**Please provide the following information/documentation with the completed loan application:**

1. Current personal financial statement for each individual with 20% or more ownership in the business.
2. Business financial statements, including:
For existing businesses:
	1. balance sheet and income statements for the past three years, If most recent statement is more than six months old, provide an interim statement
	2. projected cash flow statement for Year 1, including assumptions the projections are based on
	3. aging of accounts receivable and payable

For start-up businesses:

1. cash flow projections for first three years, including assumptions the assumptions are based on
2. proforma balance sheet and income statement at end of Year 1

If balance sheet and income are unavailable, provide explanation and provide Federal income tax returns.

1. Provide a written business plan which includes a brief history of the business and expected benefits of the project.

Please include a description of business/product, market, customer base and competition.

1. Based on the use of funds, provide the following:
	1. land and building: purchase offer, current appraisal, quotes for construction/renovation, and any other information as required
	2. machinery/equipment: list of equipment and quotes
	3. working capital: describe the uses
2. Based on the form of organization, provide the following:
	1. sole proprietorship: filing receipt
	2. partnership: partnership agreement and filing receipt
	3. corporation: Articles of Incorporation or filing receipt from New York State Secretary of State; and Board resolution authorizing borrowing for the project
	4. franchise: copy of franchise agreement and FTC Disclosure Statement
	5. limited liability company: copy of operating agreement
3. Provide documentation of other sources of funding committed to the project.
4. Provide documentation that SCOPED funds are necessary to complete the project and are not being used as a substitute for private capital.

 Documentation should consist of the following:

1. commitment letter from the participating bank outlining the loan amount, rate, term, collateral and need for SCOPED’s participation; and/or
2. bank denial letter stating the reason(s) for denial, if available
3. If SCOPED funds will be used for or collateralized by real estate activities, an environmental review must be provided. Other applicants may be required to provide an environmental review, by SCOPED on a case-by-case basis.
4. A $250.00 loan application fee payable to “SCOPED” must be included with the application. The fee is non-refundable.

**Other information may be required by SCOPED as deemed necessary.**

# **Schuyler County Partnership for Economic Development**

# **LOAN APPLICATION**

|  |  |
| --- | --- |
| Loan Applicant | **Full Address** |
|  |  |
| **Name of Business:** | **Tax Identification Number:** |
|  |  |
| **Street Address:** | **Telephone Number:** |
|  |  |
| **City: County:** | **Fax Number/E-mail address:** |
|  |  |
| **State/Zip Code:** | **Type of Business and Date Established:** |
|  |  |
| **Bank of Business Account, Address:** | **Contact Person:** |
|  |  |

|  |  |  |
| --- | --- | --- |
| **Use of Proceeds:** | **Project Cost** | **Source of Proceeds** |
| **(enter gross $ amounts rounded to nearest hundred)** |
| **Land Acquisition** | **$** | **SCOPED****Loan Request $** |
| **New Construction/****Building Expansion/Renovation** | **$** | **Requested** **Term of Loan:** |
| **Purchase of Machinery and/or Equipment** | **$** |  |
| **Inventory Purchase** | **$** | **Other Financing****Sources:** |
| **Working Capital** | **$** | **\*Bank**  **$** |
| **Acquisition of** **Existing Business** | **$** | **\*Equity**  **$** |
| **Other (Please specify)** | **$** | **\*Other $****(Please List)** |
| Total Project Cost | **$** | **Total Sources****$** |

**\* Please note that Total Project Cost and Total Sources must equal.**

### *COLLATERAL—BUSINESS AND/OR PERSONAL*

 **Please complete**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Present Market Value** | **Present Loan Balance** | **Collateral Pledged to:** |
| **Land and Buildings** |  |  |  |
| **Machinery/Equipment** |  |  |  |
| **Accounts Receivable** |  |  |  |
| **Inventory** |  |  |  |
| **Other (Please List)** |  |  |  |
| **TOTAL** |  |  |  |

