



**Federal Cares Act  
Community Development Block Grant  
COVID-19 Business Assistance Loan Program**

**Required Application Submittals and Eligibility Certifications**

By checking each box below, the undersigned hereby certifies that the statement is true and/or that the required submittals are provided in conjunction with the Oak Park grant application.

- I confirm that my business is located within the Village of Oak Park and the business maintains all proper business licenses and permits for operation.
- I certify that my revenue has declined by 30% or more as a result of COVID-19 since March 15, 2020. Please attach a balance sheet, profit loss statement or other financial documentation that demonstrates the required decline in revenue, comparing the same period of time from 2019 to 2020.
- I certify that the average annual gross receipts of the business are less than \$2,000,000.
- I have attached a copy of the most recent personal tax returns for all owners of the business with 20% or more ownership interest.
- I have attached a completed IRS W-9 Form and DUNS number. Do not submit without both numbers identified in the application.
- I have provided additional written documentation to help verify the economic hardship my business has suffered as a result of COVID-19, including financial statements, and other data, as applicable.
- I agree to document and report the economic impact to my business as a result of this loan, including but not limited to, jobs retained, job hired, increased sales, participation in other relief programs.
- I confirm that the business is current with all local, state, and federal taxes.
- I certify that the business has complied with its bylaws or other governing documents to obtain approval for the undersigned to submit this application and execute a loan agreement on behalf of the applicant.

I certify that the above information, to the best of my knowledge, is accurate and true. I understand that the VILLAGE will rely on the accuracy of the submittals and certifications made in conjunction with this application. Any misrepresentation or inaccurate information may be treated as a default concerning any loan made.

\_\_\_\_\_  
Name of Business

\_\_\_\_\_  
Authorized Business Owners Name (Please Print)

\_\_\_\_\_  
Authorized Business Owner (Please Sign)

\_\_\_\_\_  
Title of Authorized Business Owner

\_\_\_\_\_  
Date



**Federal Cares Act  
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Application

Owners First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Street

City

State

Zip Code

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Street

City

State

Zip Code

Phone Number(s): \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

EIN # \_\_\_\_\_ DUNS# \_\_\_\_\_

**Business Organization Type:**     Sole Proprietor                       Limited Liability Company  
    Corporation                                       Partnership

**Ownership/Management:**  
Company Name                                      % Interest Owned                                      Title

\_\_\_\_\_  
\_\_\_\_\_

**Please provide a brief narrative of the impact COVID-19 has had on your business (Feel Free to attach additional narrative).**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Please continue to next page.*

Years in Business: \_\_\_\_\_ Years at Present Address: \_\_\_\_\_  
Lease Expiration Date: \_\_\_\_\_ Monthly Rent: \_\_\_\_\_  
Type of Business: \_\_\_\_\_  
Average Gross Annual Receipts: \$ \_\_\_\_\_  
Please indicate the square footage of the occupied space: \_\_\_\_\_  
Amount of Personal Funds Invested in the Business to Date: \$ \_\_\_\_\_  
**Loan Amount Requested (Up to \$10,000 request allowed):** \$ \_\_\_\_\_  
Number of Employees Before COVID-19 (March 15, 2020)     Full-Time: \_\_\_\_\_  
   Part-Time: \_\_\_\_\_  
Jobs Expected to be Retained/Hired as a Result of this Loan     Full-Time: \_\_\_\_\_  
   Part-Time: \_\_\_\_\_

**Use of Funds: Please describe how the COVID-19 Emergency Loan will be used to help your small business retain/hire employees and keep your business operating during this challenging time?**

Use: \_\_\_\_\_ \$: \_\_\_\_\_  
Use: \_\_\_\_\_ \$: \_\_\_\_\_  
Use: \_\_\_\_\_ \$: \_\_\_\_\_  
Use: \_\_\_\_\_ \$: \_\_\_\_\_  
Use: \_\_\_\_\_ \$: \_\_\_\_\_  
**Total \$: \_\_\_\_\_**

**Have you applied for and received, or do you plan on applying for any other COVID-19 financial assistance programs (SBA Disaster Loan, Payroll Protection Loan, etc.)? If so, please list fund programs applied for and amounts and whether or not you received the funds:**

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*Please continue to next page.*

While we understand that there is uncertainty, the Village of Oak Park hopes that businesses receiving a loan will successfully persevere through the COVID-19 State of Emergency. Please describe your business plans and ability to persevere through this difficult time, to the best of your ability.

