

# CITY OF OXNARD GRANT AND LOAN FUND APPLICATION





## CITY OF OXNARD GRANT AND LOAN FUND

Has your small business experienced economic injury due to the impact of COVID-19? The City of Oxnard and the Economic Development Collaborative have partnered to provide grant and loan funding to small businesses that have been financially impacted by the pandemic. All services will be available in both English and Spanish.

### FUNDING MAY BE USED FOR

- Equipment purchases
- Inventory purchases
- Leasehold improvements
- Working capital

### APPLY TODAY!

Individuals interested should contact the EDC Loan Program at [loans@edcollaborative.com](mailto:loans@edcollaborative.com) or call 805.409.9497.

*Note: The grant opportunity for the City of Oxnard Grant and Loan Fund is limited to 30 small businesses. Grants will only be awarded when companioned by a loan. Loan opportunity may be available without grant funding.*

With a priority to support disadvantaged business owners in low-income neighborhoods, the City of Oxnard and the EDC provide a unique combination of grant and loan funding with no-cost individualized consulting to help businesses maintain, grow and benefit during this time of uncertainty.

### TERMS AND ELIGIBILITY

- Loans up to \$25,000, plus a \$5,000 grant
- 48-month term at a 4.25% interest rate
- No loan-origination fees
- 2 years of business tax returns, current year to date financials and projections
- 2 years of personal tax returns, personal financial statement, and debt schedule
- For-profit small business located within the City of Oxnard in operation on or before January 2019
- Prioritizing businesses with revenues under \$500,000
- Borrower must be able to demonstrate financial impact from COVID-19
- Collateral for loans such as available business assets including machinery, equipment, accounts receivable, inventory, and real property and/or personal real estate of guarantor
- Proof of job creation or retention within 12 months of funding
- 10 hours of technical assistance with an SBDC Advisor
- Funds are only available for businesses operating in commercial spaces
- Minimum credit score of 625





ECONOMIC  
DEVELOPMENT  
COLLABORATIVE

## CITY OF OXNARD GRANT AND LOAN FUND APPLICATION

THE FOLLOWING INFORMATION (WHERE APPROPRIATE)  
MUST BE SUBMITTED TO APPLY FOR A BUSINESS LOAN.

### ITEMS NEEDED FOR LOAN APPLICATION:

- ☐ Business Loan Application (Completed, Signed, Dated)
- ☐ 2 Years Business Tax Returns
- ☐ 2 Years Personal Tax Returns
- ☐ Year to Date Business Financial Statements (2021)
- ☐ Projections (to be completed with an SBDC Advisor)
- ☐ Provide Evidence of Applicant's Liability Insurance
- ☐ CDBG Employee/Employer Certification Form (To be completed by employer and employees)
- ☐ Copy of Lease Agreement or Note
- ☐ Debt Schedule
- ☐ Fictitious Name Statement (If applicable)
- ☐ Partnership Agreement (If partnership)
- ☐ Articles of Incorporation (If corporation)
- ☐ LLC Operating Agreement
- ☐ Landlord Waiver
- ☐ Copy of Active Business License
- ☐ Photo ID
- ☐ Data Universal Numbering System (D-U-N-S) Number and SAM.gov Registration  
(for more information contact the EDC Loan Program)

\*Note other documents may be requested

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**Completed application and supporting documents should be  
emailed to:**

Loans@edcollaborative.com

Or

**mailed to:**

Economic Development Collaborative - Ventura County  
4001 Mission Oaks Blvd Suite A-1  
Camarillo, CA 93012



## CITY OF OXNARD GRANT AND LOAN FUND APPLICATION

Amount Requested: \_\_\_\_\_ Primary Source of Repayment: \_\_\_\_\_

Number of employees at time of application: \_\_\_\_\_ Number of employees if approved: \_\_\_\_\_

### Business Information

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

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

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

Business Phone Number: \_\_\_\_\_ Year Business Established: \_\_\_\_\_

Business Website: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

NAICS Code: \_\_\_\_\_ Tax ID Number: \_\_\_\_\_

What is the legal structure of business?