**With respect to any assets set forth, which are jointly owned with another, does applicant propose to furnish an unlimited personal guarantee to lender of the loan obligation executed by the co-owner of the scheduled assets?**

 **YES NO**

***Previous Government Financing*: If you or any principals have received any other Federal direct loan or guarantee assistance, please complete the following:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Agency Name | **Original Loan Amount** | **Date of Original loan** | **Balance Owing** | **Current or Past Due** |
|  | **$** |  | **$** |  |
|  | **$** |  | **$** |  |
|  | **$** |  | **$** |  |

***Outstanding Debt*: Furnish the following information on all installment loans, contracts, officer and shareholder loans, notes and mortgages payable, term loans and/or revolving credit arrangements and capitalized leases. Current Balance should agree with latest balance sheet submitted. (Additional sheets may be attached, if necessary.)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **To Whom Payable** | **Original Amt. & Date** | **Balance and****monthly payment.** | **Maturity****Date** | **Secured By** | **Current or****Past Due?** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

***MANAGEMENT*: Please list all proprietors, partners, officers, directors and/or stockholders. 100% ownership must be shown. (Personal guarantees will be required of all individuals with 20% or more ownership.)**

|  |  |  |
| --- | --- | --- |
| **Name andSocial Security Number** | **Complete Address** | **% of Ownership** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

## EMPLOYMENT PLAN

Please fill out completely. Provide current and estimated employment as a result of this project. (\*Note if hourly, weekly, annual, etc.)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Job Title** | **Pay Range\*** | **Current Employment** | **Projected Employment Yr.1** | **Projected****Employment Yr.2** | **Projected Employment Yr.3** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
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|  |  |  |  |  |  |
| **TOTALS** |  |  |  |  |  |

##### Estimated current annual payroll: $

**Estimated payroll at end of Year 1: $**

###### MANAGEMENT PROFILE

This form is designed to assess the management experience and should be completed by people listed under Management of the loan application. A resume may be submitted for this form. Please attach additional sheets if necessary.

Individual’s Name:

Individual’s Position/Relationship to Business:

Educational Background:

**Military Service:**

 Branch

 Enlistment Dates

 Rank at Discharge

**Employment History:**

 Dates Employed From: To:

 Name of Company

 Address

 Position and Responsibilities

 Dates Employed From: To:

 Name of Company

 Address

 Position and Responsibilities

Signature Date

Personal Financial Statement

|  |  |
| --- | --- |
| SECTION 1 – INDIVIDUAL INFORMATION | SECTION 2 – OTHER PARTY INFORMATION |
| Name: |  | Name: |  |
| Residence Address: |  | Residence Address: |  |
| City, State, Zip: |  | City, State, Zip: |  |
| Soc. Sec. No.: |  | Soc. Sec. No.: |  |
| Date of Birth: |  | Date of Birth: |  |
| Position or Occupation: |  | Position or Occupation: |  |
| Business Name: |  | Business Name: |  |
| Business Address: |  | Business Address: |  |
| Bus. City, State, Zip: |  | Bus. City, State, Zip: |  |
| Res. Phone: |  | Res. Phone: |  |
| Bus. Phone: |  | Bus. Phone: |  |

|  |
| --- |
| SECTION 3 STATEMENT OF FINANCIAL CONDITION AS OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20 |
| Assets(Do Not Include Assets of Doubtful Value) | In Dollars(Omit Cents) | Liabilities | In Dollars(Omit Cents) |
| Cash On Hand In Banks – See Schedule A | $ | Notes Payable to Banks – Schedule F | $ |
| Marketable Securities – See Schedule B |  | Secured |  |
|  |  | Unsecured |  |
| Non Marketable Securities – See Sched. C |  | Amounts Payable to Others - Secured |  |
| Loans Receivable |  | Amounts Payable to Others - Unsecured |  |
| Real Estate Owned – Schedule D |  | Real Estate Mortgage Payable |  |
|  |  | Schedule D |  |
|  |  |  |  |
| Cash Value – Life Insurance – Schedule E |  | Other Liabilities - Itemize |  |
| Automobiles |  |  |  |
| Personal Property |  |  |  |
| Other Itemized Assets |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  | Total Liabilities | $ |
|  |  | Net Worth | $ |
| Total Assets | Total Liabilities and Net Worth | $ |

