

Applicant Name	
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APPLICATION

Southern Tier Region Community Revitalization Program

**Southern Tier Regional
Economic Development Corporation**

**SOUTHERN TIER REGION
COMMUNITY REVITALIZATION PROGRAM
APPLICATION FORM**

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Part A: Application Checklist and Certification

Applicant Name		Yes	N/A
Item			
Certification signed by Municipal/Applicant official			
\$250 Application fee payable to Southern Tier Region Economic Development Corporation. Place fee in an envelope and insert inside front pocket of the application binder labeled "Original."			
Applicant has contacted the respective county economic development agency. See Attachment A. List of Southern Tier Region County Economic Development Agency Representatives.			
Application Documents			
Completed Parts B-I			
Project Development Plan, including a market feasibility analysis, financing strategy and 5-year operating pro forma.			
Statement of personal history for each proprietor, partner or stockholder with 20% or more ownership of business concern, and if different, each owner with 20% or more ownership of alter ego. See Attachment B. Personal History Statement Form.			
Personal financial statement current within 90 days for each proprietor, partner or stockholder with 20% or more ownership of business concern, and if different, each owner with 20% or more ownership of alter ego. See Attachment C. Personal Financial Statement Form.			
Credentials of individuals involved in the project.			
Corporate or board resolution that authorizes the business to borrow. (if applicable)			
Letter from the Local Planning/Zoning official stating the project is compatible to local ordinances.			
Project Site Map.			
Third party estimates for project costs.			
Property Appraisal(s).			
Documentation of property ownership; and/or signed options or purchase agreements.			
Written commitment(s) for all project financing sources.			
Documentation of all equity commitments.			
SEQRA Assessment Form (EAF) and EIS Findings Statement.			
SEQRA Negative Declaration.			
Additional environmental reviews or other approvals.			
SHPO Review Materials.			
True and complete copy of the applicant's Governing Body Resolution.			
Permits and special approvals such as Ag District.			
Non Discrimination and Contractor Diversity.			
Two (2) copies of the entire application, including attachments. If possible, an additional electronic copy of the application with attachments should also be provided.			

Certification: The undersigned solemnly affirms that to the best of my knowledge, information and belief, the application is complete and that all statements, including all schedules, attachments and additional information submitted in connection herewith, are true and accurate. I hereby authorize the Southern Tier Region Economic Development Corporation and Empire State Development Corporation to order credit reports or other financial background information on the applicant, and any individual or entity proposed as a guarantor, as may be necessary to provide the assistance requested. For Aviation Projects, the undersigned affirms that it has provided any information necessary to maintain, if applicable, the Federal tax exempt status of bonds, notes or other obligations issued by the New York State Thruway Authority for such purposes.

Official Signature		
Typed Name		
Title		Date

Part B – General Information	Page 1
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Applicant Name	
Street Address (not PO Box)	
City, State, Zip	
County	
Contact Name	
Title	
Phone Number	
E-Mail Address	
NYS Unemployment Insurance Tax #	Federal Employer ID #
Type of Applicant	<input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> County <input type="checkbox"/> Local Development Corporation <input type="checkbox"/> Industrial Development Agency <input type="checkbox"/> Business Improvement District <input type="checkbox"/> Economic Development Agency <input type="checkbox"/> Downtown Development Organization <input type="checkbox"/> Community Development Organization

Name of Project			
Total Project Cost		\$	
SOUTHERN TIER REGION COMMUNITY REVITALIZATION Loan Request		\$	
Project Type(s): Urban Downtown <input type="checkbox"/> Rural Population Center <input type="checkbox"/> Neighborhood Commercial Center <input type="checkbox"/>			
Total Number of Properties Involved in the Project:			
Project Developer Name (if not applicant):			
Type of Development Entity: Individual <input type="checkbox"/> Non-profit <input type="checkbox"/> Private Business <input type="checkbox"/> Development Corp <input type="checkbox"/>			
Contact Person:	Title:		
Address:	City:	State:	Zip Code:
E-mail:	Phone:		

Part B – General Information

Page 2

Has the applicant or proposed developer ever been or is it currently delinquent under the terms of any agreements with Empire State Development Corporation?