- ☐ Sole Proprietor      ☐ General Partnership      ☐ Limited Liability Corporation  
☐ Limited Partnership      ☐ Corporation      ☐ Sub S Corporation

### Ownership (A personal financial statement is required for all owners above 20%)

Name	Title	% Ownership

### Financial Relationships

Accountant: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Bank	Account Number	Account Type
		<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Loan
		<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Loan
		<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Loan



## CITY OF OXNARD GRANT AND LOAN FUND APPLICATION CONT.

Do you have a lease for the property your business now occupies? ☐ Yes ☐ No

Monthly Rent: \_\_\_\_\_

Years Remaining on Lease: \_\_\_\_\_ Renewal Option? ☐ Yes ☐ No

Do you Pay Taxes, Maintenance, Repair or Insurance in addition to your monthly payment?

☐ Yes ☐ No

Approximate Monthly Amount: \$ \_\_\_\_\_

### **Miscellaneous** (Please provide details on a separate sheet of paper if you answer YES to any question)

Have you and/or your business ever filed bankruptcy? ☐ Yes ☐ No

Is the business an endorser or guarantor for obligations not listed on financials? ☐ Yes ☐ No

Does the business owe any prior year taxes? ☐ Yes ☐ No

Are any assets pledged or mortgaged other than those stated on the financials? ☐ Yes ☐ No

Is the business a party to any claim or lawsuit? ☐ Yes ☐ No

Have you and/or your business ever defaulted on a loan? ☐ Yes ☐ No

### **By signing below, you represent and warrant the following:**

Economic Development Collaborative Ventura County (EDC-VC) may rely on all of the information provided by you on this and other documents signed by you as being complete, true and correct. You are aware that submitting false information may be punishable under Section 1014 of Title 18 of the United States Code, Section 1572 of the California Civil Code and Section 779 of the California Financial Code.

The foregoing information shall be your continuing representation until and unless you advise Economic Development Collaborative Ventura County (EDC-VC) of material changes, and you will immediately advise Economic Development Collaborative Ventura County (EDC-VC) of any material adverse changes in your business or financial condition.

Economic Development Collaborative Ventura County (EDC-VC) shall have the continuing right to verify any of the foregoing information, including the right to inquire about both the business' and individual's credit ratings and credit condition.

\_\_\_\_\_  
Company Name

Date\_\_\_\_\_

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Authorized Signature/Title

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Authorized Signature/Title



## CITY OF OXNARD BUSINESS ASSISTANCE FUND SOLICITATION PLAN

**Business Name:** \_\_\_\_\_

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

**Financing Requirements** - Be specific on the purpose of loan and how funds will be used. Example:  
To purchase inventory, purchase equipment, pay three months of rent, liquidate the following debts:  
Lender - Current Balance - Interest - Maturity date

**Business Background** - Brief explanation of the history of the business

**Key Management Profile** - Describe industry related and business ownership experience of the owner,  
or include personal resume

**Operating Information** - Brief description of how business operates. Describe the services, how is merchandise  
to be acquired and from whom, who is responsible for the various activities, days and hours of operation, etc.



## CITY OF OXNARD BUSINESS ASSISTANCE FUND SOLICITATION PLAN CONT.

**Financial Analysis** - Provide an overview of the financial performance of your business in 2019 and 2020. Please document the impact COVID-19 has had on the business, and what does the road to recovery look like?

**COVID-19 Funding Received to Date** - Please use the following table to indicate if your business has received or will receive funding related to COVID-19. In compliance with CARES ACT, this table is to ensure non-duplication of benefits. Click here to learn more: [CDBG-CV Duplication of Benefits Quick Guide \(hudexchange.info\)](https://hudexchange.info/CDBG-CV-Duplication-of-Benefits-Quick-Guide)

Loans or Grants	Amount	Date Received	Have the funds been used? Purpose? Any loan or grant applications pending?
Paycheck Protection Program 1			
Paycheck Protection Program 2			
Economic Injury Disaster Loan			
California Small Business COVID-19 Relief Grant			
Ventura County Business Assistance Grant			
Other Grants			
Other Loans			
Pending Loans			
Pending Grants			
<b>Total</b>			



U.S. SMALL BUSINESS ADMINISTRATION

As of \_\_\_\_\_

Complete this form for: (1) each proprietor, or (2) each limited partner who owns 20% or more interest and each general partner, or (3) each stockholder owning 20% or more of voting stock and each corporate officer and director, or (4) any other person or entity providing a guaranty on the loan.

