

**IOWA LAKES ELECTRIC COOPERATIVE BUSINESS DISASTER
REVOLVING LOAN FUND APPLICATION**

Name of Business _____

Business Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

Fed. Tax I.D. # _____ (Social Security # if sole proprietorship)

Federal Unique Entity ID #: _____ (www.sam.gov)

What is the Business' NAICS Code? _____ (<https://www.census.gov/eos/www/naics>)

Year Business Founded _____ Amount of Loan Request _____
(Typical \$10,000 / \$20,000 Maximum)

Brief description of your business _____

Name of Owner #1 _____ Percent owned _____

Home Address _____ SS# _____

City _____ State _____ Zip _____ Phone _____

Name of owner #2 _____ Percent owned _____

Home Address _____ SS# _____

City _____ State _____ Zip _____ Phone _____

(If additional owners please list separately)

Name of Primary Bank _____ Branch _____

Bank Address _____

City _____ State _____ Zip _____

Contact Person _____ Phone _____

Describe the physical damage or loss to your business _____

Have you re-opened your business? _____ If yes, how many days were you closed? _____

If no, describe the steps that you are taking to re-open:

Will business re-open in your existing / new / or temporary location _____

New/Temporary Address _____

City _____ State _____ Zip _____

Estimated date you will re-open _____

Number of employees before the disaster _____ Number of employees after re-opening _____

Estimated dollar amount of losses from the disaster:

Inventory \$ _____

Equipment and Fixtures \$ _____

Building damage \$ _____

Total amount of losses \$ _____

Do you rent or own your business location? _____

Are you willing to provide receipts and/or other documentation to verify business recovery expenses of 125% of the loan amount Y / N _____ (borrower to initial)

Are all owners of the business (50% ownership or higher) willing to provide a personal guarantee of the loan amount? Y / N _____ (borrower to initial)

Does the business have hazard insurance to assist in the recovery effort? _____

Is the business able to provide a Certificate of Insurance? _____

Hazard Insurance Company _____ Agent _____ Phone _____

Flood Insurance Company _____ Contact: _____

Business References:

Please supply 2 (i.e.: Banker, Attorney, Supplier, Landlord, Insurance Agent, etc.)

Name _____ Title _____

Occupation _____ Phone _____

Name _____ Title _____

Occupation _____ Phone _____

CERTIFICATION TO BE SIGNED BY APPLICANT

The undersigned, duly authorized officers/owners of Applicant, hereby certify that the filing of this application was duly authorized by its Board of Directors (or governing body), that the statements made in the foregoing application and in all exhibits and documents submitted in connection therewith are true and correct to be the best information and belief of the undersigned and are submitted as a basis for the loan.

Likewise, the undersigned has willfully furnished this confidential information to Iowa Lakes Electric Cooperative for the purpose of applying for a disaster relief loan. I understand that this information will be reviewed by and become available to the staff, the Revolving Loan Fund Review Committee and Board of Directors of the Intermediary. I further authorize RLF staff and Loan Fund Review Committee to be in contact with the individuals, firms and/or references listed above as well any individuals and institutions involved in the proposed project.

NAME OF APPLICANT

(Business Name)

By _____ Date _____

Typed / Printed Name _____

Title _____

RIGHT TO FINANCIAL PRIVACY ACT OF 1978

-NOTICE-

This Act is designed to protect your right to financial privacy. This is notice to you, as required by the Right to Financial Privacy Act of 1978, of the Intermediary's access right to financial records held by financial institutions that are or have been doing business with you or your business, including any financial institution participating in this loan or loan guaranty in connection with your loan application. The law provides that the access rights continue for the term of any approved loan without further notice as long as the Intermediary retains any interest in the loan.

ACKNOWLEDGEMENT

I (We) certify that I (we) have read this notice and that I (we) have been given a copy of it.

Business Name: _____

By: _____
(Name and Title)

Date: _____

NONDISCRIMINATION STATEMENT

“This institution is an equal opportunity provider and employer.”

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

IMPORTANT NOTICE

The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in the program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname.

Ethnicity:

- Hispanic or Latino
- Not Hispanic or Latino

Gender:

- Male
- Female

Race: (Mark one or more)

- White
- Black or African American
- American Indian/Alaska Native
- Asian
- Native Hawaiian or other Pacific Islander

Information provided by:

Borrower _____

Lender _____