



# RECOVERY LOAN FUND APPLICATION

## General Terms and Conditions:

- Open to Massachusetts-based businesses
- Up to \$75,000
- Up to 3-year note/30-month amortization; no payments for the first 6 months
- Annual interest rate 3.0%; beginning in month seven (7)
- Personal guarantee required of all owners with 20% or more interest in the company
- All asset lien on business
- Ineligible businesses include, but not limited to, companies involved in real estate investment, multi-level marketing, adult entertainment, or firearms. Companies with past due tax liabilities or tax liens or currently in bankruptcy (Corporate or Personal) are not eligible.
- Minimum credit score of 575 (no prior or pending charge offs by creditors permitted)

**INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.**

## I: BUSINESS INFORMATION

Business name (legal): \_\_\_\_\_ Business phone: \_\_\_\_\_

Business address (street, apt. #): \_\_\_\_\_ City, State, ZIP: \_\_\_\_\_

Is this business a franchise?  Yes  No If yes, name of franchise: \_\_\_\_\_

Please provide a brief description of your business:  
\_\_\_\_\_

How long has your business been in operation? \_\_\_\_\_

What was your business revenue for 2019? \$ \_\_\_\_\_

What was your business' profit or loss for 2019? \$ \_\_\_\_\_  Profit  Loss

What is the legal entity of your business?  Corporation  LLC  Sole proprietorship  Other

Do you own 100% of the business?  Yes  No

If no, please list owners with more than 20% interest in the company (each have to fill out a separate application):

Number of employees, including yourself: \_\_\_\_\_ Full time: \_\_\_\_\_ Part time: \_\_\_\_\_

## II: OWNER'S PERSONAL INFORMATION

Full name: \_\_\_\_\_ Email address: \_\_\_\_\_

Home address (street, apt. #): \_\_\_\_\_ City, State, ZIP: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Date of Birth (month, day, year): \_\_\_\_\_ Social Security number/ITIN: \_\_\_\_\_

Have you received a loan from MGCC in the past?  Yes  No Best time to call:  Morning  Afternoon

Annual salary: \$ \_\_\_\_\_

Assets Cash: \$ \_\_\_\_\_ Liabilities Mortgage: \$ \_\_\_\_\_

Home value: \$ \_\_\_\_\_ Credit cards: \$ \_\_\_\_\_

Other Assets \_\_\_\_\_ : \$ \_\_\_\_\_ Other Debt \_\_\_\_\_ : \$ \_\_\_\_\_

### III: LOAN REQUEST

Amount Requested: \$ \_\_\_\_\_

Use of Funds/How company has been impaired by COVID-19:

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### V: MONTHLY EXPENSES

MGCC- Small Business Recovery Loan Fund					
Company:					
<b>Monthly Operating Expenses</b>					
Payroll					
Payroll Taxes					
Insurances					
Rent					
Utilities					
Supplies					
Other					
Total		\$ -			

#### Other Information Required as Attachments:

- 2018 business and personal tax return
- 2020 Interims through 2/29/2020
- Interim 2019 internally prepared financials
- Copy of front and back of Massachusetts driver's license or government-issued ID

### VI: APPLICATION QUESTIONS

Have you ever declared personal or business bankruptcy?  Yes  No

If yes, was your bankruptcy discharged or dismissed more than 12 months ago?  Yes  No

Have you ever been arrested or convicted of a crime?  Yes  No

Are you a U.S. citizen or legal resident?  Yes  No

### VII: AUTHORIZATION FOR VERIFICATION OF INFORMATION [www.massgcc.com](http://www.massgcc.com) Email: [Trailblazer@massgcc.com](mailto:Trailblazer@massgcc.com)

Please read carefully before signing inquiry

*The information contained in this statement is provided to induce MGCC to extend or to continue the extension of credit to the undersigned or to others upon the guarantee of the undersigned. The undersigned acknowledge and understand that MGCC is relying on the information provided herein in deciding to grant or continue credit or to accept a guarantee thereof. Each of the undersigned represents warrants and certifies that the information provided herein is true, correct and complete. Each of the undersigned agrees to notify MGCC immediately and in writing of any change in name, address, or employment and of any material adverse change (1) in any of the information contained in this statement or (2) in the financial condition of any of the undersigned or (3) in the ability of any of the undersigned to perform its (or their) obligations to MGCC. In the absence of such notice or a new and full written statement, this should be considered as a continuing statement and substantially correct. If the undersigned fail to notify MGCC as required above, or if any of the information herein should prove to be inaccurate or incomplete in any material respect, MGCC may declare the indebtedness of the undersigned or the indebtedness guaranteed by the undersigned, as the case may be, immediately due and payable. By signing below, you authorize MGCC to make or have made any credit, employment or investigation inquiry that MGCC determines appropriate for the extension of credit, periodic evaluation of your account or the collection of amounts owed to MGCC. If you ask, you will be informed whether a consumer report was requested, and if a report was requested, you will be informed of the name and address of the consumer reporting agency that furnished the report. Each of the undersigned authorizes MGCC to answer questions about your credit experience with MGCC. As long as any obligation or guarantee of the undersigned to MGCC is outstanding, the undersigned shall supply annually an updated financial statement. This personal financial statement and any other financial or other information that the undersigned give to MGCC shall be MGCC's property.*

Owner's Signature: \_\_\_\_\_ DATE \_\_\_\_\_

Owner's Signature: \_\_\_\_\_

For MGCC Use Only:

Date received:	Date business contacted if incomplete:
Approved _____	Declined _____
Date closed:	Date client notified: