# Lloyd Community Development Corporation Application Instruction Sheet Town of Lloyd Revolving Loan Fund



Town of Lloyd Revolving Loan Fund Committee 12 Church Street Highland, NY 12528 Telephone::845-691-2144 x100

PLEASE COMPLETE THE FOLLOWING APPLICATION FOR FINANCIAL ASSISTANCE IN ITS ENTIRETY. DO NOT LEAVE ANY BLANKS. BE SURE THAT THE APPLICATION IS SIGNED AND ALL SUPPORTING DOCUMENTS ARE INCLUDED, AS REQUIRED.

THE ATTACHMENTS REQUESTED BECOME PART OF THE APPLICATION AND MAY BE SUBJECT TO FREEDOM OF INFORMATION LAWS (FOIL).

#### The application is to be submitted with the following attachments:

- 1. COVER LETTER to the loan Fund Committee describing your commitment to the project and stating your need for public funding and the ability o the project to create or retain jobs for low—to moderate income persons, as defined by the Department of Housing and Urban development.
- **2. COMMITMENT LETTER** from the lending institution(s) providing the other project funds, indicating the amount, terms and conditions of their loan to you.
- **3. BUSINESS PLAN** and statements explaining and describing the project in detail.
- 4. **BUSINESS FINANCIAL STATEMENTS** to include Balance Sheet, Net Worth Reconciliation and Profit and Loss Statements for the last 3 years. Interim YTD as prevous and current aging of Accounts Receivable and Accounts Payable. Earnings Projections/Pro Forma Financial Statements for the next 3 years. Label the list Exhibit C.
- 5. **APPLICATION FEE OF \$100** payable to the Town of Lloyd LCDC
- 6. **ORIGINATION FEE**. Closing costs will be dependent on the amount of the loan

**THE APPLICATION: Sections I, II, III:** Please provide all the information requested. Section I refers to the proprietor, general partner or corporate officer(s) signing this application form.

**Section IV.** Summary of Collateral: If your collateral consists of; (a) Land and Buildings, HUD requires a recent bona fide appraisal fo the real estate supporting the value stated in the application and if applicable, a letter from the current mortgage holder stating the remaining principal balance and consenting to an additional lien. If you choose (b) Machinery and Equipment or (c) Furniture and Fixtures or (d) other, HUD will require an appraisal of the existing equipment by an appraiser qualified to offer a "liquidation value" of the equipment and a letter from any lien holder of the existing equipment consenting to an additional lien position on the equipment. Please provide an itemized list of model, serial and identification numbers for all articles that had an original value of greater than \$500. Label the list Exhibit A.

"This institution is an equal opportunity provider and employer.

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint\_filing\_cust.html, or at any USDA office, or call \*866) 632-9992 o 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 US Department of agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington DC 202550-9410, by fax (202) 690-8442 or email at program. Intake@usda.gov."

**Section V. Sources and Uses of Funds for Project.** Complete the chart to show all funding sources and all uses for the project funds. If you select Working Capital or Contingencies submit a list on a separate sheet of paper describing the uses. For Capital Equipment or Furniture and Fixtures or other fixed asset purchases, please provide an itemized list of model serial and identification numbers for all articles. Label the list Exhibit B. Include purchase contracts for land and building acquisition and contractor estimates for improvements, construction and/or renovations and lease agreements for rented space.

Personal Financial Statements are required for all persons having 20% or greater ownership in the project and should be completed in its entirety. LCDC staff will review the application and supporting documents. When the application is complete and the eligibility criteria have been met, a Loan Fund Committee meeting will be convened to review your application. Upon approval, you will be responsible for a 1% administration fee payable to the Town of Lloyd LCDC at the time of closing. You will also be responsible for any and all costs associated with the closing and attorney fees for preparations of the closing documents.

If you have any questions please contact the LCDC office at 845-691-2144 x100.

