
Principal in charge Work Phone Work Fax
Secondary contact person Work Phone Work Fax
(Tax ID, Email, Number of current employees)
Type of business Date established
Type of entity (check one): Proprietorship Partnership LLC Corporation - years business incorporated:

Please provide the following documents and information.

Business Information

- Documentation of weekly payroll expenses for the past eight (8) weeks
Business financial statements for the last two years
Federal tax returns for the last two years for the business
Federal tax returns for the last two years for the applicant

Personal Information (for each individual with at least 50% ownership)

- Personal financial statement (form attached)
Notarized owner's certificate (form attached)

Legal Entity Documents (as applicable)

- Sole Proprietorship - Fictitious Business Name Statement (filing) and proof of publication with county recorder's stamp
Corporation - Articles of Incorporation, Corporate Bylaws and Stock Certificates
Partnerships (General, Limited or Limited Liability) = Partnership (with all exhibits) and State Registration, if any
Limited Liability Company - Articles of Organization Form (LLC-1) and Operating Agreement

Expenses

Enter Dollar Amounts

Working capital to pay staff.....\$

I authorize the Lender to make inquiries as necessary to verify the accuracy of the statements made and to determine my credit worthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. I understand FALSE statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 100f).

Signature: Date: Social Security Number:

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