



## WEST COVINA COVID-19 SMALL BUSINESS LOAN PROGRAM APPLICATION

### Owner Information

Applicant Name: \_\_\_\_\_

Business Owner First and Last Name(s): \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Are you a citizen or permanent resident of the United States?  Yes  No

### Program Qualifications

Have you read the City of West Covina COVID-19 Small Business Assistance Loan Program (WCCV-SBL) Guidelines?  Yes  No

Type of Business:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Accounting Services         | <input type="checkbox"/> Dining (Restaurant, Café, Coffeeshop, etc.) | <input type="checkbox"/> Services: Advertising, Consulting, Counseling, Contracting |
| <input type="checkbox"/> Administration/Office       | <input type="checkbox"/> Entertainment                               | <input type="checkbox"/> Medical  |
| <input type="checkbox"/> Auto Rental                 | <input type="checkbox"/> Retail: Food/Convenient Store               | <input type="checkbox"/> Non-profit organization                                    |
| <input type="checkbox"/> Auto Repair                 | <input type="checkbox"/> Gas Station                                 | <input type="checkbox"/> Personal Care Services: Beauty Salon, Barber, Nail Salon   |
| <input type="checkbox"/> Auto Wrecker                | <input type="checkbox"/> Retail: Clothing, Accessories               | <input type="checkbox"/> Personal Services: Acupuncture, Massage                    |
| <input type="checkbox"/> Automobile Dealer           | <input type="checkbox"/> Retail: Florist                             | <input type="checkbox"/> Professional   |
| <input type="checkbox"/> Barber, Beauty, Nails       | <input type="checkbox"/> Health Spa/Fitness                          | <input type="checkbox"/> Veterinarian/Animal Care                                   |
| <input type="checkbox"/> Broker, Stock or Securities | <input type="checkbox"/> Insurance                                   | <input type="checkbox"/> Other: _____   |
| <input type="checkbox"/> Business Services           | <input type="checkbox"/> Manufacturing                               |   |
| <input type="checkbox"/> Car Wash                    |  |   |
| <input type="checkbox"/> Catering                    |  |   |
| <input type="checkbox"/> Check Cashing               |  |   |
| <input type="checkbox"/> Child Care/Day Care         |  |   |

Number of years in business: \_\_\_\_\_

Number of full-time equivalent (FTE) employees: \_\_\_\_\_

Existing Jobs: Full-Time: \_\_\_\_\_ Part-Time: \_\_\_\_\_

Will you be retaining at least one FTE employee for the next year?  Yes  No



Does your business have a commercial storefront?  Yes  No

Does your business have an active City of West Covina Business License?  Yes  No  
*Please attach copy of business license.*

Does your business have any unresolved municipal code violations and/or delinquent penalties?  Yes  No

Does your business have any existing loan/grant with the City?  Yes  No

**National Objective Requirement:**

Under federal regulations, use of CDBG funded activities must meet national objective of benefit to low-to-moderate (“low-mod”) income benefit (LMI). For the West Covina COVID-19 Small Business Loan, businesses must retain low-mod jobs. All businesses must provide documentation meetings HUD’s low-mod income requirements prior to receiving business assistance loan. The WCCV-SBL program administrator will verify that businesses meet HUD’s low-mod requirements below:

**Eligibility** – Please select one that best fits the national objective criteria of low-to-moderate income (LMI)

Number of Persons in Household	Maximum Combined Household Income
1	\$63,100
2	\$72,100
3	\$81,100
4	\$90,100
5	\$97,350
6	\$104,550
7	\$111,750
8	\$118,950

My business employs at least one permanent job that has a household income that are LMI

My business does not meet the above criteria for low-mod benefit

**CONFLICT OF INTEREST**

Applicants for business assistance shall not be an employee, agent, consultant, officer or elected official or appointed official of the City who exercises or have exercised any function or responsibilities with respect to activities relating to this Program or who are in a position to participate in a decision-making process or gain inside information with regard to these activities, may obtain a financial interest or financial benefit from this Program, or the



proceeds from such activity, either for themselves or those with whom they have business or immediate family ties, during their tenure or for one year thereafter.

**Conflict of Interest Acknowledgement**

I do NOT have a conflict of interest       I DO have a conflict of interest

Is the Applicant (if an individual) or any individual owner 20% or more of the equity presently suspended, debarred, proposed for debarment, declared ineligible, voluntarily excluded from participation in this transaction by any Federal department or agency or presently involved in any bankruptcy?

Yes     No

Is the Applicant (if an individual) or any individual owning 20% or more of the equity subject to an indictment, criminal investigation, arraignment or other?

Yes     No

Has the Applicant (if an individual) or any individual owning 20% or more of the equity ever obtained a direct or guaranteed loan from the SBA or any other Federal agency that is currently delinquent or had defaulted in the last 7 years and caused a loss to the government?