Yes No

If YES, explain circumstances.

Did the applicant or developer receive funding under the CFA process in 2011-12, 2012-13 or 2013-14 for this or any portion of the proposed project?

Yes No

If YES, describe funding received, use of funds, and current status of project implementation.

Part C – Project Information

Page 2 – Project Description

Describe how this project will fulfill one or more of the Southern Tier Community Revitalization goals to: (1) revitalize urban centers, rural population centers and neighborhood commercial centers; (2) attract and sustain both short-term and long-term private capital; (3) create quality commercial space for commercial development and entrepreneurial enterprises and mixed use options, while building on existing infrastructure in keeping with the character of the downtown or neighborhood commercial center.

Describe the affect the project will have on the municipality where the project is located.

Describe how this project conforms to a local revitalization or urban development plan, or is otherwise architecturally consistent with nearby and adjacent properties. Include a description of how the project supports local smart growth plans if applicable.

Describe the measurable and quantifiable results and economic impact of the project. Include numbers of new and refurbished commercial spaces, upper story housing units, square footage and commercial space, number of new businesses expected to occupy the commercial space, number of new employees, enhanced tax base, etc.

Part C – Project Information **Page 3 – Project Financing**

A. Project Funding Sources

Funding Source	Amount of Funds
Southern Tier Community Revitalization Loan	\$
Applicant Equity	\$
Federal and New York State Funding (Sum of B. below)	\$
Local public and not-for-profit funding (Sum of C. below)	\$
Developer Equity and Financing (Sum of D. below)	\$
Other:	\$
TOTAL (must be equal to sum of Sources of Funding identified on the Part E. Budget Sheet)	\$

B. Federal and New York State Funding

NYS or Federal Agency and Program Name	Amount of Funds	Status of Funds		
		Received	Committed	Requested
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TOTAL	\$			

C. Local public, and not-for-profit funding

Source	Amount of Funds	Status of Funds		
		Received	Committed	Requested
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TOTAL	\$			

D. Developer Equity and Financing Sources (bank, credit union, etc.)

Source	Amount of Funds	Status of Funds		
		Received	Committed	Requested
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TOTAL	\$			

Part C – Project Information

Page 4 – Project Financing

Describe how Southern Tier Region Community Revitalization loan funds will be used in this project, why they are essential to filling a financing “gap.”

If the project is not fully funded, explain what other sources will be sought, or measures will be taken, to fully fund, implement and complete this project.

Part D – Project Readiness and Feasibility	Page 1
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Respond to the questions below. Attach documentation to the application as indicated.

Project Feasibility	
A Project Development Plan, including a market feasibility analysis, financing strategy and five years of operating pro forma, must be attached to the application.	Attached <input type="checkbox"/>
Has an appraisal of the property(s) been completed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Note: A current appraisal of the property(s) will be required prior to loan closing.	Attached <input type="checkbox"/>
Letters of commitment from all financing sources such as banks and financial institutions, federal and state agencies, and private and not-for-profit entities. Note: If the cash match includes bank financing, then original signature written commitments from all financing institutions must be included in the application packet. <i>A letter of interest does not constitute a firm commitment for financing or property acquisition.</i> The written commitment may be contingent upon an applicant receiving a Community Revitalization award.	Attached <input type="checkbox"/> Not Applicable <input type="checkbox"/>
Documentation for all cash equity commitments, both applicant and developer entity.	Attached <input type="checkbox"/> Not Applicable <input type="checkbox"/>

Project Readiness		
Letter from the Local Planning/Zoning official stating that the project is compatible to zoning and other applicable local ordinances.	Attached <input type="checkbox"/>	
Copies of third party estimates for project costs.	Attached <input type="checkbox"/>	
List all State, Federal and local permits/approvals that are required and their status. For example, Army Corp of Engineers, Ag District, etc. Include evidence of any permits or approvals received.		
Agency Name	Permit Name	Status

Part D – Project Readiness and Feasibility

Page 2

Environmental Readiness	
Has a Phase 1 Environmental Site Assessment been completed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, what is its environmental status and impact on the project? Attach any related documentation.	
Are there any other known environmentally sensitive issues affecting the project (e.g. endangered species, wetlands, etc.)? If yes, name them and their status.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has the SEQRA review process been initiated?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, what is the status? Include SEQRA Negative Declaration as an attachment to the application materials.	
Has the SHPO consultation process been initiated or completed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, what is the status? Include any documentation of completion or other communications as attachments to the application.	
Describe the developer's qualifications and prior results. Include credential as an attachment to the application.	

