



ULSTER COUNTY USDA INTERMEDIARY RELENDING
PROGRAM LOAN FUND APPLICATION FOR FINANCIAL
ASSISTANCE

ULSTER COUNTY ECONOMIC DEVELOPMENT
ALLIANCE

SECTION I. APPLICATION/PERSONAL INFORMATION

Name: _____

Address: _____

Telephone: _____ Fax: _____ Email: _____

**SECTION II. INFORMATION ABOUT YOUR BUSINESS, EMPLOYEES AND BUSINESS
LOCATION**

Name of Business: _____

Address of Business: _____

Business Telephone: _____ Business Fax: _____

Type of Business: _____

Date Established: _____

Date of Incorporation: _____

Federal ID Number: _____

Social Security Number: _____

Bank Where Your Business Has An Account

Name of Bank: _____

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Address of Bank: _____

Telephone: _____

Number of Employees Presently Employed: Full Time _____ Part Time: _____ FTE: _____

Current Jobs Retained After Project: Full Time: _____ Part Time _____ FTE: _____

Jobs Created After Project: Full Time: _____ Part Time _____ FTE: _____

"This institution is an equal opportunity provider, employer and lender.

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Assistant Secretary for Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov."

SECTION III. INFORMATION ABOUT MANAGEMENT

List the names of all owners (having 20% or greater interest), officers, directors, and/or partners. Provide the percent of ownership and the annual compensation. If more space is required attach a separate sheet.

Name and Title: _____

Address: _____

Telephone: _____

Percent of Ownership: _____ Annual Compensation: _____

Name and Title: _____

Address: _____

Telephone: _____

Percent of Ownership: _____ Annual Compensation: _____

SECTION IV. SUMMARY OF COLLATERAL

All loans made through the Revolving Loan Fund are secured. Please list items to be secured. Prior to closing, you will be required to provide an appraisal and deed for real property; or a list of make, model, serial number and appraised value for machinery, equipment, furniture or fixtures.

	Present Market Value	Present Lien or Mortgage Balance	Date Purchased	Notes
A) Land and Building	\$	\$	/ /	
B) Machinery and Equipment	\$	\$	/ /	
C) Furniture and Fixtures	\$	\$	/ /	
D) Personal Residence	\$	\$	/ /	
E) Other	\$	\$	/ /	
Total Collateral Offered	\$	\$		

SECTION V. SOURCES AND USES OF FUNDS FOR PROJECT

PROJECT BUDGET – SUMMARY OF PROPOSED EXPENDITURES

Use of Funds	Source of Funds			
	Loan Fund	Owner Equity	Bank / Other (Specify)	Total
Land Acquisition				
Clearance and Demolition				
Streets / Site Improvements, Parking Facilities				
Water / Sewer Facilities				
Buildings __ Acquisition				
__ Construct __ Renovate/Reconstruct				
Capital Equipment __ New __ Used				
Furniture and Fixtures __ New __ Used				
Professional Fees				
Working Capital (attach a detailed list)				
Contingencies (attach a detailed list)				
TOTAL PROJECT COSTS	\$		\$	\$

Total Project Cost

Term of Loan Requested: Seven (7) years/months

PERSONAL FINANCIAL STATEMENT

Complete this form for: (1) each proprietor, or (2) each limited partner who owns 20% or more interest and each general partner, or (3) each stockholder owning 20% or more of voting stock and each corporate officer and director, or (4) any other person or entity providing a guaranty on the loan.

Name: _____

Residence Address: _____

City, State & Zip Code: _____

Business Name of Applicant/Borrower: _____

ASSETS		LIABILITIES	
Cash on hand & in Banks	_____	Accounts Payable	_____
Savings Accounts	_____	Notes Payable to Banks and others	_____
IRA or Other Retirement Account	_____	(Describe in Section 2)	_____
Accounts & Notes Receivable	_____	Installment Accounts (Auto)	_____
Life Insurance-Cash Surrender Value Only	_____	Installment Accounts (Other)	_____
(Complete Section 8)	_____	Loan on Life Insurance	_____
Stocks and Bonds	_____	Mortgages on Real Estate	_____
(Describe in Section 3)	_____	(Describe in Section 4)	_____
Real Estate	_____	Unpaid Taxes	_____
(Describe in Section 4)	_____	(Describe in Section 6)	_____
Automobile-Present Value	_____	Other Liabilities	_____
Other Personal Property	_____	(Describe in Section 7)	_____
(Describe in Section 5)	_____		
Other Assets	_____		
(Describe in Section 5)	_____		
Total Assets		Total Liabilities	_____
_____		Net Worth	_____
_____		As Endorser or Co-Maker	_____
_____		Legal Claims & Judgments	_____
_____		Provision for Federal Income Tax	_____
_____		Other Special Debt	_____

Section 1. (Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward income.)

Salary _____
 Net Investment Income _____
 Real Estate Income _____
 Other Income (Describe Below) _____

Description of other Income:

Section 2.