Name:	Business Phone
Residence Address:	Residence Phone

City, State, & Zip Code:

Business Name of Applicant/Borrower

ASSETS	(Omit Cents)	LIABILITIES	(Omit Cents)
Cash on hands & in Banks		Accounts Payable	
Savings Accounts		Notes Payable to Banks and Others (Describe in Section 2)	
IRA or Other Retirement Account		Installment Account (Auto)	
Accounts & Notes Receivable		Installment Account (Other)	
Life Insurance--Cash Value Only (Complete Section 8)		Loans on Life Insurance	
Stocks & Bonds (Describe in Section 3)		Mortgages on Real Estate (Describe in Section 4)	
Real Estate (Describe in Section 4)		Unpaid Taxes (Describe in Section 6)	
Automobile(s)--Present Value		Other Liabilities (Describe in Section 7)	
Other Personal Property (Describe in Section 5)		<b>TOTAL LIABILITIES</b>	
Other Assets (Describe in Section 5)			
<b>TOTAL ASSETS</b>		<b>NET WORTH</b>	
Section 1. Sources of Income		<b>CONTINGENT LIABILITIES</b>	
Salary		As Endorser or Co-Maker	
Net Investment Income		Legal Claims & Judgments	
Real Estate Income		Provision for Federal Income Tax	
Other Income (Describe Below)*		Other Special Debt	
Description of Other Income in Section 1.			

**\*Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income**

Section 2. Notes Payable to Bank and Others	(Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)					
	Name & Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed Type of Collateral



Section 3. Stocks and Bonds.					
Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

Section 4. Real Estate Owned.			
	Property A	Property B	Property C
Type of Property			
Name & Address of Title Holder			
Date Purchased			
Original Cost			
Present Market Value			
Name & Address of Mortgage Holder			
Mortgage Balance			
Amount of Payment per Month/Year			
Status of Mortgage			

Section 5. Other Personal Property and Other Assets.

Section 6. Unpaid Taxes.

Section 7. Other Liabilities.

Section 8. Life Insurance Held. (Face amount, cash surrender value, insurance company, and beneficiary)

I authorize SBA/Lender to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. I understand FALSE statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001).

Signature:	Date:	Social Security Number:
Signature:	Date:	Social Security Number:



## PERSONAL CREDIT AUTHORIZATION

The following information needs to be completed by each applicant (individual, corporation, partnership or other entity), and each entity holding a 20% or more interest in the company, in order to complete a personal credit investigation.

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

Social Security No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Occupation: \_\_\_\_\_

This personal credit investigation will include a "consumer credit report" consisting of a written, oral or other communication of any information by a credit reporting agency on a consumer's credit worthiness, credit standing, or credit capacity, which is used in whole or in part, for the purpose of serving as a factor in establishing eligibility for a benefit granted by a governmental instrumentality required by law to consider the applicant's financial responsibility or status. The consumer credit report will be used in connection with a transaction, which consists of an extension of credit to be used solely for a commercial purpose.

This personal credit investigation \_\_ will /\_\_ will not include an "investigative consumer report" in which information on a consumer's character, general reputation, personal characteristics, or mode of living is obtained through any means, for the purpose of serving as a factor in establishing eligibility for a benefit granted by a governmental instrumentality required by law to consider the applicant's financial responsibility or status. The name, address, and telephone number of the investigative consumer reporting agency that shall provide an investigative consumer report is as follows: (EDC-VC to identify name address and telephone number, if an investigative consumer report will be requested):

Please indicate whether you desire a copy of the investigative consumer report to be provided to you, if one is prepared.

☐ Yes, I desire a copy of an investigative consumer report.

☐ No, I do not desire a copy of an investigative consumer report.