Part E. Statement of Need

Explain why funding assistance is being requested. Use one or more of the following as a guide. Include information on the impact Southern Tier Community Revitalization funding is likely to have on the project's success. Provide supporting documentation as applicable. Limit response to the space provide below.

Financial Gap	<p>Sufficient funds cannot be obtained from other sources to complete the project without Community Revitalization funding assistance.</p> <p><i>Include evidence that Community Revitalization funding assistance is needed to subsidize, encourage or leverage private sector investment.</i></p>
Feasibility	<p>The project cannot go forward on the basis of terms offered by private and/or public funding sources.</p> <p><i>Include the expected terms that would be imposed by other sources and why these will not allow the project to proceed. Outline the terms that are required and explain how these will make the project feasible.</i></p>

Part F. Site Control Affidavits for Non-Municipal-Owned Properties

Include a signed Site Control Affidavit for each Non-Municipal-Owned Property and include with the application materials. For long term leased properties where the lessee is in control of the property (e.g., a ground lessee), the lessee must also submit a signed Site Control Affidavit.

PROPERTY OWNER AFFIDAVIT OF RIGHTFUL OWNERSHIP

It is my/our understanding that _____ will submit a Southern Tier Region Community Revitalization proposal to Southern Tier Region Economic Development Corporation requesting funds to revitalize urban and neighborhood commercial centers, and induce commercial investment.
(APPLICANT NAME)

I/we further understand that the Southern Tier Region Community Revitalization program provides low-interest loans and grants for costs to demolish, rehabilitate, reconstruct and construct commercial properties, subject to applicable program funding limits.

I/we further understand that the _____ is proposing to use these funds to demolish, rehabilitate and/or reconstruct my property at _____.
(APPLICANT NAME)
STREET, CITY, STATE, ZIP (COUNTY)

I/we certify that I/we are the rightful owners of such property and that I/we consent to have my/our property included in the Southern Tier Region Community Revitalization application and will allow the applicant control of the above mentioned property for the purposes outlined in this application.

/s/ _____
Type/Print Name _____ Phone: _____

/s/ _____
Type/Print Name _____ Phone: _____

CITY CLERK/TREASURER AFFIDAVIT OF PROPERTY OWNERSHIP

This is to certify that I have reviewed the tax roles for the _____
(MUNICIPAL NAME)
and determined that _____ is/are the owner(s) of record of
(NAME(S) OF PROPERTY OWNER)

STREET, CITY, STATE, ZIP (COUNTY) TAX MAP #

as of the most recent assessment period and that no transfer of ownership information has been transmitted to the _____ since that date.
(APPLICANT NAME)

/s/ _____
(CITY CLERK / TREASURER)

Type/Print Name _____

Part G. State Environmental Quality Review Act (SEQRA)

Applicant Name	
Project Name	

For information about the State Environmental Quality Review Act (SEQRA), visit the New York State Department of Environmental Conservation's web site at <http://www.dec.ny.gov/>.

NOTE: All SEQRA reviews must be completed prior to STREDC closing on the loan/grant award. Physical work on a project must not be started prior to completion of appropriate SEQRA review.

SEQRA Information

1. Does your project involve any physical alteration to a site (including demolition) or to the exterior of a facility, change in the nature of the activity conducted at the project site or facility, or result in significant changes to the project site area's activity patterns? Yes No

If YES, answer question 2 below. If NO, skip question 2 as your project probably does not require environmental review. Your application will be reviewed to confirm this.

