



LOAN CUSTOMER EMERGENCY NEEDS APPLICATION

Name of your business:

Person completing form:

Date:

1. Is your business still open?
2. Are you considering closing your business because of the virus restrictions?
3. If your business has experienced a drop in revenues over the past two weeks what is the percent drop by week? Week 1: _____ Week 2: _____
4. How many employees were on your payroll February 1, 2020?
5. How many employees are on your payroll today?
6. Have you laid off any employees? _____ How many?
7. Are you considering laying off additional workers? _____ How many?
8. What type of concession are looking for?
Please specify?
9. What is your critical concern right now?

10. Is there anything we can pass on to the State of NH that would help?

President/Executive Director

Date

Chairman, Board of Directors

CDFFA Approval

Date