**RELIEF REQUEST AS A RESULT OF COVID-19**

**Please fill in all fields and return to us as soon as possible to credit@accordfinancial.net**

|  |  |
| --- | --- |
| **Date:** |  |
| **Company Name:** |  |
| **Monthly Anticipated Drop in Revenues:** | ,  (pick monthly or yearly) |
| **Are your Canada Revenue Agency Accounts current?** | , if no  Amount in Arrears to Payroll/Source Deductions:  Amount in Arrears to GST/HST:  Amount in Arrears to Income Tax: |
| **Physical Work Location:** |  |
| **Primary Industry Serviced:** |  |

|  |  |  |
| --- | --- | --- |
| **Primary Client(s):** | 1. | 6. |
| 2. | 7. |
| 3. | 8. |
| 4. | 9. |
| 5. | 10. |

# Cash flow requirements:

Please list all expected loan obligations, and indicate which obligations you are requesting relief for (including any not with Accord Small Business Finance Group / Accord Financial)

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| --- | --- | --- | --- | --- | --- |
| **LEAD BANK OBLIGATIONS** | | | | | |
| **Lead Bank** | **Operating Line Limit / Credit Limit** | **Margining Limit  (if different)** | **Current Balance** | **Length of Requested Relief** | **Relief Approved?** |
| ROYAL BANK | $2,000,000 | $2,000,000 | $1,500,000 | 3 Months | YES |
| Brief Summary of relief requested/granted: Bank Provided a Temp limit increase for 3 months. | | | | | |
|  |  |  |  |  |  |
| Brief Summary of relief requested/granted: | | | | | |

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| **OBLIGATIONS WITH LENDERS OTHER THAN ACCORD** | | | | | |
| **Lender** | **Next Payment Date** | **Monthly Payment** | **Type of Relief Requested\*** | **Requested Relief** | **Relief Approved?** |
| ABC Leasing | Apr 15, 2020 | $4,500 | Interest Only PMTS | 3 Months | PENDING |
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\*Types of Relief Requested Include: None; Payment Drag; Skip/Reduced. **YELLOW IS A SAMPLE**

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| --- | --- | --- | --- |
| **HAVE YOU APPLIED FOR GOVERNMENT RELIEF PROGRAMS?** | | | |
| **Government Relief Program** | **Qualification** | **Applied** | **Estimated Monthly Subsidy / Amount Applied for** |
| 75% Canadian Emergency Wage Subsidy (CEWA) | YES – I believe my business will qualify | PENDING | $75,000 |
| 75% Canadian Emergency Wage Subsidy (CEWA) |  |  |  |
| 10% Temporary Wage Subsidy (TWS) |  |  |  |
| BDC Small Business Loans directly from BDC |  |  |  |
| Extended Work Sharing Program |  |  |  |
| Canada Emergency Business Account ($40,000 SME Loan) |  |  |  |
| Business Credit Availability Program (BCAP) with EDC/BDC (through your bank) |  |  |  |
| I am currently deferring my federal GST/HST remittances | |  | |
| I am currently deferring my federal Income Tax Payment | |  | |
| I am currently deferring my federal Customs/Duty Payments | |  | |
| I am currently deferring my EHT Premiums  (ensure your province offers this deferral.) | |  | |
| I am currently deferring my PST Tax Payments  (ensure your province offers this deferral.) | |  | |
| I am currently deferring my WCB Premiums  (ensure your province offers this deferral.) | |  | |

**YELLOW IS A SAMPLE**

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| **WHAT OTHER RELIEF PROGRAMS HAVE YOUR APPLIED FOR / QUALIFY FOR** | | | |
| **Other Program (provide details)** | **Qualification** | **Applied** | **Estimated Monthly Subsidy / Amount Applied for** |
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| Any commentary you would like to provide: | | | |

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| **Please provide a brief description of your situation including steps you are taking:** |
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| Has your business conducted any layoffs? |
| # of employees before COVID-19:# of employee layoffs: |

|  |
| --- |
| **What contract(s) do you need relief on, if not all, please list which contract(s):** |
| ALL |

|  |
| --- |
| **Please describe the what relief you are requesting?** |
| I would like partial payments for 3 months. I can afford $xx per month. |

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| --- |
| **Do you need additional working capital?** |
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| --- |
| **How can Accord assist you in managing through COVID-19?** |
|  |

**Please send the following documentation with the return of this completed document in order to process your request:**

Last 2 years of accountant prepared financial statements

Current dated Interim Financial Statements (income statement & balance sheet)

Current dated aged A/R A/P Report

**Please help us improve our services to you, by completing this short 2** [**minute survey.**](https://docs.google.com/forms/d/e/1FAIpQLSeN7UiXekqaNbDIh21tCaZjfivYM_GApJcDJf4mvp1DYaT_Tw/viewform?usp=sf_link)

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| --- | --- |
| **Form Completed By:**  Your E-Mail Address:  Your Business #:  Your Mobile #: | **X:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Authorized Signature |