Yes     No

Has the Applicant (if an individual) or any individual owning 20% or more of the equity has not been convicted within the last 5 years, for any felony: 1) been convicted; 2) pleaded guilty; 3) pleaded nolo contendere; 4) been placed on pretrial diversion; 5) been placed on any form of parole or probation?

Yes     No

**Business Information**

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

DBA or Tradename (If Applicable): \_\_\_\_\_

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

Tax ID Number or SSN: \_\_\_\_\_

DUNS Number: \_\_\_\_\_

*\*If your business does not have a DUNS number, you can register for it at <https://fedgov.dnb.com/webform/>*

Business Date Incorporated (MM/DD/YYYY): \_\_\_\_\_



Choose one:

- I rent a retail space
- I own a retail space
- I work out of my home

I am behind in my rent/business mortgage:  Yes  No

Is your business a sole proprietorship?  Yes  No

Purpose of Assistance/Use of Funds: (check all that apply)

- Rent/Mortgage
- Utilities
- Labor/Staff Expenses
- Supplies
- Capital or equipment purchases necessary for the business operation, excluding vehicles

**LOSS OF INCOME:** My business has a verifiable loss of revenue/income (at least 20%), due to COVID-19 pandemic, that justifies the need for assistance.

- Yes  No

**PROVIDE** – Proof of Loss and Reduction in Income due to COVID-19 Pandemic:

- Monthly profit and loss statements – December 2019 – May 2020

## Loan Criteria/Demonstration of Financial Need

1. COVID-19 Financial need and Community Development Block Grant (CDBG) Objectives – Note: At time of loan issuance business may be asked to provide city with requested support documents for the responses provided below as needed to verify
  - a. Have you experienced reduced revenue/cash flow of at least 20% since the COVID-19 outbreak in March 2020 compared to this same time-period 12 months prior, or compared to January and February of the 2020 calendar year?
    - Yes  No
  - b. Is your business experiencing significant financial solvency issues as a result of COVID-19 pandemic?
    - Yes  No
  - c. Will the current finances of your business in combination with a \$10,000 loan allow your business to remain open (or re-open following easing of



restrictions) for a minimum period of at least 1 year following awarding of the loan?

Yes  No

d. As a result of the COVID-19 pandemic, have you had to layoff, furlough, or reduce the number of weekly working hours of one or more employees considered low-moderate income as defined in Attachment A of this application?

Yes  No

e. Will the loan be used all or in part to pay wages of an employee that is considered low-moderate income as defined in Attachment A of this application, or otherwise used to meet the CDBG requirement of hiring or maintaining at least one low-moderate income job?

Yes  No

### **Additional Financing Sources:**

Have you applied and received federal assistance funding (e.g. Payment Protection Program, Economic Injury Disaster Loan)

Yes  No      If yes, when? \_\_\_\_\_ Amount: \_\_\_\_\_

Have you applied and are awaiting federal assistance funding (e.g. Payment Protection Program, Economic Injury Disaster Loan)

Yes  No      If yes, when? \_\_\_\_\_ Requested Amount: \_\_\_\_\_

*Please note that if your business has or does receive any federal financial assistance, you will need to provide documentation of the amount received and it will impact the loan amount your business can qualify for.*

### **Miscellaneous:**

1. Has your business ever filed bankruptcy or defaulted on any debts?

Yes  No      If yes, when? \_\_\_\_\_

2. Does your business use or store any hazardous materials, or produce toxic waste?

Yes  No



3. Is your business a party to any claim of lawsuit?

Yes  No

4. Does your business owe any taxes for years prior to the current year or have any tax liens?

Yes  No

This City of West Covina reserves the right to change the program guidelines based on any requirements imposed by the U.S. Department of Housing and Urban Development (HUD).

I/We HEREBY CERTIFY that the aforementioned facts are true and correct. Furthermore, if approved, I/We will provide additional documentation and certification of the information provided on the application form prior to loan issuance. I/We will be liable for all costs incurred through the program if any information provided is determined to be false and/or incorrect which may have initially qualified me/us for the West Covina COVID-19 Small Business Forgivable Loan Program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Please contact Paulina Morales in the Community and Economic Development Division at 626-939-8417 or [pmorales@westcovina.org](mailto:pmorales@westcovina.org) for further information on Economic Development projects.



## EXHIBIT A: LOW-MODERATE INCOME GUIDELINES

For purposes of this application, “low-moderate income” persons and jobs are those whose household income is at or less than 80% of the Median Household Income for Los Angeles County, as defined under the CDBG 2020 Program Income Guidelines listed below:

<b>Number of Persons in Household</b>	<b>Maximum Combined Household Income</b>
1	\$63,100
2	\$72,100
3	\$81,100
4	\$90,100
5	\$97,350
6	\$104,550
7	\$111,750
8	\$118,950

(Based on current effective median income of Los Angeles County. Revised annually as set forth in 25 Cal. Code Regs. Section 6932) As of April 1, 2020.)