NOTES PAYABLE TO BANKS AND OTHERS

Name and Address Of Note Holder	Original Balance	Current Balance	Payment Amount	Frequency (Monthly, etc.)	How Secured Or Endorsed Type of Collateral

Section 3.

STOCKS AND BONDS

Number of Share	Name of Securities	Cost	Market Value Quotation/ Exchange	Date of Quotation/ Exchange	Total Value

Section 4.

REAL ESTATE OWNED

	Property A	Property B	Property C
Type of Property			
Name & Address of Title Holder			
Date Purchased			
Original Cost			
Present Market Value			
Name and Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance:			
Payment Amount per Month/Year			
Status of Mortgage			

Section 5.

Other Personal Property and Assets: *(Describe, and if any is pledged as security, state name and address of lien holder amount of lien, terms of payment, and if delinquent, describe delinquency).*

Section 6.

Unpaid Taxes: *(Describe in detail, type, to whom payable, when due, and to what property, if any, attach tax lien)*

Section 7.

Other Liabilities: *(Describe in detail)*

Section 8.

Life Insurance Held: *(Give face amount and cash surrender value of policies - name of insurance company and beneficiaries)*

PERSONAL FINANCIAL STATEMENT

- 1. Have you ever gone through bankruptcy or comprised a debt? ___No ___Yes
If YES, Please attach an explanatory statement.

- 2. If this is a statement of you and your spouse, are any assets a spouse's separate property? ___No ___Yes
If YES, Please attach an explanatory statement.

- 3. Are any assets pledged or debts secured except as shown above? ___No ___Yes
If YES, Please attach an explanatory statement

The information contained in this statement is provided for the purpose of obtaining a loan from funding programs on my/our behalf or on behalf of firms or corporations in whose behalf I/we may, either severally or jointly with others, execute a guaranty in favor of the funding program. I/We understand that this information, including the designation made as to ownership of the property will be used in deciding to grant or continue credit. I/We certify that the information provided is true and complete to the best of my/our knowledge. I/we authorize the loan fund administrator to check my/our credit history and employment listing or to make all other inquiries you deem necessary to verify the accuracy of the statements made on this form in the determination of my/our credit-worthiness and answer questions about or report my/our credit experience.

Signature

Date

Printed Name

Social Security Number

Signature (Joint Applicant)

Date

Printed Name (Joint Applicant)

Social Security Number (Joint Applicant)

APPLICATION FORMS & INFORMATION COLLECTION REQUIREMENTS

All recipients, other than those using guarantee programs, are required to collect data on race/ethnic and gender of users of beneficiaries.

Application form must include below the signature and date block the following disclosure statements: (rev. 1/2001 as per Fed. Register Vol. 62 No. 210)

“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 the 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 chose 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:

Hispanic or Latino _____

Not Hispanic or Latino _____

Race: (Mark one or more)

White _____ Black or African American _____

American Indian/Alaska Native _____ Asian _____

Native Hawaiian or Other Pacific Islander _____

Gender: Male _____ Female _____

Checklist of Exhibits for attachment

All exhibits must be signed and dated by the person (s) signing this application form.
Please be sure that they are properly labeled as indicated in this checklist.

- Exhibit A.* Summary of Collateral for purposes **OTHER** than listed in Section IV.
- Exhibit B.* Use of Loan Money for purpose **OTHER** then listed in Section V.
- Exhibit C.* List of Business Financial Statements. For the **Last Three Years**; a balance sheet and reconciliation of Net Worth, Profit and Loss Statement (Income Statement). For the **Current Year**; an Aging of Accounts Receivable, and Accounts Payable. For the **Next Three Years**; Earnings Projections, Pro Forma Financial Statements.
- Exhibit D.* Current Loan Status: Complete a list which contains original date and amount, present balance owed, interest rate, term, monthly payment, and security for each loan that your business currently has. Please indicate whether the loan is current or delinquent.
- Exhibit E.* History of the Company: Please provide a brief history of your company and a paragraph describing the expected benefits it will receive from this loan.
- Exhibit F.* Management Resumes: Please provide a brief description of the educational, technical and business background for all the people listed in Section III under "Management".
- Exhibit G.* Co-Signers and/or Guarantors: Please provide a list of co-signers and/or guarantors, including names, address, telephone number's and personal balance sheets.
- Exhibit H.* List of Machinery and Equipment: If you are buying machinery or equipment with your loan money, please provide a list of the equipment, including makes, models and values.
- Exhibit I.* Bankruptcy or Insolvency: Please provide details of any bankruptcy or insolvency proceedings involving you or any officer of your company.
- Exhibit J.* Lawsuits: Please provide details of any pending lawsuits involving you or any officer of your company.
- Exhibit K.* Subsidiaries or Affiliates: Please provide the names(s) and relationship of any subsidiary or affiliate of your company along with a current balance sheet and operating statement for each.
- Exhibit L.* Services: please provide details if you buy from, sell to, or use the services of any concern in which someone in your company has a significant financial interest.
- Exhibit M.* Franchise: If your business is a franchise, please submit a copy of the franchise agreement.

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, age, disability, religion, sex, and familial status. (Not all prohibited bases apply to all programs).

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