

11/16/10

APPENDIX A: Loan Application Form

Essex County Industrial Development Agency

**ESDC Champlain Bridge Recovery Fund  
Community Revolving Loan Fund Program**

**PART I. APPLICATION INFORMATION**

*General Information*

Name of Applicant			
Address			
Contact Person		Federal ID#/SS#	
Telephone:		Fax:	e-mail
Nature of Business			

**Legal Status**

<input type="checkbox"/>	Corporation	<input type="checkbox"/>	Limited Liability Company	<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Partnership	<input type="checkbox"/>	Limited Liability Partnership	<input type="checkbox"/>	Sole Proprietorship
Other (specify)					
Date Established			State		

**Principals & Representatives of Applicant**

Names(s) of Principal(s) / Owner (s)	Title	Ownership Percentage
Attorney for Applicant		Accountant for Applicant
Firm Name		Firm Name
Address		Address
Telephone		Telephone

### Background Information

Is the Applicant current in all its tax obligations?		Yes		No
If No, Explain				
Is the Applicant delinquent in the payment of any loans?		Yes		No
If Yes, Explain				
Has the Applicant been declared in default on any of its loans?		Yes		No
If Yes, Explain				
Has the Applicant ever filed for voluntary or involuntary bankruptcy or sought protection from creditors?		Yes		No
If Yes, Explain				
Have any of the Applicant's principals ever personally filed for bankruptcy or in any way sought protection from creditors?		Yes		No
If Yes, Explain				
Are there currently any unsatisfied judgments against the Applicant?		Yes		No
If Yes, Explain				
Are there currently any unsatisfied judgments against any principal of the Applicant?		Yes		No
If Yes, Explain				

### References

Provide the following information on three (3) current customers/clients			
Name		Phone	
Address		Contact Person	
Name		Phone	
Address		Contact Person	
Name		Phone	
Address		Contact Person	

Provide the following information on the Applicant's primary banking relationship?			
Bank Name		Phone	
Branch Address		Contact Person	



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Describe the Applicant's current operations, including products, customers/markets, etc.

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**PART II. PROJECT DESCRIPTION**

Describe the Applicant's Proposed Project as it relates to the closing of the Lake Champlain Bridge on October 16, 2009:

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**Security/Collateral Description:**

**Estimated Value:**

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

What is the company's total current employment and please provide any projected new hiring's resulting from this proposed project for each of the next three years?				
	Current	Year 1	Year 2	Year 3
Full Time				
Part Time				

**PART III. REQUIRED EXHIBITS**

**EXHIBIT A – FINANCIAL INFORMATION**

Please provide the following financial information:

- Previous 3 years of personal Federal Tax Returns and Schedule C or partnership/corporate Federal tax returns, as applicable;
- Interim revenue and expense documentation if the federal returns are over 90 days old. Options include:
  - State monthly/quarterly sales tax returns for the company (as applicable) for the same period of the most recent baseline year and the current year. If monthly returns are submitted, provide at least 3 mos.
  - Average five years income compared to current income for the same period
  - Traditional interim statements w/baseline
  - Other third-party prepared income and expenses w/baseline
- For businesses that opened by June 1, 2009 but were not operational in 2008, proof of operating history and interim financials.
- 3 yrs financial statements of the company, if available
- Projected annual cash flow for 3 years, (with the loan payback included) for the first year following completion of the project. See attached "Cash flow Projections" sheet.

- Projected 3 years profit and loss statement
- Personal financial statements (PFS) for each principal owning at least 20% of the company. See attached
- Complete credit authorization form. See attached.
- Copy of dba, partnership or incorporated agreement

**EXHIBIT B – ADDITIONAL INFORMATION (AS APPLICABLE)**

- Documentation of project costs including vendor quotes, estimates, etc.
- Documentation of other funding and /or financing including bank and other public funding agency commitment letters, including evidence of commitment of cash equity requirements (if listed in the source of funds section).
- Evidence of receipt/planned receipt of business interruption insurance.
- Any other information which may serve to document the information provided with this application or which may affect a credit decision by the lender.
- For M&E requests, documentation of the change in the businesses' market.
- Verification of business location.
- Non-profits:
  - IRS 501 ( c ) (3) determination letter
  - Current list of board of Directors
  - Board resolution authorizing borrowing of funds
  - Organizations budget for the current fiscal year
  - Federal 990

**PART IV. DECLARATIONS**

I (we) authorize the Essex County IDA to order credit reports and/or other financial background information on my (our) personal and business financial background. I (we) authorize disclosure of all information submitted in connection with this application to any financial institution in consideration of any assistance that may be provided. I (we) waive all claims against the Essex County IDA and its consultants.

I (we) attest that to the best of my (our) knowledge and belief, the information contained in the foregoing application is correct and true. I (we) am (are) aware that the filing of a false instrument in connection with this application may constitute an attempt to defraud the Essex County IDA and may be a felony under the laws of New York State.

