



New Haven Revolving Loan Program

New Haven Business Application
 (Proprietor, partners, officers, directors and all shareholders of outstanding stock – Show 100% of ownership)

Name		Phone # ()
		Cell # ()
Residence		
Name of Business		Tax ID#
Business Street Address		Telephone # ()
City	County	State Zip
		Date Established
E-Mail Address:	Web Site:	Dunn & Bradstreet Number:
Structure: <input type="checkbox"/> Sole Proprietorship, <input type="checkbox"/> Partnership, <input type="checkbox"/> Limited Liability Company, <input type="checkbox"/> S Corporation, <input type="checkbox"/> C Corporation		
Eligibility: <input type="checkbox"/> Located in Geographic Limits <input type="checkbox"/> Number of Employees, <input type="checkbox"/> Business in Good Standing, <input type="checkbox"/> COVID-19 Survival Plan Outline		

COMPANY OWNERSHIP

Use a separate sheet if necessary.

Name	Address & Telephone	% Owned	Military Service From ---- To	Race	Sex

SOURCES OF EMERGENCY FUNDS

What COVID-19 emergency funding have you applied for, been approved for, or received?

SOURCES OF FUNDING	Total Amount	DATE OF FUNDING			
		Date of Application	Date Approved	Date Funding Received	Other
Payroll Protection Program (PPP)					
SBA Economic Injury Disaster Loan (EIDL)					
Existing Cash Reserves					
Other Funding (Please Describe)					
TOTAL					

PURPOSE OF THE LOAN

	Description (please include specific detail)	Amount
Lease/Mortgage Interest		
Payroll		
Utilities		
Other (Please Describe)		
TOTAL		

INDEBTEDNESS

Furnish the following information on business installment debts, contracts, notes, and mortgages payable (present balance should agree with latest business balance sheet submitted).

To Whom Payable	Original Amount	Original Date	Present Balance	Rate of Interest %	Maturity Date	Monthly Payment	Security	Current or Past Due

LOAN FEES

No Loan Fees

I authorize Lender to make inquires as necessary to verify the accuracy of the statements made and to determine my credit worthiness. I certify the above information and statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan.

Signed: _____

Date: _____

By: _____

Signed: _____

Date: _____

By: _____

Section 3. Stocks and Bonds. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed).

Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

Section 4. Real Estate Owned. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed).

	Property A	Property B	Property C
Type of Property			
Name & Address of Title Holder			
Date Purchased			
Original Cost			
Present Market Value			
Name & Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment per Month/Year			

Section 5. Other Personal Property & Other Assets.
 (Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment and if delinquent, describe delinquency).

Section 6. Unpaid Taxes. (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches).

Section 7. Other Liabilities. (Describe in detail).

Section 8. Life Insurance Held. (Give face amount and cash surrender value of policies – name of Insurance company and beneficiaries).

I authorize Lender to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. I understand FALSE Statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001).

Signature:	Date:	