2. Does your project involve:

- Acquisition of real estate? Yes No
- Infrastructure improvements, other than extensions of existing distribution systems in approved subdivisions or site plans? Yes No
- Renovation or new construction that will add more than 4,000 square feet or requiring a zoning or land use change with no other discretionary action? Yes No
- Procurement of environmental regulatory permits? If YES, name the permit(s) required: _____ Yes No
- Demolition of a building(s)? Yes No
- If YES, is there currently a specific project plan or proposal for redevelopment or change in the type or intensity of use of the site? (Note: SEQRA review is required for all known or reasonably foreseeable phases of the project, including any future redevelopment plans or plans to change the use of the site.) Yes No
- Alterations to (other than for preservation) or demolition of a building(s) listed on or eligible for listing on the State or National Register of Historic Places? Yes No

If you answered YES to any of the above, your project must be reviewed under SEQRA by a lead agency. (A "lead agency" is a public entity principally responsible for undertaking, funding or approving a project. Examples of lead agencies are: county industrial development agencies; municipal planning agencies/boards/councils; health departments; and zoning boards.)

SEQRA Review

<p>Has a SEQRA review been completed for this property?</p> <ul style="list-style-type: none"> • If YES, provide a copy of the environmental assessment form (EAF), including Short EAF Parts 1, 2 and 3 or Full EAF cover page and Parts 1 and 2 (and Part 3, if completed), and the Negative Declaration. • If NO, on a separate page explain the status of the project's SEQRA review, provide the identity of the lead agency, and date when the SEQRA review is anticipated to be completed. • If an Environmental Impact Statement (EIS) was required for the project, provide a copy of the Draft and Final EIS (digital copy is acceptable) and the lead agency's Statement of Findings. 	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
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Part H. State Historic Preservation Office (SHPO)

Page 1

Applicant Name	
Project Name	

For issues relating to consultation with the State Historic Preservation Office (SHPO), visit the New York State Office of Parks, Recreation and Historic Preservation's web site at <http://nysparks.state.ny.us/shpo/>.

Does the project involve:
▪ Demolition or rehabilitation of a building(s) more than 50 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No
▪ Demolition or rehabilitation of a building(s) or new construction on or contiguous to a site listed on or eligible for listing on the State or National Registers of Historic Places? <input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered YES to either of the above, the project requires consultation with SHPO in accordance with Section 14.09 of the New York State Historic Preservation Act. **Follow the instructions in Section 9 of the Guidelines and submit materials to SHPO for review.** Attach a copy of the Project Review Cover Form to all subsequent documentation sent to SHPO.

NOTE: SHPO's Letter of Determination of No Adverse Effect or Letter of Resolution to Mitigate Adverse Effect is required prior to Southern Tier Region Economic Development Corporation closing on the award. Upon receipt of SHPO's letter, submit a copy to:

Southern Tier Region Economic Development Corporation
c/o REDEC/RRC
8 Denison Parkway, E.
3rd Floor—Suite 403
Corning, NY 14830

Part H. State Historic Preservation Office (SHPO)	Page 2
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Applicant Name	
Project Name	



New York State Office of Parks, Recreation and Historic Preservation
Historic Preservation Field Services Bureau
Pebbles Island Resource Center, PO Box 189, Waterford, NY 12188-0189 (Mail)
Delaware Avenue, Cohoes 12047 (Delivery) (518) 237-8643

Rev. 8-08

Southern Tier Region Community Revitalization Program - PROJECT REVIEW COVER FORM
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Complete this form and attach it to the top of any and all information submitted to this office for review.
 Accurate and complete forms will assist this office in the timely processing and response to your request.

1. This STCR Loan/Grant relates to a previously funded project.	<input type="checkbox"/> Yes
PROJECT NUMBER _____ PR _____	
COUNTY _____	
If you have checked Yes in the box and noted THE PREVIOUS Project Review (PR) number assigned by this office, you do not need to continue unless any of the required information below has changed.	

2. This is a new project.	<input type="checkbox"/> Yes
Project Name	
Location	
(You MUST include street number, street name and/or County, State or Interstate route number if applicable)	
City/Town/Village	
(List correct municipality in which project is being undertaken. If in a hamlet, you must also provide name of the town.)	