## EXHIBIT B: WCCV-SBL APPLICATION CHECKLIST

Document	Completed
Completed Attachment B "ACCV-SBL Application Checklist	<input type="checkbox"/>
Completed Application (electronic/online or hardcopy)	<input type="checkbox"/>
Copy of valid California Driver's license or identification card with your name and address	<input type="checkbox"/>
Authorization to Release Information	<input type="checkbox"/>
Certification of Financial Need	<input type="checkbox"/>
Copy of Valid Business License	<input type="checkbox"/>
Copy of the last three (3) tax returns (Proof of operations for 2 years)	<input type="checkbox"/>
Form 4506 – Request for Copy of Tax Return (OMB No. 1545-0429)	<input type="checkbox"/>
Copy of Site lease or other if applicable (mortgage statement)	<input type="checkbox"/>
Proof of Loss and Reduction in Income due to COVID-19 (Monthly profit and loss statements (December 2019 – May 2020)	<input type="checkbox"/>
Business Bank Account Statements (December 2019 – May 2020)	<input type="checkbox"/>
List of Employees (full and part time, including owner)	<input type="checkbox"/>
Copy of Payroll Ledger (December 2019 – May 2020)	<input type="checkbox"/>
Compliance with the National Objective	<input type="checkbox"/>
Employee Questionnaire <ul style="list-style-type: none"> <li>• Along with documentation confirming household income)</li> </ul>	<input type="checkbox"/>
Documentation specifying what person(s) in a corporation or partnership is authorized to sign documents and assume debt on behalf of the business (Corporate bylaws, operating agreement, and/or partnership agreement)	<input type="checkbox"/>
Documentation for proposed use of funds (copy of statement for outstanding lease of mortgage payments, utility bills, equipment rental, etc.)	<input type="checkbox"/>
Insurance	<input type="checkbox"/>





**CITY OF WEST COVINA**

**AUTHORIZATION TO RELEASE INFORMATION**

I/We authorize the City of West Covina or Lender to make credit inquiries it deems necessary in connection with my business or personal credit application or in the course of review or collection of any credit extended in reliance on the application. I authorize and instruct any person or consumer report agency to compile and furnish any information it may have or obtain in response to such credit inquiries. I/We agree to pay or reimburse Lender for the cost of any surveys, title insurance, appraisals, credit reports, etc., performed by the lender provided I/We have given my/our consent.

I authorize the release of this information whether the signature below is original or a copy.

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

Driver License No.: \_\_\_\_\_

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

Driver License No.: \_\_\_\_\_

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

Driver License No.: \_\_\_\_\_

Date: \_\_\_\_\_



**CITY OF WEST COVINA**

**Certification of Financial Need**

1444 W. Garvey Avenue South | West Covina, CA 91790

This is to certify that without a loan from the City of West Covina in the amount of \$10,000, I/We would not be able to proceed with the project I have outlined in my application to the City of West Covina COVID-19 Small Business Assistance Loan Program.

My necessity is based on the existence of the following situation: (please one check only)

- \_\_\_\_\_ 1. Without the City of West Covina COVID-19 Small Business Assistance Loan, I will not be able to retain a full-time equivalent and low-to-moderate income position
- \_\_\_\_\_ 2. An application for assistance from other sources (check all the applicable) was completed, but not approved:
  - Economic Injury Disaster Loan
  - Paycheck Protection Program
  - Other: \_\_\_\_\_
- \_\_\_\_\_ 3. An application for assistance from other sources (check all that are applicable) was not completed because the application window was closed due to a depletion of available funding:
  - Economic Injury Disaster Loan
  - Paycheck Protection Program
  - Other: \_\_\_\_\_
- \_\_\_\_\_ 4. A financing gap in which the Company could make an adequate equity injection but that injection would deplete the Company's working capital.

I am prepared to submit any evidence you or the City of West Covina might need to substantiate this financial gap.

Signature	Title	Date
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Signature	Title	Date
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CITY OF WEST COVINA

Compliance with National Objective

1444 W. Garvey Avenue South | West Covina, CA 91790

The program is funded by Community Development Block Grant (CDBG). The program must therefore meet the National Objective of providing a benefit of a low-to moderate income (LMI) individual.

Information on CDBG

Compliance with CDBG National Objective:

Project must meet the following national objectives. This project falls within the following standard:

Activity benefiting low- and moderate-income persons so that 51% of jobs retained will go to low and moderate income persons.

