1

2024 VT FLOOD RELIEF LOAN PROGRAM BUSINESS INFORMATION



	Up to \$3,000 for qu	alified fl	ood impacted busir	nesses ii	າ Essex, Caledonia,	or Orlea	ans County.
Applicant -	Registered Business Name				State Incorporated or Registe	red	Month/Year Established
Business' P	Physical Address				City, State		Zip
Business' M	Mailing Address (if different)				City, State (if different)		Zip (if different)
Phone		Fax		Email		Website	
Primary Business Activity					ıx ID	Unique Entity ID	
	,						,,
	Verina da Tima		'ala Dramiatarahia		Dowt-novebin		
	Business Type any employees (including the o	Sole Proprietorship		☐ Partnership		□ LLC	
	me (30.5 hrs/wk or more)	Part tin	ne (less than 30.5 hrs/wk)				
	Is at least 51% of th	is business	s owned by a US Citizen o	r residents	of the United States		
			for permanent residence (
			Ownersh	nip Listing			
	First Name		Full Middle Name (Required)		Last Name		% Ownership
1							
2							
3							
4							
			Plea	ase attach lis	t if needed. Note: Total must	egual 100%	
Loan A	Amount Requested:	\$					

2	ATTACHMENTS & SIGNATURES			A program of the		CIC unity Loan Fund
The follow	wing supporting information is being sent to NC	IC with this app	olication:	, ,		•
Yes/No	Description			Comments		
	Most recent year business federal tax		I			T
	Most recent year personal federal tax	owner)				
	Business Debt Schedule (see separate	form)				
	Documentation/Narrative of Impact/D	Damage	pictures welcomed		1	
Loan de	cisions are normally made within 3 business	s davs after re	ceipt of a d	omplete application	n.	
	,,		SE NOTE!			
	funds are available for this program. Loans e until all funds are expended or September				basis. The p	rogram will remain
	rest rate for this program is fixed at 2.50% for	or the life of th	e Ioan.			
	e no administrative fees for this program.					
	is one month no payments followed by two					
Loan pay	yments must be made by Automated Clearin	ig House (ACH	I) transacti	on. (Automatic With	idrawal)	
					-	
Signate	<u>ures</u>			·	·	
The unde documen statemen	ersigned hereby certify that the enclosed applicants are valid, accurate and complete as of the state may result in the forfeiture of benefits. I/We and/or savings accounts, credit obligations and	tated date(s). T consent to have	hese stater NCIC obta	nents are made for thain any and all inform	ne purpose of lation regardin	obtaining a loan. False g my/our employment,
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