

COVID-19 Questionnaire

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GENERAL INFORMATION

Borrower Name:

Date:

DETAILS OF COVID RELATED IMPACT TO BUSINESS

1. Has the business experienced any of the following? *(Check all that apply and provide detail for all items checked in the box below)*

Reduced Staffing Remote Workers Closures Other

2. In what ways has the business been impacted financially? *(Check all that apply and provide detail for all items checked in the box below)*

Revenue Smaller Customer Base or Customer Loss Lower Accounts Receivable Collection Efforts

3. In what ways has the business changed its model or format? *(Check all that apply and provide detail for all items checked in the box below)*

Curbside Pick-Up Increased Delivery Services Increased Online Activities Other *(specify below)*

4. Do the principals have ownership in other properties or business entities that have experienced a COVID impact? Yes No

If yes please provide the business name, ownership percentage, and impact experienced:

5. Does the business expect to have any of the following? *(Check all that apply and provide detail for all items checked in the box below)*

Purchase Opportunities Growth within 1-2 years Expansion within 1-2 years

CARES ACT/GRANTS

6. Has the borrower or guarantor received any of the following? *(Check all that apply and provide detail for all items checked in the boxes below)*

SBA Paycheck Protection Loan (PPP)	Amount:		
Forgiveness	Amount:	Date of Forgiveness	
SBA Disaster Loan (EIDL)	Amount:	Term:	Rate:
Grant Money	Amount:	Grantor:	
Payment Modification to Existing Loan			

INVESTMENT REAL ESTATE

6. Have any tenant businesses closed? *(Check all that apply and provide detail for all items checked in the boxes below)*

No Closures Closed Permanently Closed Temporarily

7. Have any concessions or rent abatements been made for tenants? Yes No

If yes please provide tenant name and details of the concessions made here and provide executed documentation.