



# Steuben County Emergency Relief Loan Program Intake Eligibility Form

If your business is eligible you will receive an application to complete

## Intake Form

Full name of business: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*  
\_\_\_\_\_  
*City* *State* *ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

## Business Owner/Primary Contact

Full Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

1. When did your business first employ people in Steuben County? \_\_\_\_\_
2. Has your company applied for Economic Injury Disaster Loan through the SBA? \_\_\_\_\_  
This is *required* prior to applying for assistance from this loan fund.  
If so, what is your application # given upon completion? \_\_\_\_\_
3. Did the Emergency economically impact your business? If so, when did the impact start and end?  
\_\_\_\_\_ to \_\_\_\_\_  
Month/Year                      Month/Year
4. What were business' revenues during that period? \$ \_\_\_\_\_
5. What were your business' revenues during the same period of the prior year? \$ \_\_\_\_\_
6. How many people did you employ prior to the disaster? \_\_\_\_\_  
How many people did you employ now? \_\_\_\_\_
7. Was the business operating on March 27,2020                      Yes or No
8. Provide a brief explanation of what adverse economic effects the economic disaster had on your business.

\_\_\_\_\_  
Signature of Business Owner/Representative

\_\_\_\_\_  
Date