

# PARTICIPATION AFFIDAVIT

Please Read and Sign

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

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

In order to participate in the NYC Small Business Continuity Loan Program (“Program”) and receive a loan, The New York City (“City”) Department of Small Business Services (“SBS”), and the New York City Economic Development Corporation (“EDC”) requires that you (“Recipient”) certify the following:

- Be located within the five boroughs of New York City
- Demonstrate that the COVID-19 outbreak caused at least a 25% decrease in revenue
- Employ fewer than 100 employees in total across all locations
- Have been in operation for at least 2 years
- Have no outstanding tax liens or outstanding obligations to the City, State or federal government

A materially false statement willfully or fraudulently made in connection with this affidavit may result in rendering the submitting company ineligible with respect to the program, and, in addition, may subject the person making the false statement to criminal charges.

(1) I (name of business owner) \_\_\_\_\_ hereby certify to SBS, and EDC as of the date of this affidavit that my business (business name) \_\_\_\_\_ has been in operation for at least two (2) years, employs \_\_\_\_\_ employees, and the information contained herein is, to the best of my knowledge, information and belief, accurate and complete.

(2) I certify that as a result of COVID-19, my business experienced at least a 25% decrease in revenue for two (2) consecutive months after January 1st, 2020, compared to the average revenue for the same two-month period in calendar year 2019 (or average monthly revenue based on total 2019 sales).

(3) I understand that the business must comply with all laws and rules applicable to the program, including City, State and Federal laws. This affidavit shall be deemed executed in the City and State of New York and shall be governed and construed in accordance with the laws of the State of New York and the laws of the United States.

(4) I am authorized to complete and submit this affidavit on behalf of the Business. I verify that the statements contained herein are true and correct and that the Business has not misrepresented its eligibility for the Program.

(5) I understand that willful or fraudulent submission of a materially false statement in connection with this affidavit may result in the Business being ineligible for the Program and may subject the Business or the person making false statements to criminal charges.

By signing below, I certify that the above statements are true and correct to the best of my knowledge. I understand that a false statement may disqualify me from Program benefits.

\_\_\_\_\_  
(Business Owner Signature)

\_\_\_\_\_  
(Date)