Please note that every investigative consumer reporting agency shall, upon request and proper identification, allow a consumer to visually inspect all files maintained regarding the consumer at the time of the request, and may disclose the files in person, by certified mail or by telephone, as may be requested by the consumer. The investigative consumer reporting agency shall also provide a written explanation of any coded material contained in the files maintained on a consumer. (Civ. Code §§ 1786.10 & 1786.22.)

In addition, pursuant to 15 U.S.C. section 1681d, subdivision (b), please be advised that an additional disclosure consisting of a complete and accurate disclosure of the nature and scope of the investigation requested shall be mailed to you not later than five days after the date that a request for such disclosure from you is received, or the investigative consumer report was first requested, whichever is later.



## PERSONAL CREDIT AUTHORIZATION CONT.

I authorize the Economic Development Collaborative-Ventura County to contact consumer credit reporting agencies and creditors (including, but not limited to, Equifax, Experian, Transunion, and Dun & Bradstreet) with respect to the status of any past or outstanding indebtedness, or such other credit information that such agencies normally hold available for creditworthiness evaluation.

I also authorized the Economic Development Collaborative-Ventura County to contact the specific investigative consumer reporting agency identified in this Credit Authorization (if applicable and noted above) to obtain an investigative consumer report in which information on my character, general reputation, personal characteristics or mode of living is obtained.

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

Signed: \_\_\_\_\_

Title: \_\_\_\_\_

Note that in the event that the Economic Development Collaborative-Ventura County obtains authorization to obtain an investigative consumer report, and a request is made in the authorization to be provided a copy of the investigative consumer report, the Economic Development Collaborative-Ventura County must provide a copy of the investigative consumer report within 3 business days of the report being prepared.

In addition, an additional disclosure consisting of a complete and accurate disclosure of the nature and scope of the investigation requested shall be mailed to the RLF loan applicant not later than five days after the date that a request for such disclosure is received by the County, or the investigative consumer report was first requested, whichever is later.

### For Office Use Only

If applicable, please log the date that all these requirements were met, and include a copy of the transmittal letter for the investigative consumer report in the RLF loan file.

Investigative consumer report provided to EDC-VC on date: \_\_\_\_\_ :

Investigative consumer report provided to RLF loan applicant on date: \_\_\_\_\_ ;

Additional disclosures provided to RLF loan applicant on date: \_\_\_\_\_ ;

Signed: \_\_\_\_\_.



## BUSINESS DEBT SCHEDULE

Furnish the following information on all installment debts, contracts, notes and mortgages payable. Indicate by an asterisk ( \* ) items to be paid by loan proceeds and reasons for paying same (present balance should agree with Balance Sheet submitted). Do not include accounts payable or accrued liabilities.

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

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

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

Creditor's Name	Original Date	Original Amount	Current Balance	Interest Rate	Monthly Payment	Maturity Date	Collateral Security
		Current Balance (**)					

\* Same as Interim Financial Statement  
\*\* Total must agree with balance shown on Interim Financial Statement



## FINANCIAL STATEMENT CERTIFICATION

Any Financial statements hereby furnished to you for the purpose of procuring and establishing credit from time to time with you are to be regarded as a complete and truthful statement of the undersigned's financial condition on the date indicated.

The undersigned authorizes you to make whatever inquiries about the content of the attached financial statements, including contacting taxing authorities, creditors, and credit reporting agencies; and to provide credit information about the obligations of the undersigned to credit reporting agencies of the response to other inquiries.

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Sole Proprietor     | <input type="checkbox"/> General Partnership | <input type="checkbox"/> Limited Liability Corporation |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Corporation         | <input type="checkbox"/> Sub S Corporation             |

### Borrowers(s) Name:

I \_\_\_\_\_, the undersigned authorize **Economic Development Collaborative Ventura County** to obtain consumer credit information from the appointed credit reporting agency.

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

I \_\_\_\_\_, the undersigned authorize **Economic Development Collaborative Ventura County** to obtain consumer credit information from the appointed credit reporting agency.

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





## LANDLORD WAIVER AGREEMENT

The undersigned "Landlord" is the owner of the real estate located at \_\_\_\_\_, more particularly described in a Lease dated \_\_\_\_\_, between \_\_\_\_\_ ("Lessor") and \_\_\_\_\_ ("Lessee").