TYPE OF REVIEW REQUIRED/REQUESTED (Please answer both questions)			
A. Does this action involve a permit approval or funding, now or ultimately from any other governmental agency?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, list agency name(s) and permit(s)/approvals(s)			
Agency Involved	Type of permit/approval	State	Federal
ST Regional Economic Development Council	STCR Grant	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
B. Type of project(s) proposed: (Check all that apply)			
Demolition(s)	<input type="checkbox"/> 1-20 buildings	<input type="checkbox"/> over 20 buildings	_____ number of buildings
Rehabilitation Project(s)	<input type="checkbox"/>		
New Construction Project(s)	<input type="checkbox"/>		

Contact Person for Project			
Name		Title	
Firm/Agency			
City/State/Zip			
Phone	Fax	Email	

Part I. Non Discrimination and Contractor Diversity

Applicant Name	
Project Name	

ESC's Non-discrimination and Contractor Diversity policy will apply to this Project. Grantees shall be required to solicit and utilize MWBEs for any contractual opportunities generated in connection with the Project. Considering that the individual terms of each grant that will result from this program are currently unknown, an overall utilization goal will not be established. Each grant/loan application will be examined for MWBE utilization opportunities, and appropriate goals will be assigned.

If your project is approved for funding, where applicable, ESD's Office of Contractor and Supplier Diversity will implement a supplier and diversity program, including business and employment participation goals for minorities and women.

To identify opportunities for M/WBE subcontracting and workforce participation, **place an X in the appropriate boxes** below to indicate those areas where M/WBEs, minority and female workforce may be utilized.

	Minority/Women-Owned Business Enterprise	Minority/Female Workforce Participation
Consultant/Feasibility Studies		
Design (Arch & Eng Services)		
Construction Contracts		
Facility Operations Contracts		
Other (Please Specify)		

For further information regarding ESD's Contractor and Supplier Diversity program, contact the ESD Office of Contractor and Supplier Diversity at (212) 803-3226.

Part J. Governing Body Resolution Document

Include a true and complete copy of the Governing Body Resolution passed by the legal and binding governing body of the municipality or applicant organization finding that the proposed project(s) is/are consistent with the municipality's local revitalization or urban development plan, or the applicant organization's economic development plan; that the project implementation is authorized; that the proposed financing is appropriate for the specific project(s); that the project(s) facilitates effective and efficient use of existing and future public resources so as to promote both economic development and preservation of community resources; and where applicable, the project(s) develops and enhances infrastructure and/or other facilities in a manner that will attract, create and sustain employment opportunities.

Include the Governing Body Resolution with the application materials.

All documents MUST be included with the application.

Incomplete applications will not be considered.

Attachment A.
Southern Tier Region
County Economic Development Agency Representatives

Southern Tier Region County Economic Development Agency Representatives

Broome County

Kevin McLaughlin, Executive Director
Broome County IDA
Edwin L. Crawford County Office Building
60 Hawley Street, 5th Floor
Binghamton, NY 13901
(607) 584-9000
km@BCIDA.com

Chemung County

George Miner, President
Southern Tier Economic Growth (STEG)
400 East Church St
Elmira, NY 14901
(607) 733-6513 , ext 224
gminer@steg.com

Chenango County

Steve Craig, President & CEO
Commerce Chenango
19 Eaton Ave
Norwich, NY 13815
(607) 334-1404
scraig@chenangony.org

Delaware County

Glenn Nealis, Director
Delaware County Economic Development
One Courthouse Square, Room 4
Delhi, NY 13753
(607) 746-8595
gnealis@dcecodev.com

Schuyler County

Brian Williams
SCOPED
2 North Franklin Street
Watkins Glen, NY 14991
(607) 535-4341
brian@scoped.biz

Steuben County

James Griffin, Executive Director
City of Hornell IDA
40 Main Street
Hornell, NY 14843
(607) 324-0310
griff@hornellny.com

Jamie Johnson, Executive Director
Steuben County IDA
7234 Route 54 North
PO Box 393
Bath, NY 14810-0393
(607) 776-3316
jjohnson@steubencountyida.com

