



## COVID-19 Emergency Business Loan Program – Forgiveness Request Form

This document is to be submitted as a request for forgiveness of the loan you have received through the Pharr CARES Loan Program.

### **RECIPIENT INFORMATION:**

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

Contact Name(s): \_\_\_\_\_

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

Contact Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

### **FORGIVENESS REQUIREMENTS:**

- 1) Completion of Pharr EDC CARES Business Survey or Meeting with Pharr Economic Development Corporation located at <https://bit.ly/PharrEDC-CARES>.

Please Select One:

- I completed the Pharr EDC CARES Business Survey on (Date)\_\_\_\_\_.
- I have met with a Representative from the Pharr Economic Development Corporation.

- 2) Meeting with Representative from either AdventGX (Texas A&M) or UTRGV's Small Business Development Center at no cost to business. The PEDC will verify the meeting's occurrence with either entity, but will not receive nor request any information about the subject matter discussed at the meeting.

Please Select One:

- I participated in a (Circle One) Meeting / Phone Call with a Representative from AdventGX on (Date)\_\_\_\_\_ .
- I participated in a (Circle One) Meeting / Phone Call with a Representative from UTRGV's Small Business Development Center on (Date)\_\_\_\_\_ .

I have scheduled a (Circle One) Meeting / Phone Call with a Representative from (Circle One) UTRGV's Small Business Development Center / AdventGX on (Date)\_\_\_\_\_.

3) Submission of Pharr CARES Expense Tracking Form (required) and applicable paperwork (i.e. invoices, bank statements, receipts, etc.) demonstrating that the received funds were utilized for the purpose requested.

**I have submitted the following:**

- Pharr CARES Expense Tracking Form (**Required**)
- Invoices
- Receipts
- Bank Statements
- Credit Card Statements

I hereby attest that all funds received were used for one of the following business expenses: PERSONNEL/SALARIES, LEASE/RENT, COMMERCIAL MORTGAGE, UTILITIES - WATER, UTILITIES - ELECTRIC, UTILITIES - GAS, UTILITIES - CABLE/INTERNET, UTILITIES - PHONE, CRITICAL BUSINESS EQUIPMENT OR SUPPLIES.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**COMMITMENT:**

I agree to adhere to the Pharr EDC CARES Forgivable Loan Program guidelines as established by the Pharr Economic Development Corporation and attest that all information included in this request is true and complete.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**For PEDC Use Only:**

Date received:	
Executive Director Approval:	
Date/Amount Forgiven:	