



## Garden State Relief Fund Application

Please save this form to your computer, complete it and email the completed application to [relief@njclf.com](mailto:relief@njclf.com) You will receive acknowledgment of your application by email in reply with a link to upload required attachments.

### Applicant Business or Organization Information

Organization/Business Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_  
 County \_\_\_\_\_ State and ZIP Code \_\_\_\_\_ Date Established \_\_\_\_\_  
 Phone \_\_\_\_\_ Email \_\_\_\_\_ Tax ID \_\_\_\_\_  
 Legal Structure: Sole Proprietorship Partnership Corporation LLC/LLP Non-Profit  
 Please briefly describe the nature of your business or organization (1-2 Sentences Max):  
 \_\_\_\_\_  
 Primary Point of Contact \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

### Loan Request Information

Please briefly describe why your business or organization is requesting a loan at this time and how funding will be used (3-5 Sentences Max):

Initial Amount Requested (\$10,000 Minimum, \$75,000 maximum): \_\_\_\_\_  
 Type of Loan Requested: Refinance an Existing Loan Establish a New Loan

### Business or Organization Description

What is the geographic market(s) your business or organization serves?

What is the population your program serves? General Public Low-Income Families

Number of Full Time Employees as of March 1, 2020 \_\_\_\_\_

Number of Part Time Employees as of March 1, 2020 \_\_\_\_\_

Number of Employees as of today's date: \_\_\_\_\_

Please indicate the last FULL calendar week in 2020, starting on a Monday, that the business or organization generated revenue \_\_\_\_\_ Average Weekly Revenue \_\_\_\_\_

### Business or Organization Structure

If the applicant is a for-profit entity, please list the names of the business owner(s) and the % of the business they own:

List any affiliated organizations owned or controlled by the Business, Organization or Representing Individuals:

Does the applicant own or lease their facility? Own Lease Approx. facility sq/ft \_\_\_\_\_



**Required Attachments**

Please note that this application will not be considered complete without all required attachments. Upon emailing your completed form to relief@njclf.com you will receive an email in return from us acknowledging receipt of your application with a hyperlink that you will use to upload the following required documents:

- The most recent three years BUSINESS or NONPROFIT Tax Returns.
- The most recent three years PERSONAL Tax Returns for all owners with 20% or more interest in the business, if the applicant is a for-profit entity.
- Completed Personal Financial Statement from SBA Form 413.
- Copies of business interruption insurance for any filed claims.
- Copy of the property lease(s) for the organization or business if the occupancy is not owned.
- Copies of all other applications for relief assistance, including SBA and other state programs.

**Borrower Diversity**

The following information is not required to process this application but it does help us describe our borrowers to the investors who contribute to the Garden State Relief Fund to enable this loan program

Borrower Race: \_\_\_\_\_

Borrower Ethnicity: \_\_\_\_\_

Is the business owned (50% or more) by:

- |                                  |     |    |
|----------------------------------|-----|----|
| • Women?                         | Yes | No |
| • LGBTQ+ Person(s)?              | Yes | No |
| • Disabled Person(s)?            | Yes | No |
| • Veteran(s)?                    | Yes | No |
| • Low-Moderate Income Person(s)? | Yes | No |

**CERTIFICATION AND AUTHORIZATION**

I hereby certify on behalf of \_\_\_\_\_, the applicant, that the information contained on this form and any attachments submitted in conjunction with this form are complete, true, and accurate to the best of my knowledge. No relevant information has been deleted, modified in any way, or withheld, and the applicant understands that it has a continuing obligation to amend and/or supplement the information provided in this application if any of the material facts represented herein change prior to closing.

The undersigned authorizes New Jersey Community Capital, its successors, assigns, agents, and/or participants to obtain information related to this loan request, including but not limited to, relevant financial information, credit reference and/or credit reports, and historical information about the applicant, its principals or affiliates. The undersigned also authorizes New Jersey Community Capital, its successors, assigns, agents, and/or participants to release any information obtained about the applicant and/or project in the application review or underwriting process to program partners.

All proposals are subject to credit or investment approval. New Jersey Community Capital reserves all rights to publicly announce the approval, commitment or closing of any financing.

(Signature)	(Printed Name)	(Date)
(Title)	(Organization)	