Whereas; \_\_\_\_\_ ("Debtor") is about to grant ECONOMIC DEVELOPMENT COLLABORATIVE-VENTURA COUNTY, ("Lender") a security interest in equipment and other personal property, now or subsequently acquired, which are now or in the future may be, located at the premises ("equipment"). The equipment includes, but is not limited to the following: ALL INVENTORY, ACCOUNTS, MACHINERY, EQUIPMENT, FURNITURE, FIXTURES AND GENERAL INTANGIBLES; WHETHER OWNED NOW OR ACQUIRED LATER; ALL ACCESSIONS, ADDITIONS, REPLACEMENTS, AND SUBSTITUTIONS; ALL RECORDS OF ANY KIND RELATING TO ANY OF THE FOREGOING; ALL PROCEEDS (INCLUDING INSURANCE, GENERAL INTANGIBLES AND OTHER ACCOUNTS PROCEEDS).

Landlord and Lender agree that:

1. The equipment which may now or hereafter be installed in the premises shall not be deemed a fixture but shall at all times be and remain personal property.
2. Any claim or interest Landlord has in the equipment, however arising, shall be second and subordinate to the rights of Lender's pursuant to its security agreement with Debtor.
3. Landlord will give Lender written notice of the termination of the lease, by either Landlord or Debtor, at 4001 Mission Oaks Blvd Suite A-1, Camarillo, CA 93012.
4. Lender shall have the right and license to enter upon and occupy the premises to assemble, have appraised, display, operate, maintain and repair, remove, prepare for sale, lease, transfer and/or sell the equipment, at public auction(s) or private sale(s).
5. Lender may enter upon the premises; (a) upon a default by Debtor under its agreements with Lender; or (b) within a reasonable time after Lender receives notice of the termination of the lease from Landlord, as described above.
6. Lender shall have the right and license to occupy the premises, for the purpose described in paragraph 4, for a period of up to Ninety (90) days, at Lender's discretion, following Landlord's placing Lender in possession of the premises. Lender shall pay Landlord, periodically, a daily license fee equivalent to One-Thirtieth (1/30th) of the minimum monthly rental provided for in the lease agreement between Landlord and Debtor. Lender will reimburse Landlord of the damage, if any, caused to the premises by the removal of the equipment.

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

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

Landlord Signature: \_\_\_\_\_

Title: \_\_\_\_\_

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

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

Lender Signature: \_\_\_\_\_

Title: \_\_\_\_\_

# INSTRUCTIONS TO ASSIST IN COMPLETING THE PERSONAL FINANCIAL STATEMENT

(SBA Form 413)

## DATE AND CONTACT INFORMATION

Be sure to include the date in the upper right corner of the first page and your contact information.

## ASSETS

All assets must be reported at their current fair market values as of the date of your statement. **Assessor's assessed value for real estate, for example, is not acceptable.** Assets held in a trust generally should be included.

**Cash on hand & in Banks:** Enter the total amount of cash on-hand and in bank accounts other than savings.

**Savings Accounts:** Enter the total amount in all savings accounts.

**IRA or other Retirement Account:** Enter the total present value of all IRAs and other retirement accounts, including any deferred compensation and pension plans.

**Accounts & Notes Receivable:** Enter the total value of all monies owed to you personally, if any. This should include shareholder loans to the applicant firm, if any.

**Life Insurance-Cash Surrender Value Only:** Enter the value of any life insurance policies. This amount should be cash surrender value only, not the amount a beneficiary would receive upon your death, also known as face value. A complete description is required in Section 8.

**Stocks and Bonds:** Enter the current market value of your stocks and bonds. A complete listing and description is required in Section 3.

**Real Estate:** Enter the current fair market value of all real estate owned. A complete listing and description of all real estate owned is required in Section 4. The amount must correspond with the total "Present Market Value" amounts listed in Section 4.

**Automobile-Present Value:** Enter the current fair market value of all automobiles owned.

**Other Personal Property:** Enter the current fair market value of all other personal property owned, but not included in the previous entries. A complete description of these assets is required in Section 5.

