



COVID-19 Disaster Loan Assistance

Please be thorough while filling out this form to ensure a quick review of your application for COVID-19 Disaster Loan Assistance. Feel free to reach out to any member of the Commercial Lending Department with any questions regarding this form.

Primary Borrowing Entity: _____ EIN: _____

Primary Contact: _____ SSN: _____ Phone: _____

Email Address: _____ Phone2: _____

Acct #: _____ Balance: _____ Payment: _____ Collateral: _____

History and Nature of Business

Please describe the nature of your business and its primary products or services.

Please provide a short narrative history of your business.

Effects of COVID-19 Pandemic

Please describe how the COVID-19 pandemic has affected your business up to this point in time.

Please describe how you think the COVID-19 pandemic will most likely affect your business going forward.

Signature: _____ Date: _____

Signature: _____ Date: _____