

FORGIVABLE LOAN PROGRAM



Applicant Information

Amount Requesting:

Name:

Date of birth:

SSN:

Credit Score:

Phone:

Cell:

Email:

Current home address:

City:

State:

ZIP Code:

Business Information

Business Name:

DBA:

Business description:

Owner:

Title:

How long in Business?

Phone:

E-mail:

Fax:

Physical Street Address:

City:

State, Zip Code:

County:

Mailing Address (if different):

City:

State, Zip Code:

Tax Id No.:

Business Classification:

MFG: _____

Professional: _____

Retail: _____

Industrial: _____

Restaurant: _____

Other: _____

No. of Employees Prior to Ike:

Full time _____ Part time _____ Seasonal _____

No. of Employees Post Ike:

Full time _____ Part time _____ Seasonal _____

Was your business covered by any of the following forms of insurance?

Property and Casualty: _____ Flood: _____ Partially Self Insured: _____

Business Interruption: _____ Deductible Amount: \$ _____

What is the estimate of your business losses?

assessment: \$ _____ Insurance Adjuster: \$ _____

Self-

Have you applied for and received any other disaster relief? If so, what type and amount received?

_____ \$ _____ _____ \$ _____

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How will these funds be used to support your business?

Marketing _____ Inventory _____ Accounts Payable _____
Expansion _____ Repairs _____ Payroll _____
Site Improvement _____ Equipment _____ Other (Explain) _____

Number of jobs retained if funds are awarded?

Full time: _____ Part Time _____ Seasonal _____

Number of jobs created if funds are awarded?

Full time: _____ Part Time _____ Seasonal _____

How many employees created or retained are LMI? _____

***Low to Moderate Income (LMI) is initially determined by the annual median household income not exceeding \$43,440.*

Additional Contact Information

Name of a relative not residing with you:

Address:

Phone:

City:

State:

ZIP Code:

Relationship:

I, the undersigned applicant, state and affirm that all of the above statements and information are true and correct. I hereby grant permission and authorize SB Alliance Capital and/or its affiliates the right to use my name and the information provided in this application, in any manner it deems appropriate, for marketing and the promotion of its Ike Disaster Forgivable Loan Program. However, it is understood that SB Alliance Capital will not release Applicant's social security number, tax identification number, date of birth, or credit score.

Signature of Applicant:

Date:

APPLICATION DEADLINE: January 8, 2010

State of Texas

County of _____

On this, the _____ day of _____, 20____, before me a notary public, the undersigned officer, personally appeared _____, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument, and acknowledged that he executed the same for the purposes therein contained.

In witness hereof, I hereunto set my hand and official seal.

Notary Public

My Commission Expires: _____, 20__

