**SECTION 1 Applicant Identification**

**HEDCO / Community Fund of Greater New Haven /City of New Haven**

**Micro Loan Fund Program**

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

Owner’s Name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security 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) –* **Use of Funds**

|  |
| --- |
|  |
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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 Application 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 for Prior Year
3. Latest tax returns for 2 years
4. Year-to-date Profit and Loss Statement
5. Evidence of DRS Clearance *(Department of Revenue Services)*
6. Evidence of cash flow needs
7. Signed Credit Authorization Form

|  |  |
| --- | --- |
| **Amount Requested - (up to $25,000)** | **$** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature:** |  | **Date:** |  |