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

Print Name \_\_\_\_\_ Print Title \_\_\_\_\_

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

Print Name \_\_\_\_\_ Print Title \_\_\_\_\_

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

Print Name \_\_\_\_\_ Print Title \_\_\_\_\_

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

STATE OF NEW YORK, COUNTY OF \_\_\_\_\_ : ss

On the \_\_\_\_ day of \_\_\_\_\_, 2010, before me, the undersigned, a Notary Public in and for the State, personally appeared \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

\_\_\_\_\_

Notary Public

STATE OF NEW YORK, COUNTY OF \_\_\_\_\_ : ss

On the \_\_\_\_\_ day of \_\_\_\_\_, 2010, before me, the undersigned, a Notary Public in and for the State, personally appeared \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

\_\_\_\_\_  
Notary Public

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\_\_\_\_\_  
Notary Public

**Essex County Industrial Development Agency**

**Lake Champlain Bridge Closure  
Business Loan Program**

**CREDIT AUTHORIZATION**

Date: \_\_\_\_\_

Carol Calabrese  
Co Executive Director  
Essex County Industrial Development Agency  
7566 Court Street  
P.O. Box 217  
Elizabethtown, NY 12932

Dear Ms. Calabrese:

In connection with my application for a business loan through the Essex County Industrial Development Agency Loan Fund, I hereby authorize you to investigate my credit worthiness as part of the loan review process.

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Current Address: \_\_\_\_\_

\_\_\_\_\_

Signed: \_\_\_\_\_

**PERSONAL FINANCIAL STATEMENT**

As of: \_\_\_\_\_, 20\_\_\_\_

**Complete this form:(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, or (4) any person or entity providing a guaranty on the loan.**

Name \_\_\_\_\_

Business Phone (\_\_\_\_) \_\_\_\_\_

Residence Address \_\_\_\_\_ Residence Phone (\_\_\_\_) \_\_\_\_\_

City, State, & Zip Code \_\_\_\_\_

**Business Name of Applicant/Borrower** \_\_\_\_\_

**ASSETS** (omit cents)

Cash on hands & in Banks..... \$ \_\_\_\_\_  
Savings Account..... \$ \_\_\_\_\_  
IRA or Other Retirement Account..... \$ \_\_\_\_\_  
Accounts & Notes Receivable..... \$ \_\_\_\_\_  
Life Insurance-Cash Surrender Value.... \$ \_\_\_\_\_  
(Complete Section 8)  
Stocks and Bonds..... \$ \_\_\_\_\_  
(Describe in Section 3)  
Real Estate..... \$ \_\_\_\_\_  
(Describe in Section 4)  
Automobile-Present Value..... \$ \_\_\_\_\_  
Other Personal Property..... \$ \_\_\_\_\_  
(Describe in Section 5)  
Other Assets..... \$ \_\_\_\_\_  
(Describe in Section 5)  
Total..... \$ \_\_\_\_\_

**LIABILITIES** (omit cents)

Accounts Payable..... \$ \_\_\_\_\_  
Notes Payable to Banks and Others. \$ \_\_\_\_\_  
(Describe in Section 2)  
Installment Account (Auto)..... \$ \_\_\_\_\_  
Mo. Payments \$ \_\_\_\_\_  
Installment Account (other)..... \$ \_\_\_\_\_  
Mo. Payments \$ \_\_\_\_\_  
Loan on Life Insurance..... \$ \_\_\_\_\_  
Mortgages on Real Estate..... \$ \_\_\_\_\_  
(Describe in section 4)  
Unpaid Taxes..... \$ \_\_\_\_\_  
(Describe in Section 6)  
Other Liabilities..... \$ \_\_\_\_\_  
(Describe in Section 7)  
Total Liabilities..... \$ \_\_\_\_\_  
Net Worth..... \$ \_\_\_\_\_  
Total..... \$ \_\_\_\_\_

**Section 1. Source of Income Contingent Liabilities**

Salary..... \$ \_\_\_\_\_  
Net Investment Income..... \$ \_\_\_\_\_  
Real Estate Income..... \$ \_\_\_\_\_  
Other Income (Describe Below)\*..... \$ \_\_\_\_\_  
As Endorser or Co-Maker..... \$ \_\_\_\_\_  
Legal Claims & Judgements..... \$ \_\_\_\_\_  
Provision for Federal Income Tax... \$ \_\_\_\_\_  
Other Special Debt..... \$ \_\_\_\_\_

**Description of Other Income in Section 1**

\_\_\_\_\_

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

**Section 2 Notes Payable to Bank and Others** (Use attachments if necessary. Each Attachment must identified as a part of this statement and signed.)

Name and Address of Noteholder (s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed Type of Collateral

**Section 3 Stocks and Bonds** (Use attachments if necessary. Each attachment must be identified as part of this statement and signed).

Number of Shares	Name of Securities	Costs	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

**Section 4 Real Estate Owned.** (List each parcel separately. Use attachments if necessary. Each attachment must be identified as part of this statement and signed).

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

**Section 5. Other Personal Property and Other Assets** (Describe, and if any is pledged as security, state name and address lien holder, amount of lien, terms of payment, and if delinquent, describe delinquency).

**Section 6. Unpaid Taxes.** (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches).

**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).

**I authorize Lender to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. I understand FALSE statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001).**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

PLEASE NOTE: The estimated burden hours for the completion of this form is 1.5 hours per response. If you have questions or comments concerning this estimate or any other aspect of this information, please contact Chief Administrative Branch, U.S.