|  |  |
| --- | --- |
| SOURCES OF INCOME | PERSONAL INFORMATION |
| FOR FY: 20\_\_\_\_ | Borrower | Co-Borrower | Are you a partner or officer in any other venture? If so, describe. |
| Salary, Bonuses & Commissions |  |  |
| Dividends |  |  |
| Real Estate Income |  |  |
| Other Income (Alimony, Child Support, or Separate Maintenance Income, Need Not Be Revealed If You Do Not Wish To Have It Considered as a Basis for Repaying This Obligation) | Are you obligated to pay alimony, child support or separate maintenance payments? If so describe. |
|  |  |  |
|  |  |  | Are any assets pledged other than as described on schedules? If so, describe. |
| Total | $ | $ |
| CONTINGENT LIABILITIES |
| Do you have any contingent liabilities? If so, describe. |
| Are you a defendant in any suits or legal actions? |
| As endorser, co-maker or guarantor- | $ |
| On leases or contracts | $ | Have you ever been declared bankrupt? If so, describe. |
| Legal Claims | $ |
| Other Special Debt | $ |
| Amount of contested income tax liens | $ |

COMPLETE SCHEDULE AND SIGN ON PAGE THREE (3)

|  |
| --- |
| SCHEDULE A – PERSONAL BANK ACCOUNTS |
| TYPE | Names on Account | Amount | Acct. No. | Name and Address of Bank |
| Checking |  | $ |  |  |
|  |  | $ |  |  |
|  |  | $ |  |  |
|  |  | $ |  |  |
| Savings |  | $ |  |  |

|  |
| --- |
| SCHEDULE B – MARKETABLE SECURITIES |
| Number of Shares or Face Value of Bonds | Description | In Name of | Acct. No. | Are These Pledged? | Market Value |
|  |  |  |  |  | $ |
|  |  |  |  |  | $ |
|  |  |  |  |  | $ |
|  |  |  |  |  | $ |
|  |  |  |  |  | $ |

|  |
| --- |
| SCHEDULE C – NON-MARKETABLE SECURITIES |
| Number of Shares or Face Value of Bonds | Description | In Name of | Are These Pledged? | Source of Value | Market Value |
|  |  |  |  |  | $ |
|  |  |  |  |  | $ |
|  |  |  |  |  | $ |
|  |  |  |  |  | $ |
|  |  |  |  |  | $ |

|  |
| --- |
| SCHEDULE D – REAL ESTATE OWNED |
| Address and type of property | Title in name of | Date Acquired | Cost | Market Value | MTGE Holder | MTGE Maturity | MTGE Amount |
|  |  |  | $ | $ |  |  | $ |
|  |  |  | $ | $ |  |  | $ |
|  |  |  | $ | $ |  |  | $ |
|  |  |  | $ | $ |  |  | $ |
|  |  |  | $ | $ |  |  | $ |

|  |
| --- |
| SCHEDULE E – LIFE INSURANCE CARRIED, INCLUDING N.S.L.I. AND GROUP INSURANCE |
| Name of Insurance Company | Owner of Policy | Beneficiary | Face Amount | Policy Loans | Cash Surrender Value |
|  |  |  | $ | $ | $ |
|  |  |  | $ | $ | $ |
|  |  |  | $ | $ | $ |
|  |  |  | $ | $ | $ |

|  |
| --- |
| SCHEDULE F – NOTES PAYABLE TO BANKS |
| Name and Address of Lender | Credit in Name of | Unsecured or Secured | Original Date | High Credit | Repayment Schedule | Current Balance |
|  |  |  | $ | $ |  | $ |
|  |  |  | $ | $ |  | $ |
|  |  |  | $ | $ |  | $ |
|  |  |  | $ | $ |  | $ |
|  |  |  | $ | $ |  | $ |

The information on this statement is given to the Schuyler County Partnership for Economic Development, hereinafter referred to as SCOPED or the Partnership.