# Lloyd Community Development Corporation APPLICATION FOR FINANCIAL ASSISTANCE Town of Lloyd Revolving Loan Fund



Town of Lloyd Revolving Loan Fund Committee 12 Church Street Highland, NY 12528 Telephone::845-691-2144 x100

| SECTION 1.    | APPLICATION/PERSONAL INFOR | RMATION                |             | Telephone::845-691-2144 x |
|---------------|----------------------------|------------------------|-------------|---------------------------|
| NAME:         |                            |                        |             |                           |
| Address:      |                            |                        |             |                           |
| TELEPHONE:    |                            |                        |             |                           |
| EMAIL:        |                            |                        |             |                           |
| SECTION II.   | INFORMATION ABOUT YOUR B   | JSINESS AND BUSINESS I | LOCATIONS   |                           |
| NAME:         |                            |                        |             |                           |
| Address of B  | BUSINESS:                  |                        |             |                           |
| BUSINESS TELE | EPHONE:                    | Busini                 |             |                           |
| TYPE OF BUSIN | NESS:                      |                        |             |                           |
| DATE ESTABLIS | SHED:                      | DATE OF INC            | ORPORATION: |                           |
| FEDERAL ID #: |                            | SSN:                   |             |                           |
| BUSINESS BAN  | IK ACCOUNT:                |                        |             |                           |
| Address of B  | BANK:                      |                        |             |                           |
| TELEPHONE:    |                            |                        |             |                           |
| # OF PRESENT  | EMPLOYEES                  | FULL TIME              | PART TIME   | FTE                       |
| CURRENT JOBS  | S RETAINED AFTER PROJECT   | FULL TIME              | PART TIME   | FTE                       |
| IORS CREATED  | AFTER PROJECT              | FIIII TIME             | PART TIME   | FTF                       |

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 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:  |
|---|
| 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 Non-Binary                                      |
|   |
| Briefly describe the project for which this loan money is intended: |
|   |
|   |
|   |
|   |
|   |
|   |
|   |

#### 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:               |        | Email:                  |        |
| Percentage of Ownership: | %      | Annual Compensation: \$ |        |
| Name and Title:          |        |                         |        |
| Address:                 |        |                         |        |
|                          |        |                         |        |
| Telephone:               |        | Email:                  |        |
| Percentage 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<br>Market<br>Value | Present Mortgage<br>Balance | Date<br>Purchased | Cost Less Depreciation |
|----------------------------|----------------------------|-----------------------------|-------------------|------------------------|
| A) Land and Building       | \$                         | \$                          | / /               | \$                     |
| B) Machinery and Equipment | \$                         | \$                          | / /               | \$                     |
| C) Furniture and Fixtures  | \$                         | \$                          | / /               | \$                     |
| D) Personal Residence      | \$                         | \$                          | / /               | \$                     |
| E) Other                   | \$                         | \$                          | / /               | \$                     |
| Total Collateral Offere    | d \$                       | \$                          |                   | \$                     |
|                            |                            |                             |                   |                        |

# **Section V. Sources and Uses of Funds for Project**

# <u>Project Budget - Summary of Proposed Expenditures</u>

| Use of Funds                                     | Source of Funds |                 |                           |          |
|--|-----------------|-----------------|---------------------------|----------|
|  | Loan<br>Fund    | Owner<br>Equity | Bank / Other<br>(Specify) | Total    |
| Land Acquisition                                 | ] [             |                 |                           |          |
| Clearance and Demolition                         |                 |                 |                           |          |
| Streets/Site Improvements, Parking<br>Facilities |                 |                 |                           |          |
| Water/Sewer Facilities                           |                 |                 |                           |          |
| Ruildings  | 1               | <del></del>     |                           | <u> </u> |
| BuildingsAcquisition                             | 1               |                 | +                         |          |
| Acquisition Construct                            | 1               | <del></del>     | +                         |          |
| Renovate/  |                 | <del></del>     |                           |          |
| Reconstruct                                      |                 |                 |                           |          |
|  |                 |                 |                           |          |
| Capital Equipment                                |                 |                 |                           |          |
| New  |                 |                 |                           |          |
| Used   | ] [             |                 |                           |          |
| Furniture and Fixtures                           |                 |                 |                           |          |
| New  |                 |                 |                           |          |
| Used   |                 |                 |                           |          |
|  |                 |                 |                           |          |
| Professional Fees                                | ] [             |                 |                           |          |
|  | 1               | Т               |                           |          |
| Working Capital                                  |                 |                 |                           |          |
| (attach a detailed list)                         | ] [             |                 |                           |          |
| Contingonsies                                    | 1               | <del></del>     |                           | <u> </u> |
| Contingencies                                    | J [             |                 |                           | <u> </u> |
| Total Project Costs                              | ] [             |                 |                           |          |
| Total Project Costs                              | ] [             |                 |                           |          |

