



## Emergency Funding Application

Business Legal Name		DBA or Trade Name			
Business Primary Address			Business EIN/TIN/SSN		
			Contact Phone		
Primary Contact			Contact Email		
Type of Business		Years in Business			
Has the applicant applied for the following emergency assistance?					
Program	YES/NO	Amount Applied For	Date Applied	Amount Received	Declined
SBA EIDL Emergency Advance					
Standard SBA EIDL Loan					
SBA Paycheck Protection Program					
Essex County IDA Funds					
Purpose of the Loan (Please tell us why you need this loan and how you plan to use the money)					
How many workers do you employ, including family members drawing wages/salary?					
Gross Revenue in 12 months 12 mo. Ending 1/2020			Total Operating Expenses in 12 mo. Ending 1/2020		
How much is your monthly business mortgage/rent?			How much are your monthly business utilities?		
What is your average monthly payroll?		On-Season?	Off Season?	Shoulder?	
Attach your most recent year's tax records and current Profit & Loss Statement or explain why these are not available.					

Answers to the following questions will **NOT** disqualify you from receiving assistance but should be answered truthfully.

I am a U.S. Citizen

OR I have Lawful Permanent Resident status

Is the business or are any of the owners currently involved in any bankruptcy?

Has the business or any of its owners filed for bankruptcy or defaulted on a bank or federal loan in the past 7 years?

(Check here)

I certify the the information provided in this application and the information that I have supplied in all supporting documents is true and accurate.

\_\_\_\_\_  
Signature of Business Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

Bank Name

Bank Address

\_\_\_\_\_  
Routing Number

\_\_\_\_\_  
Account Number

\_\_\_\_\_