



Please read and mark all of the items below to acknowledge each statement. Missing checks may cause a delay or loan declination.

Business Name: ____

 \Box I (we) certify that I (we) have the authority to apply for this loan on behalf of the business described herein.

CommunityWorks

Building People & Places

 \Box I (we) certify that the business has been negatively impacted by the COVID-19 emergency as described herein.

 \Box I (we) certify that the business has not received funds from the Paycheck Protection Program (PPP) or Economic Injury Disaster Loan (EIDL); as provided under the CARES Act.

 \Box I (we) certify that the loan funds will be used for authorized business expenses only and not for household, personal, or consumer use.

 \Box I (we) certify that my (our) business is licensed to do business in the City of Rock Hill. License number ______.

 \Box I (we) certify that the number of employees I (we) have is _____ as of the date of this application.

 \Box I (we) have resumed or expect to resume normal business operations after the emergency guidelines are lifted.

 \Box I (we) shall cooperate with the City of Rock Hill or appropriate officials for auditing purposes.

 \Box I (we) certify that the information contained in this application is true, complete, and correct to the best of my (our) knowledge.

Owner Name	Title	Signature	Date
Co-Owner Name	Title	Signature	Date