## **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.

| ddress          |  |  |  |
|-----------------|--|--|--|
| ity/State/Zip   | D  |  |  |
| usiness Nam     | ne of Applicant/Borrower   |  |  |
|                 | ASSETS   | LIABILITIES  |  |
| Cash on har     | nd & in Banks  | Accounts Payable                                   |  |
| Savings Acc     | ounts  | Notes Payable to Banks and others                  |  |
| IRA and Oth     | ner Retirement   | (Describe in Section 2)                            |  |
| Accounts        |  | Installment Accounts                               |  |
| Accounts &      | Notes Receivable   | (Auto)   |  |
| Life Insuran    | ce-Cash Surrender Value Only   | Installment Accounts                               |  |
| (Complet        | te Section 8)  | (Other)  |  |
| Stocks and I    | Bonds  | Loan on Life Insurance                             |  |
| (Describe       | e in Section 3)  | Mortgages on Real Estate                           |  |
| Real Estate     |  | (Describe in Section 4)                            |  |
| (Describe       | e in Section 4   | Unpaid Taxes                                       |  |
| Automobile      | -Present   | (Describe in Section 6)                            |  |
| Value           | <u></u>  | Other Liabilities                                  |  |
| Other Perso     | onal Property  | (Describe in Section 7)                            |  |
| (Describe       | e in Section 5   | Total Liabilities                                  |  |
| Other Asset     | rs   | Net Worth  |  |
| (Describe       | e in Section 5)  | TOTAL  |  |
|                 | TOTAL  |  |  |
| 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) | As Endorser or Co-Maker  Legal Claims & Judgements |  |
| Salary          |  | Provision for Federal Income Tax                   |  |
| Net Investm     | nent Income  | Other Special Debt                                 |  |
| Real Estate     | Income   |  |  |
|                 |  |  |  |
| escription of O | ther Income:   |  |  |

### Section 2.

| Notes Payable to Banks and Others  |                  |                 |  |                              |  |  |
|------------------------------------|------------------|-----------------|--|------------------------------|--|--|
| Name and Address of<br>Note Holder | Original Balance | Current Balance |  | Frequency<br>(monthly, etc.) | How Secured or<br>Endorsed<br>Type of Collateral |  |
|                                    |                  |                 |  |                              |  |  |
|                                    |                  |                 |  |                              |  |  |
|                                    |                  |                 |  |                              |  |  |
|                                    |                  |                 |  |                              |  |  |
|                                    |                  |                 |  |                              |  |  |
|                                    |                  |                 |  |                              |  |  |

### Section 3.

|                  | Stocks and Bonds |      |  |                                |             |  |  |
|------------------|------------------|------|--|--------------------------------|-------------|--|--|
| Number of Shares | Name of Security | Cost | Market Value<br>Quotation/<br>Exchange | Date of Quotation/<br>Exchange | Total Value |  |  |
|                  |                  |      |  |                                |             |  |  |
|                  |                  |      |  |                                |             |  |  |
|                  |                  |      |  |                                |             |  |  |
|                  |                  |      |  |                                |             |  |  |
|                  |                  |      |  |                                |             |  |  |
|                  |                  |      |  |                                |             |  |  |

