

MAY Coalition Yancey County Covid-19 Relief Application

Name of Business: _____

Business &/or Home Address: _____

Business Owners: _____ Business &/or Home Phone: _____

<u>Name</u>	<u>Address</u>	<u>Social Security Number</u>	<u>%Ownership</u>
-------------	----------------	-------------------------------	-------------------

1. _____

2. _____

Banking & Credit References:

<u>Name of Institution</u>	<u>Contact Person</u>	<u>Phone</u>
----------------------------	-----------------------	--------------

1. _____

2. _____

Professional References:

Name & Phone: _____

Name & Phone: _____

Does this business have any affiliation with or is it a subsidiary of any other company or business? No ____ Yes ____ If "yes" please explain.

1. What is the nature of your business? _____

2. Where is your business located? _____

3. Briefly, how is your business being affected by the COVID-19 crisis?

CERTIFICATION: To the best of my knowledge and belief, data in the application are true and correct. The document has been duly authorized by the governing body of the applicant. MAY Coalition has my permission to check all references, to consult with others regarding this application and to obtain a credit report from Equifax or other sources. The applicant will comply with the requirements of MAY Coalition if the requested loan is approved, and the applicant agrees that MAY Coalition is free to use his or her name and image and the company's name and image for publicity purposes. The applicant agrees to pay all costs associated with closing of the loan with MAY Coalition (even if the applicant decides after preparation that he or she no longer wants the loan). (rev. 04/2020)

Signature: _____, Date: _____

Name & Title (type or print) _____