

## COVID-19 Business Assistance HEDA Loan Guidelines

### Purpose

To provide financial assistance to Hibbing businesses that have been impacted by Governor Walz Executive orders.

### Loan amounts up to \$40,000 per business

**Area Served:** Existing businesses located in the City of Hibbing corporate limits that were open and operating in Hibbing prior to being closed by Governor Walz Executive Orders.

**Allowable Use of Funds:** Loan funds can be used for business expenses you have incurred since March 1, 2020 for building improvements made in preparation of sustaining business operations.

**Loan Requirements:** Business owner must:

- Complete a loan application.
- Provide a copy of your most recent business tax return.
- Business must be current on all financial obligations to the City within the last 12 months (this includes City utility bills, property taxes and any other obligations to the City).
- If the loan is approved, the business owner must:
  - Sign a loan/mortgage agreement
  - Sign a promissory note
  - Sign a personal Guarantee
- Interest rate will be 0% with a 5 year term
- No repayment on the loans will be due for the first six months followed by 60 months of principal payment.

**Minimum Loan:** \$5,000

**Maximum Loan:** \$40,000

**Application Process:** Applications accepted up to April 30, 2021, subject to availability of funds.

**COVID -19 Business Assistance HEDA Loan Application**

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Business e-mail: \_\_\_\_\_

Business Owners Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Type of Business: (Sole Proprietor, Corporation, LLC, Partnership) \_\_\_\_\_

What will you use the HEDA loan funds for? (Specify the use and cost) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What security or collateral will be backing your loan? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Loan Amount you are requesting from HEDA: \$ \_\_\_\_\_

I certify that all statements on this application are true and correct to the best of my knowledge. I understand that any intentional misstatements will be grounds for the disqualification of my grant application.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_