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Please describe the economic and/or community benefits your business creates for the Village of Oak Park.

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## **Application Submission Instructions**

Participation in the Oak Park Business Assistance Loan Program requires the completion of an application form. All applications must be complete with all signed and dated financial and low/moderate income documents, as required.

Information about the loan program, along with a copy of the application form, can be found on the Village website [www.oak-park.us/covid19businessloan](http://www.oak-park.us/covid19businessloan).

Completed loan program applications can be submitted electronically to [Business@oak-park.us](mailto:Business@oak-park.us). Loan applications for businesses with 30 or fewer employees will be accepted and considered by the Village, on a first-come first-served basis.

### **Questions**

Please contact Jeff Prior, Village of Oak Park Development Customer Services Department, with any loan program questions or comments, at 708-358-5412 or by email at [jprior@oak-park.us](mailto:jprior@oak-park.us).

### **Disclaimer**

This loan program and any specific loans are contingent upon the availability of funds. If at any time this funding source is depleted, this loan program and any commitments to fund specific loans may become null and void.

The Village of Oak Park does not discriminate in its programs and activities on the basis of age, color, gender expression/identity, genetic information, marital status, national origin, physical or mental disability, pregnancy, race, religion, sex, sexual orientation, or veteran status, as applicable.

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# Community Development Block Grant Program (CDBG) Village of Oak Park Business Assistance Loan Program

## Income Verification Form - For Job Retention

Date: \_\_\_\_\_ Business: \_\_\_\_\_

Your employer has received assistance through the Village of Oak Park to maintain/retain the business and associated job(s), including your job. We are asking your cooperation in completing this form for record keeping purposes to verify both the job retention and income benefits being provided through the Village of Oak Park.

As soon as you have completed the information listed below, you may submit this form directly to your employer or return it to the Village of Oak Park, Neighborhood Services Division, 123 Madison St, Oak Park IL 60302 or scan and submit it to [Business@oak-park.us](mailto:Business@oak-park.us) Thank you for your cooperation.

Full Name (print please):			
Address:			
Telephone			
Job Title:			<input type="checkbox"/> full-time <input type="checkbox"/> part-time
Are you a resident of the Village of Oak Park? <input type="checkbox"/> Yes <input type="checkbox"/> No	Please select the <u>number</u> of people in your household, including yourself: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8		

Was your total household income during the last 12 months higher or lower than the amount indicated below?  
The dollar amount represents annual household income.     Higher     Lower

1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
\$51,000	\$58,250	\$65,550	\$72,800	\$78,650	\$84,450	\$90,300	\$96,100

Describe any employer paid benefits you receive as an employee: \_\_\_\_\_

Please identify the appropriate race category and Hispanic ethnicity if applicable (optional):			
<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Black/African American		
<input type="checkbox"/> American Indian/Alaskan Native & Black/African American	<input type="checkbox"/> Black/African American & White		
<input type="checkbox"/> American Indian/Alaskan Native & White	<input type="checkbox"/> Native Hawaiian/ Other Pacific Islander		
<input type="checkbox"/> Asian	<input type="checkbox"/> White		
<input type="checkbox"/> Asian & White	<input type="checkbox"/> Other Multi-Racial		
<b>Hispanic ethnicity if appropriate</b>	<input type="checkbox"/> Hispanic	<b>Female Head of Household</b>	<input type="checkbox"/> Yes
	<input type="checkbox"/> Not Hispanic		<input type="checkbox"/> No

I hereby certify that the information contained on this form is accurate and complete to the best of my knowledge, under penalty of law and verifiable by federal government representatives.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature