

Binghamton Local Development Corporation

City Hall, 4th Floor
38 Hawley Street
Binghamton, NY 13901-3776

(607) 772-7161

- Business Restart Loan Application -

The BLDC encourages sustainable development practices defined as development which meets the needs of the present at the same time as safeguarding and improving economic, social and environmental resources and the ability of future generations to meet their own needs.

BINGHAMTON LOCAL DEVELOPMENT CORPORATION
Business Restart Loan Application

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-APPLICATION CHECKLIST-

Name of Borrowing Entity: _____

Completed Application Forms: Borrower Statement, Description of Collateral, Personal Income & Expenditure Statement, Personal Financial Statement, Damage Assessment Form, Annual Debt Schedule.

Financial Information:

- Copies of **Individual Federal Tax Returns** for the two (2) most recent years for all principals having 20% or more ownership.
- Copy of a **valid photo ID** for every principal having 5% or more ownership.
- As appropriate to form of business organization, copies of **Articles of Incorporation, Certificate of Good Standing, Organization Agreement, Bylaws and DBA**; include % of ownership.
- Complete copies of **Borrowing Entity** (if other than Sole Proprietor), Partnership, Corporation, LLC, **Federal Income Tax Returns**.
- Complete copies of Accountant prepared Financial Statements (if available).

In accordance with Federal law, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. (Not all prohibited bases apply to all programs).

The BLDC will provide special accommodations for persons with disabilities, for example, accessible by wheelchairs or access to TDD or relay service for persons with hearing impairment. The NYS relay TDD number is 711.

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- BORROWER STATEMENT -

Borrowing Entity: _____

Business Name: _____

Contact name(s): _____

Business Address: _____

Business Telephone: _____ **Number of Employees:** _____

Other Contact Number: _____

E Mail Address: _____

Tax ID No: _____ **Type of Organization:** _____

Years in Business: _____ **Nature of Business:** _____

Fiscal Year End: _____

Name and Address of Current Bank of Business Account:

Ownership Name: _____

Percentage (%) of Ownership: _____

Owner Information:

Are you a U.S. Citizen? _____ **Yes, Naturalization Date (if applicable)** _____

No, Alien Registration #: _____

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

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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 _____

Gender: Male _____ Female _____

Signature: _____

Date: _____

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- DESCRIPTION OF COLLATERAL -

Below, please list all tangible and intangible assets proposed for collateral. For all tangible assets, please include a narrative description. Please be sure to list all liens associated with each asset listed below. Include all appraisals, estimates, etc, to substantiate the value of the proposed collateral.

Asset Type	Tangible	Intangible	Collateral Value	Liens

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-PERSONAL INCOME & EXPENDITURES-

Annual Income	Amount	Annual Expenditures	Amount
		Taxes, Income, and Other	
Salary		Rental Payments	
Bonus & Commission		Mortgage payments	
Rental income		Residential	
Interest income		Investment	
Dividend income		Property Taxes	
Capital gains		Residential	
Partnership income		Investment	
Other investment income (list below)		Loan Payments	
		Insurance	
		Alimony Child Support	
		Tuition	
		Other living expenses	
		Medical Expenses	
		Other Expenses (list below)	
Total Income		Total Expenditures	

Signature: _____

Date: _____

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PERSONAL FINANCIAL STATEMENT
(see attachment)

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PERSONAL FINANCIAL STATEMENT

Submitted to: _____

Date: _____

IMPORTANT: Read these directions before completing this Statement

- If you are applying for individual credit in your own name and are relying on your own income, or assets and not the income or assets of another person as the basis for repayment of the credit requested, or if this statement relates to your guaranty of the indebtedness of other person(s), firm(s), or corporation(s), complete only Sections 1, 3, and 4.
- If you are applying for individual credit but are relying on income from alimony, child support, or separate maintenance or on the income or assets of another person as a basis for repayment of the credit requested, complete all Sections. Provide information in Section 2 about the person whose alimony, support, or maintenance payments or income or assets you are relying on. 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.

© 1991 Robert Morris Associates - Form C-100-H
 ORDER FROM Banker's Systems, Inc., St. Cloud, MN Form C-100-H 9/18/97
 These forms are intended for use in commercial lending transactions.
 Where any other use is contemplated, it is suggested that a careful review
 be made to ensure compliance with applicable laws and regulations.