I/We understand that you are relying on this information in your decision to grant or continue credit.

I/We understand that SCOPED may exchange or make credit inquires with others.

During the review of my/our application SCOPED may obtain a consumer report on me/us and if the application is approved SCOPED may at anytime in the future obtain additional consumer reports to review my/our account. I/We have the right to ask for the name and address of the consumer-reporting agency which gave SCOPED the consumer report.

I/We have completely and truly answered all of the questions on this statement.

I/We are aware that the filing of a false instrument in connection with the application for funding by a New York State public benefit corporation constitute an attempt to defraud the State, and may be a felony under the laws of the State of New York.

 Legal Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Legal Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CERTIFICATIONS:**

1. I/We certify that all information in this application and the Attachments are true and complete to the best of my/our knowledge and is submitted so the SCOPED Loan Review Committee and SCOPED Board of Directors can decide whether to approve a loan to me/us.
2. I/We give the assurance that I/We will comply with Sections 112 and 113 of Vol. 13 of the Code of Federal Regulations. These code sections prohibit discrimination on the grounds of race, color, sex, religion, marital status, handicap, age or national origin by recipients of Federal financial assistance and require appropriate reports access to books and records. These requirements are applicable to anyone who buys or takes control of the business. I/We realize that if I/We do not comply with these non-discrimination requirements, my/our loan can be called, terminated or prepayment accelerated.
3. I/We certify that I/We are in compliance with Title VI and civil rights law requirements. These requirements include, but are not limited to the following:

	1. Title V of Public Law 93-495, the Equal Credit Opportunity Act
	2. Title VI of the Civil Rights Act of 1964, “Non Discrimination in Federally Assisted Programs.”
	3. U.S.C. 2000d-4, Section 504 of the Rehabilitation Act for Federal Conducted Programs and Activities.
	4. The Age Discrimination Act of 1975
	5. The Americans with Disabilities Act
4. I/We certify that facilities under its ownership, lease or supervision, which will be utilized in the accomplishment of the project or services financed by the SCOPED loan, are not listed on the Environmental Protections Agency’s (EPA) list of violating facilities pursuant to Section 15.20 or 50CFR, Part 15. Further, I/We certify that I/We will conform to all applicable environmental regulations including floodplains, wetlands, historic or archaeological properties, air and water quality, solid waste discharge, hazardous and/or toxic wasted disposal, drinking water resources, sewage and non-renewable natural resources.
5. I/We certify that I/We are not relocating operations or employment from another labor market with the proceeds of the proposed SCOPED loan.

 I/We agree to all the preceding Agreements and Certifications.

 I/We understand the contents and purpose of this application, and the regulations of the SCOPED loan funds.

 I/We do solemnly affirm that to the best of my/our knowledge, information provided and statements herein are true and accurate.

 ***I/We are aware that the filing of a false instrument in connection with the application for funding by a New York State public benefit corporation constitute an attempt to defraud the State, and may be a felony under the laws of the State of New York.***

|  |
| --- |
| **If applicant is a proprietor or general partner, sign below:** |
| **BY: L.S. / /20** | **BY: L.S. / /20** |
| **If applicant is a Corporation, sign below:** |
| **Corporate Name:** | Corporate Seal: |
| **BY:**  **/ /20** | **ATTESTED BY:**  **/ /20** |
| Legal Signature Of President Date | Legal Signature of Corporate Secretary Date |
| **If applicant is a Limited Liability Company, sign below:** |
| **BY: / /20** | **BY: / /20** |
| **Legal Member Signature Date** | **Legal Member Signature Date** |

