



**Operation Oswego County**  
*An Economic and Job Development Corporation  
 Serving Oswego County, NY*

## COVID-19 Emergency Relief Program Loan Application

In light of the devastating impact being felt by small businesses throughout Oswego County due to the Coronavirus/COVID-19 outbreak, Operation Oswego County, Inc. (OOC), with funding from the County of Oswego Industrial Development Agency (COIDA), and support from the County of Oswego Department of Community Development, Tourism, and Planning, is uniquely equipped to provide emergency loans to directly assist small businesses with temporary financing during the pandemic. Please complete the application below for consideration of this emergency relief program.

Loan Amount Applying for: \$ \_\_\_\_\_ to be repaid 180 days after issuance (Maximum \$10,000).

The purpose of the loan is for: check all that apply [ ] prevent staff reductions; [ ] allow business operations to continue, if possible; [ ] offset losses related to the Coronavirus/COVID-19; [ ] help companies sponsor sick pay for workers, [ ] other: \_\_\_\_\_

Name of Business: \_\_\_\_\_ Business Location: \_\_\_\_\_

**Information About You**

**Full Name** \_\_\_\_\_ **DOB** \_\_\_\_\_ **Social Security No.** \_\_\_\_\_ **Driver's License No.** \_\_\_\_\_

**Home Address** \_\_\_\_\_ **Business Address** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_ **Tele. No.:** \_\_\_\_\_

**Cell No.:** \_\_\_\_\_

**Information About Your Business**

EIN: \_\_\_\_\_ Essential \_\_\_\_\_ / Non-Essential \_\_\_\_\_ (see <https://esd.ny.gov/guidance-executive-order-2026>)

In business since: \_\_\_\_\_ Employees on March 1: \_\_\_\_\_; Currently: \_\_\_\_\_; Projected in 30 days: \_\_\_\_\_

Describe your business: \_\_\_\_\_

Reason for employees being laid off? \_\_\_\_\_

How will you use the money should this loan be approved? \_\_\_\_\_

Are you able to pay back the loan in approximately 180 days or will you likely seek a loan modification? \_\_\_\_\_

Please describe the effect of the COVID-19 emergency on your business, including loss of sales, income and/or cash flow in the last 60 days, or anticipated in the next 60 days? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List of all individuals owning 20% or more of the business:

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

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

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

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

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

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

**Bank Information**

Name of Bank: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Bank Contact Person: \_\_\_\_\_

Phone No.: \_\_\_\_\_

If you are granted a loan the funds will be wired into your designated business account. Please provide wiring instruction:

Bank Routing No.: \_\_\_\_\_

Business Account No.: \_\_\_\_\_

**Applicant Certification**

I understand that the information provided on this form will be used by the OOC Loan Committee to evaluate providing a commercial loan to assist my business during the COVID-19 crisis. By signing this application, I further authorize the Committee to review the credit of my business and all personal guarantors. I represent that all information provided herein is truthful and accurate and of my own knowledge. I have authority to apply for this loan on behalf of the business and all information provided and obtained by the Loan Committee will be considered when evaluating this application. I further understand the Loan Committee will review loan requests and financial information on a priority basis, in the order that applications are received and deemed complete and that applying for this loan is not a guarantee that a loan will be awarded. I further understand the Loan Committee is dedicated to processing this application timely and deciding within 72 hours after the application and required documentation is deemed complete. Finally, if awarded funding, I agree to sign all required documents, and further authorize OOC to contact my bank to arrange for the direct deposit of loan funds into my business account.

\_\_\_\_\_  
SIGNATURE OF OWNER

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF OWNER

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

**Submit Completed Application to [oooc@oswegocounty.org](mailto:oooc@oswegocounty.org)**

***OOC Loan Committee Use Only***

Application Received: \_\_\_\_\_

Application Deemed Complete: \_\_\_\_\_

Reviewed by Loan Committee: \_\_\_\_\_

Approved: \_\_\_\_\_

Denied: \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

Loan Amount Approved: \_\_\_\_\_

Committee Member Initials: \_\_\_\_\_

Date: \_\_\_\_\_