

## COVID-19 Emergency Microloan Application Form

Application Date:

Business Name:

Business Address:

Business EIN:

Contact Person:

Contact Telephone:

Contact Email:

Type of Business:

- |   |  |
|---|--|
| <input type="checkbox"/> Food & Beverage Establishment/Provider | <input type="checkbox"/> Consumer Services |
| <input type="checkbox"/> Retail                                 | <input type="checkbox"/> Consultant        |
| <input type="checkbox"/> Hospitality                            | <input type="checkbox"/> Manufacturing     |
| <input type="checkbox"/> Entertainment/Recreation               | <input type="checkbox"/> Construction      |
| <input type="checkbox"/> Wholesale                              | <input type="checkbox"/> Other (describe): |
| <input type="checkbox"/> Business Services                      |  |

Brief business description (1-3 sentences):

Loan Request Amount: \$

Attach:

- Overview of impact of the COVID-19 pandemic and related restrictions, along with relevant data/supporting documents
- Brief explanation of how funds will likely be used
- Profit & Loss Statements and Balance Sheets for the following years, if applicable
  - 2018
  - 2019
  - YTD 2020, if available

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**Acknowledgement**

The Applicant understands and agrees that the submission of knowingly false or knowingly misleading information in this Application may lead to the immediate termination of any financial assistance and immediate repayment of any loan.

I have read the foregoing and agree to comply with all of the terms and conditions contained therein, as well as the policies of the Cayuga Economic Development Agency.

Signature of Authorized Business Representative

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title