**THE USA Patriot Act of 2001 requires SCOPED to obtain verification of the identity of the loan applicant. We appreciate your cooperation.**

**Form of Identification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Identification Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**“The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname.”**

|  |  |  |
| --- | --- | --- |
| **Ethnicity** | **Gender** | **Race (Mark one or more)** |
| **Hispanic or Latino** | **□** | **Male** | **□** | **White** | **□** |
| **Not Hispanic or Latino** | **□** | **Female** | **□** | **Black or African American** | **□** |
|  | **Asian** | **□** |
| **American Indian/Alaska Native** | **□** |
| **Native Hawaiian or Other Pacific Islander** | **□** |

# **Schuyler County Partnership for Economic Development**

# **STATEMENT OF PERSONAL HISTORY**

## Please read carefully!

This form must be filled out and submitted by:

1. The proprietor, if a sole proprietorship
2. Each partner, if a partnership
3. Each Corporate officer, director and/or principal with 20% or more ownership
4. Any other person, authorized to obligate the applicant to the loan being sought

|  |
| --- |
| **STATEMENT OF PERSONAL HISTORY** |
| **Loan Applicant** | **Full Address** |
|  |  |
| **Name of Business:** | **Tax Identification Number:** |
|  |  |
| **Street Address:** | **Telephone Number:** |
|  |  |
| **City: County:** | **Fax Number/E-mail address:** |
|  |  |
| **State/Zip Code:** | **Amount Applied For:** |
|  |  |
| **Current Name, Former Names and Aliases** |
| State name in full, if no middle name, state NMN. If initial only, indicate Initial. List all former names and/or aliases used, and date for each name and/or alias used. Use separate sheet, if necessary. |
| **First Name, Middle Name, Last Name** | **Date From:** | **Date To:** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **General Information** |
| **Date of Birth (Month/Day/Year)** | **Social Security Number** | **Are You a Current U.S. Citizen?** |
|  |  **- -** | **Yes No** |
| **If You are Not Currently a US Citizen or Have Denounced Your U.S. Citizenship, Give Your Alien Registration Number:** |  |
| **What is your percentage of ownership or stock owned or to be owned in the business concern?** |  |
| **Present Residence Address** | **From** | **To** |
|  |  |  |
|  |
| **Immediate Past Residence Address** |
|  |  |  |
|  |
| **Home Telephone Number** | **Business Telephone Number** |
|  |  |
| **STATEMENT OF PERSONAL HISTORY** |
| **BE SURE TO ANSWER THE NEXT 2 QUESTIONS CAREFULLY, THEY ARE IMPORTANT.****THE FACT THAT YOU HAVE A CRIMINAL CONVICTION ON YOUR RECORD WILL NOT NECESSARILY DISQUALIFY YOU; HOWEVER AN INCORRECT ANSWER MAY CAUSE YOUR APPLICATION TO BE REJECTED.** |
| **1** | **Have you ever been convicted of any criminal offense other than a minor vehicle violation?** | **□Yes □No** |
| **If yes, furnish details; use a separate sheet if necessary. List name(s) under which convicted, if applicable.** |
|  |
| **2** | **If the answer to question #1 is yes, are you now under parole, Probation or Conditional release supervision?** | **□Yes □No** |
| **If yes, furnish the name and telephone number of supervisor.** |
| **Name** |  | **Telephone Number** | **( ) -** |
|  |
| **Authorization** |
| I HEREBY AUTHORIZE **THE SCHUYLER COUNTY PARTNERSHIP FOR ECONOMIC DEVELOPMENT** TO OBTAIN A PERSONAL CREDIT REPORT TO BE USED IN EVALUATION OF THE LOAN REQUEST. |
| **Legal Signature Title Date** |

This is an Equal Opportunity Program.
USDA is an equal opportunity provider, employer and lender.”  To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW., Washington, D.C.  20250-9410, or call (800) 795-3272 (voice), or (202) 720-6382 (TDD).”