Jobs for LMI Persons:

Existing Number of Jobs as on March 1, 2019:

- a. Total permanent full-time jobs:
b. Permanent, part-time jobs in equivalent full-time positions:

Description of Public Benefits

- a. Existing Jobs: Full-time Part-time
b. Permanent, full-time equivalent to be created by the project:
c. Permanent, part-time in full time equivalent to be retained by the project:
d. Please identify and estimate the amount the City, county, and state taxes to be generated by this project:

Table with 4 columns: Tax Type, State, City, County. Rows include Property Taxes, Sales Taxes, and Other Taxes.

- e. Identify other benefits which will accrue due to the proposed project:

1. No cost in connection with this project may be covered with the CDBG loan until the project has been formally approved by the City of West Covina. Have any costs been incurred prior to such approval? Yes No

Certification

It hereby represented and certified that to the best knowledge and belief of the undersigned that the information contained herein and attached hereto is accurate and correct and truly descriptive of the project and the applicant and any guarantor or other project user.

Applicant:
By:
Title:
Date:

Applicant:
By:
Title:
Date:



# WEST COVINA COVID-19 SMALL BUSINESS LOAN

## CITY OF WEST COVINA

## Employee Questionnaire

1444 W. Garvey Avenue South | West Covina, CA 91790

Dear Applicant:

This company is applying for business recovery funds associated with COVID-19 pandemic from the Community Development Block Grant program. This form is required to be completed by all employees. Your cooperation is appreciated.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TELEPHONE \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

1. Number in Household: \_\_\_\_\_
2. Please list all income for the past 12 months for **each household member**. Include the following:

Household Members (Names – Including Applicant)	Age	Social Security Number	Gross Annual Income	Source of Income*
Job Applicant:				
<b>TOTAL HOUSEHOLD GROSS INCOME =</b>				

\*If income is from wages list the name and address of the employer. Please indicate if applicant is unemployed currently. Please attach documentation confirming the income information listed above.

### 4. RACIAL BACKGROUND

- American Indian/Alaska Native
- Asian
- Black/African American
- Native Hawaiian/Other Pacific Islander
- White
- American Indian or Alaska Native AND White
- American Indian or Alaska Native AND Black or African
- Asian AND White
- Black or African American AND White
- Other** – for individuals not identified above

### 5. ETHNIC BACKGROUND

- Yes, Hispanic/Latino
- No, not Hispanic/Latino

### 6. HOUSEHOLD INFORMATION-Check One

- Applicant resides in a FEMALE-headed household.
- Applicant resides in a MALE-headed household

### CERTIFICATION

I certify that the above information is true and accurate. I understand this information is subject to verification by authorized officials and that failure to report completely and accurately may result in criminal or civil penalties

\_\_\_\_\_  
 (Signature of Applicant) (Date)

### PENALTY FOR FALSE OR FRAUDULENT STATEMENT

U.S.C. Title 18, Section 1001, provides: "...Whoever, in any matter within the jurisdiction of the executive, legislative, or judicial branch of the Government of the United States, knowingly and willfully (1) falsifies...a material fact; (2) makes any materially false, fictitious or fraudulent statement or representation; or (3) makes or uses any false writing document knowing the same to contain any materially false, fictitious or



# WEST COVINA COVID-19 SMALL BUSINESS LOAN

fraudulent statement or entry: shall be fined under this title, imprisoned not more than 5 years... or both."

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## QUESTIONS BELOW TO BE ANSWERED BY EMPLOYER:

Maximum Allowable Annual Gross Household Income (2020 income limits)								
Number of Household	1	2	3	4	5	6	7	8
Income Limits	\$63,100	\$73,100	\$81,100	\$90,100	\$97,350	\$104,550	\$111,750	\$118,950

### Eligibility Summary:

1. Extremely Low Income  Low income  Moderate income  Not Eligible
2. The person signing the certification was interviewed for employment and not hired because \_\_\_\_\_  
\_\_\_\_\_
3. The person signing the certification was hired for the following position: \_\_\_\_\_  
\_\_\_\_\_
4. The employee start date was: \_\_\_\_\_
5. He/She works \_\_\_\_\_ hours per week. Permanent part-time jobs should be reported in full-time equivalent (FTE) positions, 40 hours per week in 1 FTE.
6. He/She earns \$\_\_\_\_ per hour.
7. Without financial assistance, is employee's position in jeopardy of, or has there already been reduced hours or termination? Yes  No 
  - a. If yes, will assistance help retain to its status prior to March 19, 2020.  
Yes  No
8. Are employer healthcare benefits offered with this position? Yes  No

### CERTIFICATION

I certify that the above information is true and accurate. I understand that failure to report completely and accurately may result in criminal or civil penalties. I understand this information is subject to verification by authorized officials.

Signature of interviewer: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_