



SECTION 1 Applicant Identification

Business Full Legal Name: _____
 Business Address: _____
 Telephone: _____ E-mail: _____
 Federal Tax ID Number: _____

SECTION 2 Applicant Information

Business Structure:

Type of Business Structure: _____
 Date Business established: _____ Women owned Minority owned:

Business Category: *(please describe)*

How has the COVID-19 Pandemic impacted your business: *(please describe)*

Number of Employees: Full-time: Part-time:

SECTION 3 Financial Information

Are there any outstanding, pending or anticipated claims against your business or organization?

Yes No *(if yes, please attach explanation)*

Have you applied for SBA Disaster Funds?

Yes No *(if yes, please attach explanation)*

Have you applied for the DECD Emergency Bridge Loan?

Yes No *(if yes, please attach explanation)*

Have you applied for any other loans funds?

Yes No *(if yes, please attach explanation)*

SECTION 4 Documents Requested and Dollar Amount of Line of Credit

1. Application
2. Profit and Loss Statement as of 12/31/2019
3. Year-to-date Profit and Loss Statement as of 3/31/2020
4. Evidence of DRS Clearance *(Department of Revenue Services)*
5. Evidence of 3 month cash flow needs

Amount Requested - Line of Credit (up to \$20,000) \$ _____

Signature: _____ **Date:** _____