

CARES ACT Relief Questionnaire

ARC Business Capital CARES ACT Relief Questionnaire

Contact Information

First Name

Last Name

Personal Address

City

State

Zip Code

Business Phone

Email

Business Start Date

EIN

Position/Title

Business Ownership %

Loan Preferences

Requested Loan Amount

Additional Business Information

Are you a 1099 Commissioned or Gig Worker?

Business Address

City

State

Zip Code

2019 Annual Gross Revenue

2019 Payroll Cost

of Employees as of Dec 31 2019

of Employees as of Feb 15 2020

Monthly Rent or Mortgage

How long have you owned the business?

Business Entity Structure?

What industry does the business fall under?

Eligibility Section

Does the business have an existing SBA Loan?

**Have you ever defaulted on a Government loan?
(SBA, Student Loan, etc.)**

**Have you exhausted all personal and Non-SBA
Financing Options?**

**Are the majority owner(s) US Citizen or Legal
Resident?**

**I would like to be considered for an advance of
up to \$10,000.00 (if yes, please fill out banking
information below)**

Bank name

Account Number

Routing Number

Date Field

IP Address
