



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

Revenues in last fiscal year:

Current Revenues:

Year business started:

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 Type:

Line of Credit

Term Loan

Other

Loan Amount:

Amount of Equity Contributed by Borrower:

Length of Loan or Line of Credit in months:

Interest Rate:

Project sources and uses

Please itemize the borrower's use of loan proceeds:

Dollar Amount:

Total collateral amount recognized by Lender (\$):

What is the amount of guaranty requested ? (\$)

For what amount of time is the guaranty needed? NMEDD's program can be in place for up to 2 years, reviewed every 6 months.

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

Has the business been negatively affected by COVID-19?

Yes

No

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

Supplemental Documents

Lender is required to submit a reduced scope credit memo.

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: