**Shared Capital Cooperative**

**Emergency Loan Application**

**for Cooperatives**

**General Information**

Legal business name: email:

Doing business as (if applicable):

Physical address: Phone #:

Phone #:

City/State/Zip: County:

Mailing address (if different):

City/State/Zip: County:

Cooperative Structure (type of cooperative):

Consumer Worker Producer Housing Other (describe below)

Legal Structure:

Cooperative Nonprofit Partnership LLC Other (describe below)

Federal Tax ID number: State Tax ID number: State:

Current Shared Capital member: Yes No

If not, how did you hear about us? 🞎 Co-op 🞎 Website 🞎 Social media 🞎 Print ad 🞎 Bank 🞎 Other:

Primary co-op contact: email:

Title: Telephone:

Preferred pronoun, if you wish to specify (i.e., she/her/hers, he/him/his, they/their/theirs):

**The following materials should accompany this application.** (Check off each item you have included):

🞎 Application Fee (Waived).

🞎 Copy of Articles and Bylaws (if you don’t currently have a loan from Shared Capital).

🞎 Financial statements for the last completed fiscal year.

🞎 The most recent interim statements compared to budget (not more than 90 days old).

**Emergency Loan for Cooperatives**

Please provide the following information for review:

1. Describe the impact the COVID-19 crisis has had on your cooperative and any steps you’ve taken. Note if business is closed and when it closed.
2. How much is needed and how will it be used?
3. When do you need funds?

We have made this loan application for the purpose of obtaining loan funds from Shared Capital Cooperative. We are committed to cooperative principles and operate our activities, to the best or our abilities, in accordance with all applicable laws and regulations. We further authorize Shared Capital to conduct a credit analysis and credit review, including credit verifications, to determine the ability of Shared Capital to respond favorably to this Loan Application. To the best of my belief and knowledge this application and all attachments are accurate and complete.

Authorized signature Date

Print name

Its

Cooperative Name

*Shared Capital Cooperative is an Equal Opportunity Provider*

Shared Capital Cooperative

Attn: Commercial Loan Officer

2388 University Avenue W, Ste 300

St. Paul, MN 55114