

## DeKalb County Better Business Loan Program Borrower Certifications

As part of your application, the authorized representative of the Applicant must certify in good faith to all of the below by initialing next to each one and signing at the bottom:

- \_\_\_\_\_ Current economic uncertainty directly related to COVID-19 makes the Loan necessary to support their ongoing operations.
  
- \_\_\_\_\_ The funds will be used to retain workers and maintain payroll or to make mortgage interest, other business related debt interests, business lease payments, and/or business utility payments.
  
- \_\_\_\_\_ Borrower understands and agrees that they will not apply for another Loan under this program and will not receive another Loan under this program. Any amounts received under duplicative Loan applications shall be returned.
  
- \_\_\_\_\_ Borrower will provide to Bank documentation that verifies the number of full-time equivalent employees on payroll and the dollar amounts of payroll costs, covered mortgage and other business interest payments, covered rent payments, and covered utilities for the three months after getting this Loan.
  
- \_\_\_\_\_ All the information provided in the application and in all supporting documents and forms are true and accurate. Knowingly making a false statement to get a Loan under this program is punishable by law.
  
- \_\_\_\_\_ Borrower acknowledges that Bank will calculate the eligible Loan amount using the required documents they submitted. They affirm that the documents are accurate and that tax documents are identical to those they submitted to the IRS. And they also understand, acknowledge, and agree that Bank can share the required information with DeKalb County's authorized representatives for the purpose of compliance with Loan program requirements and all reviews and audits.
  
- \_\_\_\_\_ Borrower certifies that they will attend any required technical assistance courses as instructed by the County and acknowledges that compliance will be necessary for full Loan forgiveness

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

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