



Emergency Loan Assistance Application

City of Algona Revolving Loan Fund

Complete this application if you are applying for a loan in response to a disaster or emergency. Applications and supporting documentation may be submitted via email to jtjaden@ci.algon.ia.us or by mail to City of Algona, 112 W Call Street, Algona, IA 50511. Contact Community Development Director Jacob Tjaden (295-2411, jtjaden@ci.algon.ia.us) for additional information.

1. Emergency/Disaster Event: _____

APPLICANT INFORMATION

2. Business Name: _____

Address: _____

Contact Name: _____ Title: _____

Phone: _____ Email: _____

Business Structure:

- Cooperative C-Corporation S-Corporation Not-for-Profit
- Partnership Sole Proprietorship Limited Liability Corporation

When was your business established? _____

ESTIMATED ADVERSE ECONOMIC IMPACT

3. When did the negative impact begin and when is the estimated end date?

From: _____ To: _____

4. What were your revenues during the impact period? _____

5. What were your revenues during that same period of the prior year? _____
(If you have been in business less than one year, provide monthly revenues since you have opened.)

6. Please provide a brief explanation of the adverse economic impact the emergency/disaster event has had on your business:

7. How many people did you employ prior to the disaster/emergency? _____ How many after? _____

ESTIMATED PHYSICAL DAMAGE TO BUSINESS PROPERTY

If your business suffered property damage, answer the following questions.

8. Estimated Loss: \$ _____ Real Property (e.g. building, if owned)
 \$ _____ Inventory
 \$ _____ Machinery & equipment, furniture & fixtures
 \$ _____ Other (please specify)
 \$ _____ TOTAL
9. Insurance coverage or assistance expected or received for property damage: _____

OTHER FINANCING

10. Financial Institution (Bank): _____
 Contact: _____ Phone: _____ Email: _____

11. Please list existing business loans and debts:

Financial Institution	Principal \$	Monthly Payment	For/Notes

12. Have you applied for any loans or grants through the Small Business Administration, Iowa Economic Development Authority, or other government programs for emergency or disaster assistance? If so, please provide the following information for each loan:

Loan Program/ Entity	Loan \$	Interest Rate	Term (yrs.)	Status

EMERGENCY RLF LOAN REQUEST

13. Loan Amount: \$ _____ Term (yrs.): _____ Interest Rate: _____%
Up to \$10,000 Up to 4 years
The RLF Committee may consider loans of greater or lesser amounts based on economic impact and availability of program funds

14. List and provide a brief explanation of what the loan funds will be used for:

Expense	Use
\$ _____	For: _____
\$ _____	For: _____
\$ _____	For: _____
\$ _____	For: _____

ATTACHMENTS

15. Please attach the following documents to your application:

- Balance Sheets for past two fiscal years
- Profit & Loss Statements for past two fiscal years
(if you have been in business for less than two years, provide actuals and projected P&L)

APPLICANT CERTIFICATIONS

The undersigned certifies that he/she is an Officer of the applicant business applying for financing assistance from the Retail Revolving Loan Fund, that he/she is familiar with the records of the borrowers and contents of this application, and that he/she is authorized to submit and sign this application. All information contained in this application, including all attachments, is to the best knowledge of the undersigned, true and accurate and presents fairly the condition of the applicant. The undersigned understands that all information submitted to the City of Algona relating to this application may be considered public information and that its confidentiality is not guaranteed.

The undersigned hereby give permission to the City of Algona and it's subsidiaries to research the company's history, make credit checks, contact the company's financial institution, and perform other related activities necessary for the evaluation of this application.

Applicant Name & Title (typed)

Signature

Date