

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 of 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