



State of Connecticut
HEDCO / Department of Economic and Community Development
COVID-19 Response Line of Credit Program Application

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 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 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: _____