**Other Assets:** Enter the current fair market value of all other assets owned, but not included in the previous entries. A complete description of these assets is required in Section 5.

## LIABILITIES

**Accounts Payable:** Enter the total value of all unpaid accounts payable that is your responsibility.

**Notes Payable to Bank and Others:** Enter the total amount due on all notes payable to banks and others. This should not, however, include any mortgage balances. A complete description of all notes payable to banks and others is required in Section 2.

**Installment Account (Auto):** Enter amount of the present balance of the debt that you owe for auto installment account. Please be sure to indicate the total monthly payment in the space provided.

**Installment Account (Other):** Enter amount of the present balance of the debt that you owe for other installment account. Please be sure to indicate the total monthly payment in the space provided. For example, include the balances of all credit card debts in this line.

**Loans on Life Insurance:** Enter the total value of all loans due on life insurance policies.

**Mortgages on Real Estate:** Enter the total balance on all mortgages payable on real estate. A complete breakdown of all mortgages on real estate is required in Section 4. The amount must correspond with the total of the mortgage balances amounts listed in Section 4.

**Unpaid Taxes:** Enter the total amount of all taxes that are currently due, but are unpaid. Contingent tax liabilities or anticipated taxes for current year should not be included. A complete description is required in Section 6.

**Other Liabilities:** Enter the total value due on all other liabilities not classified in the previous entries. A complete description is required in Section 7.

**Net Worth:** To compute Net Worth, add all liabilities and put that figure in the Total Liabilities line. Then subtract Total Liabilities from Total Assets to get your Net Worth. To check your figures, add Total Liabilities and Net Worth and the sum must equal Total Assets. If your figures do not match, your form will be returned to you to correct and complete again.

## SECTION 1. SOURCE OF INCOME

**Salary:** Enter the amount of your total annual salary. This includes any salary from the applicant firm and if applicable, any salary from outside employment.

**Net Investment Income:** Enter the total amount of all investment income (i.e. dividends, interest, etc.).

**Real Estate Income:** Enter the total amount of all real estate income received from the sale, rental, lease, etc. of real estate held.

**Other Income:** Enter the total amount of all other income received (i.e. alimony, social security, pension, etc.). Please be sure to describe the source of the other income in the space provided below in this section.

**Contingent Liabilities:** Contingent liabilities are liabilities that belong to you only if an event(s) should occur. For example, if you have co-signed on a relative's loan, but you are not responsible for the debt until your relative defaults, that is a contingent liability. Contingent liabilities do not count toward your net worth until they become actual liabilities.

**As Endorser or Co-Maker:** Enter the total potential liabilities due as a result of being a co-signer for a loan or other commitments.

**Legal Claims and Judgments:** Enter the potential liabilities due as a result of legal claims from judgments, lawsuits, etc.

**Provisions for Federal Income Tax:** Enter the total amount of all federal taxes for which you are potentially liable due to an anticipated gain on the pending sale of an asset or other circumstances, such as pending disputes or litigation which could possibly result in a personal tax liability.

**Other Special Debt:** Enter the total amount due on all remaining potential debts not accounted for.

## SECTION 2. NOTES PAYABLE TO BANKS AND OTHERS

Enter the name and address of note holder(s), original balance, current balance, payment amount, frequency, and how secured for each note payable as entered in the "Liabilities" column. Do not include loans for your business or mortgages for your properties.

## SECTION 3. STOCKS AND BONDS

Enter the number of shares, names of securities, cost, fair market value, and the date of fair market value for all shares of stock and bonds held. You may attach recent copies of your stock account listings. Do not include stock in your business.

## SECTION 4. REAL ESTATE OWNED

Starting with your primary residence (be sure to identify it as your primary residence), enter the type of property, address, date of purchase, original cost, present fair market value, name and address of mortgage holder, mortgage account number, mortgage balance, amount of payment, and status of mortgage for all real estate held. Please ensure that this section contains all real estate owned, including rental properties, vacation properties, commercial properties, etc. Total "Present Market Value" amounts should correspond with the "Real Estate" amount listed in the "Assets" column. Additionally, total "Mortgage Balance" amounts should correspond with the "Mortgages on Real Estate" amount listed in the "Liabilities" column. Attach additional sheets if needed.

