



AK SAFE Guaranty Borrower Information

Rev. : April 6, 2020

Date:		Lending Institution:	
Borrower:		NAICS or EIN Number:	
Borrower Contact:		Primary Phone Number:	
Address:			

Declarations:

<input type="checkbox"/>	I declare that my business has been directly affected by COVID-19.
<input type="checkbox"/>	Does the Borrower have a State of Alaska Business License?
<input type="checkbox"/>	If a 501(c)(3), a copy of IRS determination letter is attached.
<input type="checkbox"/>	Is the Business or any owner presently suspended, debarred, proposed for debarment, declared ineligible, voluntarily excluded from participation in any Federal loan program, or presently involved in any bankruptcy?
<input type="checkbox"/>	Is the Borrower a business enterprise operating in the State of Alaska whose majority interest is held by state residents?
<input type="checkbox"/>	If yes, attach a listing of all state residents (including other business enterprises) holding an interest in Borrower.
<input type="checkbox"/>	Funding from other sources received as a result of the COVID-19 economic emergency. Please explain:
<input type="checkbox"/>	

Business Type:

C-Corp
 S-Corp
 LLC
 General Partnership
 Ltd. Partnership
 Sole Proprietorship
 Individual

Business Activity & Description:

Employees & / or Jobs Retained / at Risk:

Description of Business Purposes for Funding from AK SAFE Guaranty:

Documentation Provided by Borrower:

<input type="checkbox"/>	Schedule of Liabilities.
<input type="checkbox"/>	Schedule of Borrower's Monthly Cash Position over the next 18 months.
<input type="checkbox"/>	Borrower has named AIDEA as additional insured on insurance policies and documentation provided.

Representation and Authorization:

I represent that:

<input type="checkbox"/>	I have read the AK SAFE Guaranty Program Operating Procedures and I understand them.
<input type="checkbox"/>	All loan proceeds will be used only for business related purposes as specified in the loan application and by the terms of the AK SAFE Guaranty Program.
<input type="checkbox"/>	The Applicant is not engaged in any activity that is illegal under state or local law.

Signature Line:

_____	_____	_____
Printed Name	Printed Name	Printed Name
_____	_____	_____
Title	Title	Title

PLEASE SUBMIT ANY ADDITIONAL NARRATIVE OR FINANCIAL INFORMATION YOU FEEL WILL HELP ESTABLISH YOUR ECONOMIC LOSS