

AFFIRMATION
Wauwatosa Revolving Loan Fund Corporation
Employee Retention Short Term Working Capital Loan Program

Business Name: _____

Business Address: _____

In order to participate in the Wauwatosa Employee Retention Working Capital Loan Program ("Program") and receive a loan, The City of Wauwatosa ("City") Development Department and the Wauwatosa Revolving Loan Fund Corporation ("WRLFC") require that you ("Recipient") certify the following:

- You own or are authorized to represent a small business that employs 50 or fewer employees
- You have been in operation for at least six months
- Your business has experienced a revenue decrease of at least 25% following the impact of COVID-19.
- Upon receipt of the loan funds, you commit to keeping your employees employed at your business.

A materially false statement willfully or fraudulently made in connection with this affirmation 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.

Notwithstanding any other rights of the WRLFC under other sections of this Affirmation or applicable law, if the Recipient violates any of the terms, covenants, or provisions of the Affirmation, or if any representation or warranty made by the Recipient in this Affirmation or in any document or application submitted in connection with this Affirmation or the Program shall prove false or misleading, or if, in the sole judgment of the WRLFC, the conduct of the Recipient is such that the interests of the WRLFC have been or are likely to be impaired or prejudiced, the WRLFC shall thereupon have the right to (1) terminate any grant or withhold payments due to Recipient under the Program and/or (2) demand and obtain the return of payments already made to the extent of damages the WRLFC may have already suffered due to a breach by the Recipient. Any such action by the WRLFC shall not give rise to any claim for damages against the WRLFC.

I _____, (name of business owner) hereby certify, represent, and covenant to and with the City and WRLFC as of the date of this affirmation the following:

1. My business, _____ (the "Business"), has been in operation for at least six months, employs ____ employees, and the information contained herein is, to the best of my knowledge, information and belief,

accurate and complete. **[Please provide a list of employees via payroll reports].**

2. As a result of COVID-19 my business experienced at least a 25% decrease in revenue for two consecutive months after January 1, 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. The Business did not receive full coverage of employee payroll from an insurance provider or any other entity.

4. The Business will retain and pay the listed employees their salary for a two-month period commencing on the date of receiving their reimbursement.

5. The Business will comply with all laws and rules applicable to the program, including city, state and federal laws. This certification shall be deemed executed in the City of Wauwatosa, State of Wisconsin, and shall be governed and construed in accordance with the laws of the State of Wisconsin and the laws of the United States.

6. I am authorized to complete and submit this certification on behalf of the Business. I verify that the statements and information contained herein are true and correct and that the Business has not misrepresented its eligibility for the Wauwatosa Revolving Loan Fund Corporation Employee Retention Short Term Working Capital Loan Program.

7. Willful or fraudulent submission of a materially false statement in connection with this certification may result in the Business being ineligible for the Program reimbursements 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 benefits.

Print Name

Signature

Date