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AFFIDAVIT OF ELIGIBILITY

United States Virgin Islands)
District of _____) ss:

I, _____, being first duly sworn depose and say:
(Name)

1. I make this affidavit for the purpose in inducing the Government Development Bank/Small Business Development Agency to grant a loan and/or other assistance to _____ herein known as the "applicant."

(Name of Concern)

- 2. I own at least 50% legal or equitable interest in applicant.
- 3. I do not hold such interest in trust for any other person.
- 4. I am or will be active in the management or operation of the applicant's business on a full-time basis and such business is or will be my principal means of support.
- 5. I am otherwise eligible as follows:

I was born in the Virgin Islands.

My Father () and/or Mother () was / were born in the Virgin Islands and I have been a bona fide continuous resident of the U.S. Virgin Islands for five (5) years or more.

I have been a bona fide continuous resident of the U.S. Virgin Islands for Five (5) years or more.

6. I understand that a false statement on this affidavit is punishable by a fine of \$5000.00 and imprisonment for five (5) years or such other penalty as may be provided by law.

Further affiant sayeth not.

(Signature of Affiant)

Subscribed and sworn before me, a Notary Public,
in and for the United States Virgin Islands on this
____ day of _____, 20 ____.