



NMEDD COVID-19 Business Loan Guaranty Program
Loan Enrollment Form and Eligibility Questionnaire

Borrower Personal Information

Contact Name:

Contact Title:

Company Name:

E-mail

Company Address:

City:

State:

Zip Code:

County:

Phone Number:

Company Information

NAICS Code:

Fed. Tax ID#:

The company is:

Legal status of the Company:

For-Profit

Corporation

Non-Profit

LLC

General Partnership

Limited Partnership

Other

Revenues in last fiscal year:

Current Revenues:

Year business started:

Is the business a minority- or woman- owned business?

Yes

No

If yes, check categories which apply:

Asian-American

Hispanic

African-American

Native American

Woman

Other

Is the owner a veteran?

Yes

No

List the names of any affiliate or subsidiary companies of the borrower:

Potential Economic Impact Information

Current # of full-time employees:

Current # of part-time employees:

Average hourly wage for full-time employees:

Average hourly wage for part-time employees:

Note: Full time is more than 2,000 hours per year; part-time is less than 2,000 hours per year; created or retained jobs must be within New Mexico

Loan and Lender Information

Bank Name:

Branch Location:

Lender Name:

Lender Phone Number:

Lender Email:

Loan Number:

Expected Initial Disbursement Date:

Loan Type:

Line of Credit

Term Loan

Other

Loan Amount:

Amount of Equity Contributed by Borrower:

Length of Loan or Line of Credit in months:

Length of Amortization in months:

Interest Rate:

Debt Coverage Ratio:

Project sources and uses

Please itemize the borrower's use of loan proceeds:

Dollar Amount:

Please describe the project:

Project proposed start date:

Describe the borrower's collateral:

Estimated Fair
Market Value (\$)

Lender's LTV
(%)

Lender Value
(\$)

Total collateral amount recognized by Lender (\$):

What is the gap in collateral? (\$)

What is the requested collateral amount from NMEDD?

For what amount of time is the guaranty needed? NMEDD's program is meant to be in place for up to 6 months.

Please explain why the lending institution is unable to make the loan without the NMEDD financial support:

Refinance Information

Will this loan or line of credit include a refinance of existing debt with the same financial institution?

Yes

No

Will this loan or line of credit include a refinance of existing debt with a different financial institution?

Yes

No

If yes, what is the amount of debt being refinanced?

Has the business been negatively affected by COVID-19?

Yes

No

Please explain how the business is negatively affected by COVID-19:

Supplemental Documents

Accompanying this application please provide the following supplemental documents on the project:

1. Lending institution's Credit Memo/Analysis
2. Business financial statements (PL, Cash Flow and Balance Sheet) for the past three years including an interim statement dated within 90 days of application **Personal tax-returns from the owner/s may be requested in lieu of financial statements for start-ups.*
3. Business plan
4. Financial projections for the project up to the next 3 years.
5. Please provide any additional material which would help prove the viability of the project to the CAP Review Board.

The signatures below affirm that the lender and borrower certify that the information in this Loan Enrollment Form and Eligibility Questionnaire is true and accurate to the best of their knowledge and belief.

Lender's Authorized Signature:

Date:

Printed Name and Title:

Borrower's Authorized Signature:

Date:

Printed Name and Title: