Highly Affected Sectors Credit Availability Program

(HASCAP)

Please fill out information below. All fields are mandatory for application.   
This application must be filled out by an authorized person who is able to bind the business.

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| Applicant Information | | |
| Legal Business Name | |  |
| Business Trade Name | |  |
| Nature of Business | |  |
| Business Address | |  |
| CRA Business Number | |  |
| Authorized Person submitting this application | | |
| First Name | |  |
| Last Name | |  |
| Contact Phone Number | |  |
| Contact Email Address | |  |
|  | |  |
| Please submit below with this application | | |
| If you received CEWS, CERS, CRHP,THRP, or HHBRP | * CRA Confirmations evidencing application to respective program and showing a minimum 50% revenue decrease for at least 3 months (not necessarily consecutive) in the last 8 months * Bank statements, cancelled cheques or other acceptable evidence to prove receipt of the subsidies | |
| If you are eligible for CEWS, CERS, CRHP,THRP, or HHBRP, but has not applied yet, | * Please apply to the respective program before applying for HASCAP | |
| If you are not eligible for CEWS, CERS, CRHP,THRP, or HHBRP | * 3 monthly financial statements, with year-over-year comparison financial statements that reflect a minimum revenue reduction of 50% in each of the months for at least 3 months (not necessarily consecutive) in the last 8 months | |

Authorized Person Signature