Section 1 - Individual Information (type or print)	Section 2 - Other Party Information (type or print)
Name _____	Name _____
Address _____	Address _____
City, State & Zip _____	City, State & Zip _____
Social Security # _____	Social Security # _____
Date of Birth _____	Date of Birth _____
Position or occupation _____	Position or occupation _____
Business name _____	Business name _____
Business address _____	Business address _____
City, State & Zip _____	City, State & Zip _____
Length at present address _____	Length at present address _____
Length of employment _____	Length of employment _____
Res. phone _____ Bus. phone _____	Res. phone _____ Bus. phone _____
Have (either of) you or any firm in which you were a major owner ever declared bankruptcy, or settled any debts for less than the amounts owed? If yes, please provide details on a separate sheet. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are (either of) you a defendant in any suit or legal action? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are (either of) you presently subject to any unsatisfied judgements to tax liens? <input type="checkbox"/> Yes <input type="checkbox"/> No	
When, if ever, have (either of) you been audited by IRS? _____	

Section 3 - Statement of Financial Condition as of _____							
Assets	In dollars (omit cents) [Individual]	[Joint]	If joint, with whom	Liabilities	In dollars (omit cents) [Individual]	[Joint]	If joint, with whom
(Do not include assets of doubtful value)							
Cash, Checking & Savings, CD's - see Schedule A				Notes payable to banks & others - see Schedule H			
U.S. Gov't. & marketable securities - see Schedule B				Due to brokers			
Non-marketable securities - see Schedule C				Amounts payable to others-secured			
Securities held by broker in margin accounts				Amounts payable to others-unsecured			
Restricted, control or margin account stocks				Accounts & bills due			
Real estate owned - see Schedule D				Unpaid income tax			
Accounts, loans, & notes receivable				Other unpaid taxes & interest			
Automobiles				Real estate mortgages payable - see Schedules D & H			
Cash surrender value-life insurance - see Schedule E							
Vested interest in deferred compensation/ profit-sharing plans - see Schedule F							
Business ventures - see Schedule G							
Other assets/personal property itemize - see Schedule G if applicable							
				Total Liabilities			
				Net Worth			
				Total Liabilities and Net Worth			
Total Assets							

Section 4 - Annual Income For Year Ended _____								
Annual Income	[Individual]	[Joint]	Annual Expenditures	[Individual]	[Joint]	Contingent Liabilities Estimated Amounts	[Individual]	[Joint]
Salary, bonuses & commissions \$			Mortgage/rental payments \$			Do you have any... Yes No		
Dividends & interest			Real estate taxes & assessments			Contingent liabilities (as endorser, co-maker or guarantor?)...	<input type="checkbox"/>	<input type="checkbox"/>
Real estate income			Taxes-federal, state & local			(On leases? on contracts?)	<input type="checkbox"/>	<input type="checkbox"/>
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.)			Insurance payments			Involvement in pending legal actions?	<input type="checkbox"/>	<input type="checkbox"/>
			Other contract payments (car payments, charge cards, etc.)			Contested income tax liens?	<input type="checkbox"/>	<input type="checkbox"/>
			Alimony, child support, maintenance			Any estimated capital gains tax on the unrealized asset appreciation?	<input type="checkbox"/>	<input type="checkbox"/>
			Other expenses			Other special debt or circumstances?	<input type="checkbox"/>	<input type="checkbox"/>
Total Income \$			Total Expenditures \$			If "yes" to any question(s) describe:		
						Total Contingent Liabilities	\$	

(COMPLETE SCHEDULES AND SIGN ON REVERSE SIDE)

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-DAMAGE ASSESSMENT-

- I. Please fill out the chart below. Be sure to include the dollar amounts for the proposed use of funds.

Loan Proposal	
Estimated Cost Use of Funds	Total Amount
Inventory	
Equipment	
Equipment Repair (electrical, appliances)	
Working Capital	
Professional Fees	
Other (use blank space below)	
Total	

Signature: _____

Date: _____

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-ANNUAL DEBT SCHEDULE-

Lender Name	Original Amount	Balance	Interest Rate	Maturity	Monthly Payment	Collateral	Current/Delinquent
Total							

Signature: _____

Date: _____

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