



# Greene County

## Planning & Economic Development

411 Main Street • Catskill, NY 12414 • P: 518-719-3290 • F: 518-719-3789

[www.greeneeconomicdevelopment.com](http://www.greeneeconomicdevelopment.com)

### **Greene County Zeroes In Disaster Relief**

**Zero Interest**  
**Zero Payments for Six Months**  
**Zero Matching Funds**  
**Zero Closing Costs**  
**Zero Application Fee**

In response to the business damages created by Hurricane Irene and Tropical Storm Lee, Greene County has created a special disaster loan program to assist businesses that were negatively affected by the storms. The county is allocating up to \$300,000 in funds which will offer business loans for eligible job-retaining projects that benefit low and moderate income people. Loans of up to \$20,000 are available for the purchase of machinery, equipment, furniture, fixtures and materials and supplies. Construction activities will not be funded. Loan applications will be accepted until May 31, 2012.

The terms of this assistance are as follows:

- Loans will be provided for up to five years, with a six-month deferral of payments at the beginning of the term.
- The loans will be provided at zero interest.
- There will be zero closing costs, and zero application fees.
- There are expedited underwriting and relaxed collateral standards, streamlined processing, and generous terms and conditions, as appropriate, for these special loans.
- A special application has been prepared for this program, with less paperwork required.

Projects that are deemed essential services and will retain jobs that otherwise would be lost will receive priority. This special program can work with any other disaster-related funding source in order to get businesses back up and running as quickly as possible. This program is funded with Community Development Block Grant funds provided by the US Department of Housing and Urban Development and as such all applications are required to meet program rules and regulations.

An application is available at [www.greeneeconomicdevelopment.com](http://www.greeneeconomicdevelopment.com), or by regular or e-mail by calling the Greene County Economic Development, Tourism and Planning's office at 518-719-3290.



# Greene County, New York Disaster Loan Application Form

## PART 1. APPLICANT INFORMATION

Name of Applicant: \_\_\_\_\_  Corporation Year \_\_\_\_\_ State \_\_\_\_\_

Business Address: \_\_\_\_\_  Partnership Year \_\_\_\_\_ State \_\_\_\_\_

\_\_\_\_\_  L.L.C. Year \_\_\_\_\_ State \_\_\_\_\_

Contact Person: \_\_\_\_\_  L.L.P. Year \_\_\_\_\_ State \_\_\_\_\_

Federal ID #: \_\_\_\_\_  Sole Proprietorship Year \_\_\_\_\_

Telephone: (    ) \_\_\_\_\_ FAX: (    ) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Company Attorney: \_\_\_\_\_ Accountant: \_\_\_\_\_

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

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

\_\_\_\_\_

Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_

Is the company delinquent in the payment of any state or municipal property taxes?  Yes  No

Is the company delinquent in the payment of any loans?  Yes  No

Are any of the company's principals delinquent in any tax or loan obligations?  Yes  No

## PART 2. PROJECT INFORMATION

Summary Project Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Project Costs**

Machinery & equipment	\$ _____
Furniture & fixtures	\$ _____
Supplies/materials	\$ _____
_____	\$ _____
Total	\$ _____

**Current Employment.** Complete the following table for all employment of the business as of the date of this application. Do not include temporary employees, subcontracted labor, or positions filled by contracted labor through an agency.

Job Category	# of Full-Time Positions	# of Part-Time Positions
Management		
Production (including supervisory, shipping, etc.)		
Services (including retail)		
Sales (including retail)		
Administrative, Clerical & Maintenance		
Other (specify _____ )		
Totals		

**(attach additional listing as necessary)**

Complete the table below for all existing employment positions as of the date of this application. Do not include temporary employees, subcontracted labor, or positions filled by contracted labor through an agency.

Specific Job Title	# Full-Time	# Part-Time	Average Part-Time Hours Per Week	Salary / Wage (average or range)	Requisite Skills, Education or Experience (indicate if training is provided by the company)
Totals					

**(attach additional listing as necessary)**

### **PART 3. REQUIRED EXHIBITS CHECKLIST**

#### Exhibit A - Project Information

- source of all project costs shown in Part 2 of this application (vendor quotes, negotiated sales prices, engineer's or contractor's estimates, catalog prices, etc.);
- amount of loan assistance requested with this application, proposed repayment terms.
- Schedule of collateral on SBA Form 4, Schedule A, or equivalent.