## SECTION 5. OTHER PERSONAL PROPERTY AND OTHER ASSETS

Itemize and describe in detail other personal property and other assets owned as listed in the "Assets" column. For other personal property, include boats, trailers, jewelry, furniture, household goods, collectibles, clothing, etc. For other assets, include equity interest in other businesses, trusts, investments, etc.

## SECTION 6. UNPAID TAXES

Describe in detail as to the type, to whom payable, when due, amount, and to what property, if any, the tax lien attaches. Please refer to the unpaid taxes listed in the "Liabilities" column. If none, state "NONE." This section should not include the contingent tax liabilities or anticipated taxes owed for the current year. For any unusually large amounts, you must include documentation, such as tax liens, to support the amounts.

## SECTION 7. OTHER LIABILITIES

Describe in detail any other liabilities as referenced by the value listed in the "Liabilities" column. If none, state "NONE." For any unusually large amounts, you must include documentation, such as bills, to support the amounts.

## SECTION 8. LIFE INSURANCE HELD

Describe all life insurance policies held. Please be sure to include the face amount of the policies, name of insurance company and beneficiaries and cash surrender values of the policies.

## EXECUTION OF STATEMENT

Be sure to sign, date, and include your social security number at the end of the statement.



## CDBG EMPLOYEE CERTIFICATION FORM PAGE 1 OF 2

Name of Company: \_\_\_\_\_

City of Oxnard Loan-Grant Program is a federally funded program through the Department of Housing and Urban Development (HUD). As such, HUD requires that documentation be provided to report household income levels for persons hired as a result of the program participation. As a potential applicant for this program, you will need, to provide the following information for the current and future employee(s) that were hired to meet this requirement. All records will remain confidential and are used for statistical data reporting only.

### Please type or print in ink (to be completed by employee)

Name of Employee: \_\_\_\_\_

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

Job title or position: \_\_\_\_\_

Brief job description and skills:

Full Time or Part Time (circle one) – if Part Time, # of hours per week: \_\_\_\_\_

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

### Please indicate the employee's racial group:

	Race Categories	Check only one race category	Check if also Hispanic
1	White		
2	Black or African American		
3	Asian		
4	American Indian or Alaska Native		
5	Native Hawaiian or Other Pacific Islander		
6	American Indian or Alaska Native and White		
7	Asian and White		
8	Black or African American and White		

Female Head of Household: Yes or No (please circle)





## CDBG EMPLOYEE CERTIFICATION FORM PAGE 2 OF 2

Name of Company: \_\_\_\_\_

Name of Employee: \_\_\_\_\_  
(Please print)

First, circle the **total number of family members in your household (including yourself)**. Then circle the income range to the right that most reflects your **total family income** before you came to work with this employer..

**Table A – City of Oxnard – 2020 Effective April 14, 2020**

Family size	30%	Very Low – 50%	Low/Moderate – 80%
1	\$0 - \$23,700	\$23,701 - \$39,550	\$39,551 - \$63,250
2	\$0 - \$27,100	\$27,101 - \$45,200	\$45,201 - \$72,300
3	\$0 - \$30,500	\$30,501 - \$50,850	\$50,851 - \$81,350
4	\$0 - \$33,850	\$33,851 - \$56,450	\$56,451 - \$90,350
5	\$0 - \$36,600	\$36,601 - \$61,000	\$61,001 - \$97,600
6	\$0 - \$39,300	\$39,301 - \$65,500	\$65,501 - \$104,850
7	\$0 - \$42,000	\$42,001 - \$70,000	\$70,001 - \$112,050
8	\$0 - \$44,700	\$44,701 - \$74,550	\$74,551 - \$119,300

Employee Signature: \_\_\_\_\_

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

Employer Certification:

I hereby certify that this employee is employed by \_\_\_\_\_  
on this date. (Name of Business)

Employee Signature: \_\_\_\_\_

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

\_\_\_\_\_  
(Please print name)