#### Section 4.

|  | Real Estate Owned |            |            |  |  |  |  |
|--|-------------------|------------|------------|--|--|--|--|
|  | Property A        | Property B | Property C |  |  |  |  |
| Type of Property                       |                   |            |            |  |  |  |  |
| Name & Address of<br>Title Holder      |                   |            |            |  |  |  |  |
| Date Purchased                         |                   |            |            |  |  |  |  |
| Original Cost                          |                   |            |            |  |  |  |  |
| Present Market Value                   |                   |            |            |  |  |  |  |
| Name and Address of<br>Mortgage Holder |                   |            |            |  |  |  |  |
| Mortgage Account<br>Number             |                   |            |            |  |  |  |  |
|  |                   |            |            |  |  |  |  |
| Mortgage Balance                       |                   |            |            |  |  |  |  |
| Amount Payment per<br>Month/Year       |                   |            |            |  |  |  |  |
| Status of Mortgage                     |                   |            |            |  |  |  |  |

| ection 5.                    |              |   |
|------------------------------|--------------|---|
| ther Per                     | rsonal Prope | erty and Assets: (Describe, and if any is pledged as security, state name and address of lien holder amount of li<br>terms of payment, and if delinquent, describe delinquency) |
|                              |              | terms of payment, and if deimquent, describe deimquency,  |
|                              |              |   |
|                              |              |   |
|                              |              |   |
|                              |              | <del></del>   |
|                              |              |   |
| ection 6.                    |              |   |
| Inpaid Ta                    | axes:        | (Describe, in detail, type, to whom payable, when due, and to what property, if any, attach tax lien.)  |
|                              |              |   |
|                              |              | <del></del>   |
|                              |              |   |
|                              |              |   |
|                              |              |   |
| aatiaa 7                     |              |   |
| <i>ection 7.</i><br>ther Lia |              | (Describe in debail)  |
| uner Lia                     | bilities:    | (Describe in detail)  |
|                              |              |   |
|                              |              |   |
|                              |              | <del></del>   |
|                              |              | <del></del>   |
|                              |              |   |
|                              |              |   |
| ection 8.                    |              |   |
| ife Insur                    | ance Held:   | (Give face amount and cash surrender value of policies—name of insurance company and beneficiaries)   |
|                              |              |   |
|                              |              | <del></del>   |
|                              |              | <del></del>   |
|                              |              |   |

## PERSONAL FINANCIAL STATEMENT

| 1.   | Have you ever go   | one through bankruptcy or co  | ompromised a debt?   |   |  |
|--|--|---|--|---|--|
|  | If YES, Please att   | ach an explanatory statemen   | t  | No  | Yes  |
| 2.   | If this is a statem  | ent of you and your spouse,   | are any assets a spo   | ouse's separate property?   |  |
|  | If YES, please att   | ach an explanatory statemen   | t.   | No  | Yes  |
| 3.   | Are any assets pl  | edged or debts secured exce   | pt as shown above?   |   |  |
|  | If YES, please att   | ach an explanatory statemen   | t.   | No  | Yes  |
| fundi<br>eithe<br>unde<br>will b<br>true a<br>check<br>neces | ing programs on r severally or jo rstand that this be used in deciding and complete to my/our credit ssary to verify the | my/our behalf or on behalf or on behalf or on behalf or on behalf with others, executed information, including the fing to grant or continue of the best of my/our know history and employment he accuracy of the statement | nalf of firms or content of the cont | e purpose of obtaining a loorporations in whose behalt<br>wor of the funding program<br>ade as to ownership of the<br>fy that the information pro<br>thorize the loan fund admit<br>e all other inquiries you de-<br>is form in the determination<br>ort my/our credit experience | f I/we may,  i. I/We property vided is nistrator to em on of |
| Signa  | iture:   |   | Date:  | Social Security Nur   | nber:  |
| Signa  | iture:   |   | Date:  | Social Security Nun   | nber:  |
|  |  |   |  |   |  |

### **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.

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 purposes **OTHER** than 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 Ac counts 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 or each loan that your business currently has out standing. 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 education, 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 name, address, telephone numbers 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 name(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 our company has significant financial interest

<u>Franchise</u>: If your business is a franchise, please submit a copy of the franchise agreement.

Exhibit M.