





**Trumbull County Planning Commission**  
**185 E. Market Street, Suite A**  
**Warren, OH 44481**  
**(330) 675-2480**  
<http://planning.co.trumbull.oh.us>

**Business Assistance**  
**COVID-19 Emergency**  
**Loan Program**

**Enterprise and Employment**

_____	_____	____/____/____
(Years in Business)	(Years at Present Address)	(Lease Expiration Date)
_____		
(Type of Business)		
\$ _____	_____	
(Average Gross Annual Receipts)	(Square Footage of the occupied space)	
\$ _____	\$ _____	
(Amount of Personal funds invested in business to date)	(Loan amount requested)	
<b>Number of Employees Before Covid-19:</b>	_____	_____
	(Full-Time Equivalent)	(Part-Time Equivalent)
<b>Jobs Expected to be Retained/Hired as a Result of this Loan:</b>	_____	_____
	(Full-Time Equivalent)	(Part-Time Equivalent)

**Additional Information**

Have you applied or do you plan on applying for any other COVID-19 financial assistance programs (SBA Disaster Loan, Payroll Protection Loan, etc.)? If so, list:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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**Use of Funds**

Please describe how the COVID-19 Emergency Loan will be used to help your small business retain/hire employees and your business operating during this challenging time?

<b>USE:</b> _____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
	<b>Total</b> \$ _____

**Submission Instructions**

Due to the COVID-19 State of Emergency, completed application forms and all attachments should be scanned and emailed to [PCCoggin@co.trumbull.oh.us](mailto:PCCoggin@co.trumbull.oh.us) or can be mailed or dropped off to :

Trumbull County Planning Commission  
 ATTN: Nicholas Coggins  
 185 E. Market Street, Suite A  
 Warren, Ohio 44481

If you have questions about the application requirements or have any issues with submitting any of the required documents, please email [PCCoggin@co.trumbull.oh.us](mailto:PCCoggin@co.trumbull.oh.us).

Trumbull county does not discriminate in its programs and activities on the basis of age, color, gender expression/identity, genetic information, marital status, national origin, physical or mental disability, pregnancy, race, religion, sex, sexual orientation, or veteran status, as applicable.



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### Checklist of Required Applicant Attachments and Eligibility Certifications

By checking each box below, the undersigned hereby certifies that the statement is true and/or that the required attachments are provided in conjunction with the application. **BOLD items must be attached to the application prior to it being submitted.** No incomplete application shall be processed.

- I confirm that my business is located within Trumbull County outside the cities of Warren and Niles and the business maintains all proper licenses and permits for operation.
- I certify that the business revenue has declined by 30% or more as a result of COVID-19 since March 15, 2020. **Attach balance sheet, profit loss statement or other financial documentation that demonstrates the required decline in revenue.**
- I certify that the average annual gross receipts of the business is less than \$2,000,000.
- I have attached a copy of the most recent personal tax returns for owners with 20% or more ownership interest. **Attach personal taxes of all owners and/or any business returns.**
- I have attached a completed IRS W-9 Form, EIN and DUNS number (each of these are required, **attach w-9 available at <https://www.irs.gov/pub/irs-pdf/fw9.pdf>**).
- I have provided documentation to help verify the economic hardship suffered as a result of COVID-19, including financial statements, and other data as applicable (**attach documentation**).
- I agree to document and report the economic impact to the business as a result of this loan including but not limited to, jobs retained, job hired, increased sales, participation in other relief programs. Reports will be due at 45 days and 3 months. Reports must be received and at least 1 full-time low-income employee being retained or rehired must be documented by the business and the employee in order to apply for loan forgiveness. I agree to comply with all requested reporting.
- I confirm that the business is current with all local, state, and federal taxes.
- I certify that the business has complied with its by-laws or other governing documents to obtain approval for the undersigned to submit this application and execute a loan agreement on behalf of the applicant.
- I certify that the planned uses of these funds will not create a duplication of benefits or I may be asked to repay the loan.
- I certify that I will use these funds to replace revenue lost due to COVID-19 pandemic and will use it for the purposes stated here. **I have attached documentation to justify the expenses I plan to use the funds for.**

*I certify that the above information, to the best of my knowledge is accurate and true. I understand that the City of Kettering will rely on the accuracy of the submitted information and certifications made in conjunction with*



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*this application. Any misrepresentation or inaccurate information may be treated as a default concerning any loan made.*

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
**Business Name** **Date**

\_\_\_\_\_ **Title** **Authorized Representative (Print)**

\_\_\_\_\_  
**Signature**