#### Exhibit C - Financial Information

- Federal and State income tax returns of the company for the last three years;
- signed personal financial statements (either on SBA Form 413, a standard bank form, or in a comparable format) for each principal owning at least 20% of the company;
- for each owner of a Sole Proprietorship, Partnership, L.L.C., or L.L.P., the personal Federal and State income tax returns for the last three years;

#### Exhibit C - Additional Information (as applicable)

- documentation of other required financing including bank and other public lending agency commitment letters, bond inducements, and evidence of availability and commitment of cash equity requirements;
- any other information which may serve to document the information provided with this application or which may affect a credit decision by the lender.

### **PART 4. Supplemental Information**

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 the 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 \_\_\_\_\_

This is an equal opportunity program. Federal law prohibits discrimination on the basis of race, color, national origin, sex, age, disability, political beliefs, sexual orientation or marital or family status. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternate means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at 202-720-2600 (voice and TDD). To file a complaint of discrimination write: USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW Washington, DC 20250-9410 or call 202-720-5964 (voice and TDD).

**PART 5. DECLARATIONS**

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 Greene County and may be a felony under the laws of the State of New York. I (we) agree to abide by the provisions of all applicable local, state and federal laws pertaining to falsification of any item contained herein or fraudulent misrepresentation of my (our) business.

I (we) further authorize Greene County to order credit reports and/or other information on my (our) personal and business financial background.

I (we) acknowledge that this application is not a legally binding document for purposes of receiving loan monies. This loan request may be withdrawn at any time prior to a formal closing of the loan, subject to the terms and conditions of any written loan commitment offered by Greene County. However, this application is being submitted in good faith as a request for loan funds.

If Applicant is a sole proprietorship or partnership, sign below:

If Applicant is a corporation, L.L.C., or L.L.P., sign below:

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

\_\_\_\_\_  
Name of Corporation or Company

\_\_\_\_\_  
Printed Name and Title

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

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

\_\_\_\_\_  
Printed Name and Title

\_\_\_\_\_  
Printed Name and Title

**ACKNOWLEDGMENT OF SIGNATORY(IES)**

State of New York    )  
                                  )ss  
County of Greene    )

On the \_\_\_\_\_ day of \_\_\_\_\_ in the year 20\_\_\_\_ before me, the undersigned, a Notary Public in and for said state, personally appeared \_\_\_\_\_ to me known 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.

\_\_\_\_\_  
Signature of Notary Public

Loan Applicant:  
Office or Capacity of signatory(ies):  
Notary Stamp:







**PERSONAL FINANCIAL STATEMENT**

U.S. SMALL BUSINESS ADMINISTRATION

As of \_\_\_\_\_, \_\_\_\_\_

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, 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)	LIABILITIES	(Omit Cents)
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 Account (Auto) .....	\$ _____
Life Insurance-Cash Surrender Value Only .....	\$ _____	Mo. Payments \$ _____	
(Complete Section 8)		Installment Account (Other) .....	\$ _____
Stocks and Bonds .....	\$ _____	Mo. Payments \$ _____	
(Describe in Section 3)		Loan on Life Insurance .....	\$ _____
Real Estate .....	\$ _____	Mortgages on Real Estate .....	\$ _____
(Describe in Section 4)		(Describe in Section 4)	
Automobile-Present Value .....	\$ _____	Unpaid Taxes .....	\$ _____
Other Personal Property .....	\$ _____	(Describe in Section 6)	
(Describe in Section 5)		Other Liabilities .....	\$ _____
Other Assets .....	\$ _____	(Describe in Section 7)	
(Describe in Section 5)		Total Liabilities .....	\$ _____
<b>Total</b>	\$ _____	Net Worth .....	\$ _____
		<b>Total</b>	\$ _____

<b>Section 1. Source of Income</b>	<b>Contingent Liabilities</b>
Salary .....	As Endorser or Co-Maker .....
Net Investment Income .....	Legal Claims & Judgments .....
Real Estate Income .....	Provision for Federal Income Tax .....
Other Income (Describe below)* .....	Other Special Debt .....

Description of Other Income in Section 1.

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

Section 2. Notes Payable to Banks and Others. (Use attachments if necessary. Each attachment must be 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



<b>Section 3. Stocks and Bonds. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed).</b>					
Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

Section 4. Real Estate Owned.	(List each parcel separately. Use attachment if necessary. Each attachment must be identified as a 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 Assots.** (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, 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 SBA/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 average 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. Small Business Administration, Washington, D.C. 20416, and Clearance Officer, Paper Reduction Project (3245-0188), Office of Management and Budget, Washington, D.C. 20503. PLEASE DO NOT SEND FORMS TO OMB.



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Recent changes in Federal regulations require all applicants for Federal grants (including economic development loans) and cooperative agreements to obtain a DUNS number and provide it to our office. The DUNS number is free, and is obtained in cooperation with Dun and Bradstreet, the national credit-reporting agency for commercial accounts. The Federal government has made these changes in order to better identify related organizations that are receiving funding under grants and cooperative agreements, and to provide consistent name and address data for electronic grant application systems.

To obtain a DUNS # on-line, go to <http://www.dnb.com/us/>. On the left side of the page, near the bottom, you will see a heading for **D&B Resources**, and under that a "clickable" **Get a D&B D-U-N-S #**. Click on that and follow instructions. You can also call a toll free number to get your DUNS #: 1-866-705-5711. Tell them that you are a federal grant applicant (or prospective federal grant applicant), and they will lead you through the process over the phone to provide you a DUNS number. It is our understanding that applicants are better served by using the web-based method of obtaining their D-U-N-S #.

As soon as you have your DUNS number, please mail, email, fax or call it into our office for processing.

### **DUNS Number Reporting Form**

*For use with Greene County Economic Development Loan/Grant Projects*

Name of Business: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

DUNS Number (nine digits): \_\_\_\_\_

Person completing this form: \_\_\_\_\_

Date of completion: \_\_\_\_\_

**Federal funds will not be able to be accessed until this form is received.**





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## CREDIT CHECK AUTHORIZATION

Please provide the following information:

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

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

Current Address: Number & Street, City, State, Zip:

\_\_\_\_\_  
\_\_\_\_\_

Years: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_

Driver's License Number & State of Issue: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Previous Addresses in the Last Five Years:

Number & Street, City, State, Zip: \_\_\_\_\_

Years: \_\_\_\_\_

Number & Street, City, State, Zip: \_\_\_\_\_

Years: \_\_\_\_\_

I certify that I am the person named above and that I am, submitting this request for my own credit report.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_



**County of Greene**  
**Economic Development Loan Program**  
**Form #1 - Job Applicant Family Income Questionnaire**

This employer is applying for financial assistance from the County of Greene and the US Department of Housing and Urban Development for a job retention project related to the storms funded with Community Development Block Grant funds. A condition of the receipt of this assistance is that all employees of the firm must provide certain information regarding their family income as part of the application eligibility process. Please provide the information requested below. Your responses will be kept entirely confidential.

Applicant Name \_\_\_\_\_ Job Title \_\_\_\_\_  
 Interview Date \_\_\_/\_\_\_/\_\_\_

Please circle the appropriate number of persons in your family (family is defined as all persons living in the same household who are related by birth, marriage, or adoption). Then check the income range on your Household Population's line which most closely matches the total of the annualized income(s) of your family prior to today's date.

Household Population	Below	Between	Between	Above
1 Person	___ \$9,450	___ \$15,450	___ \$24,750	___
2 Persons	___ \$10,800	___ \$17,700	___ \$28,300	___
3 Persons	___ \$12,100	___ \$19,900	___ \$31,800	___
4 Persons	___ \$13,450	___ \$22,100	___ \$35,350	___
5 Persons	___ \$14,550	___ \$23,850	___ \$38,200	___
6 Persons	___ \$15,650	___ \$25,650	___ \$41,000	___
7 Persons	___ \$16,700	___ \$27,400	___ \$43,850	___
8 Persons	___ \$17,800	___ \$29,150	___ \$46,650	___

In order to assure that non-discrimination requirements of this federal program are met, you are requested to complete the following statement: "I consider myself to be one of the following" (check appropriate category):  
 \_\_\_ White, \_\_\_ Black/African American \_\_\_ Asian, \_\_\_ American Indian/Alaskan Native, \_\_\_ Native Hawaiian/Other Pacific Islander, \_\_\_ American Indian/Alaskan Native and White, \_\_\_ Asian and White, \_\_\_ Black/African American and White, \_\_\_ American Indian, Alaskan Native and Black/African American, \_\_\_ Other \_\_\_\_\_ (describe)

**Also check the following if applicable:**

You are Hispanic (Spanish Origin)? \_\_\_ Your household is female-headed? \_\_\_  
 You are a handicapped individual? \_\_\_ You are over 65? \_\_\_

The information provided above is true to the best of my knowledge.

Applicant's Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

**EMPLOYER CERTIFICATION**

The above person works for the business (Circle one).  
 \_\_\_ Full Time \_\_\_ Part Time (check one)

The information provided above is true to the best of my knowledge. I understand that this form will not be accepted as proper documentation of job creation unless it is complete, including signatures of both the applicant and the employer.

Signed \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

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 You are a handicapped individual? \_\_\_ You are over 65? \_\_\_

The information provided above is true to the best of my knowledge.

Applicant's Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

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 \_\_\_ Full Time \_\_\_ Part Time (check one)

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Signed \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_