Tioga County

LeeAnn Tinney, Director
Tioga County Dept of Economic Development
& Planning
County Office Building
56 Main Street
Owego, NY 13827
(607) 687-8254
TinneyL@co.tioga.ny.us

Tompkins County

Michael Stamm, President
Tompkins County Area Development
200 East Buffalo St, Suite 102 C
Ithaca, NY 14850
607-273-0005
michaels@tcad.org

Attachment B. Statement of Personal History and Personal Financial Statement Forms

IMPORTANT

These forms must be filled out and submitted by:

1. The proprietor, if a sole proprietorship
2. Each partner, if a partnership
3. Each Corporate officer, director and/or principal with 20% or more ownership
4. Any other person, authorized to obligate the applicant to the loan being sought

STATEMENT OF PERSONAL HISTORY		
Loan Applicant	Full Address	
Name of Business:	Tax Identification Number:	
Street Address:	Telephone Number:	
City: County:	Fax Number/E-mail address:	
State/Zip Code:	Amount Applied For:	
Current Name, Former Names and Aliases		
State name in full, if no middle name, state NMN. If initial only, indicate Initial. List all former names and/or aliases used, and date for each name and/or alias used. Use separate sheet, if necessary.		
First Name, Middle Name, Last Name	Date From:	Date To:
General Information		
Date of Birth (Month/Day/Year)	Social Security Number	Are You a Current U.S. Citizen?
	- -	Yes No
If You are Not Currently a US Citizen or Have Denounced Your U.S. Citizenship, Give Your Alien Registration Number:		
What is your percentage of ownership or stock owned or to be owned in the business concern?		
Present Residence Address	From	To
Immediate Past Residence Address		
Home Telephone Number	Business Telephone Number	

STATEMENT OF PERSONAL HISTORY

BE SURE TO ANSWER THE NEXT 2 QUESTIONS CAREFULLY, THEY ARE IMPORTANT. THE FACT THAT YOU HAVE A CRIMINAL CONVICTION ON YOUR RECORD WILL NOT NECESSARILY DISQUALIFY YOU; HOWEVER AN INCORRECT ANSWER MAY CAUSE YOUR APPLICATION TO BE REJECTED.

1 Have you ever been convicted of any criminal offense other than a minor vehicle violation? Yes No

If yes, furnish details; use a separate sheet if necessary. List name(s) under which convicted, if applicable.

(Large empty space for providing details of convictions)

2 If the answer to question #1 is yes, are you now under parole, Probation or Conditional release supervision? Yes No

If yes, furnish the name and telephone number of supervisor.

Name		Telephone Number	()	-
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Authorization

I HEREBY AUTHORIZE **STREDC, REDEC AND REDEC RELENDING CORPORATION** TO OBTAIN A PERSONAL CREDIT REPORT TO BE USED IN EVALUATION OF THE LOAN REQUEST.

Legal Signature	Title	Date
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This is an Equal Opportunity Program.
USDA is an equal opportunity provider, employer and lender." To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice), or (202) 720-6382 (TDD)."

Personal Financial Statement

SECTION 1 – INDIVIDUAL INFORMATION		SECTION 2 – OTHER PARTY INFORMATION	
Name:		Name:	
Residence Address:		Residence Address:	
City, State, Zip:		City, State, Zip:	
Soc. Sec. No.:		Soc. Sec. No.:	
Date of Birth:		Date of Birth:	
Position or Occupation:		Position or Occupation:	
Business Name:		Business Name:	
Business Address:		Business Address:	
Bus. City, State, Zip:		Bus. City, State, Zip:	
Res. Phone:		Res. Phone:	
Bus. Phone:		Bus. Phone:	

SECTION 3 STATEMENT OF FINANCIAL CONDITION AS OF _____ 20__			
Assets (Do Not Include Assets of Doubtful Value)	In Dollars (Omit Cents)	Liabilities	In Dollars (Omit Cents)
Cash On Hand In Banks – See Schedule A	\$	Notes Payable to Banks – Schedule F	\$
Marketable Securities – See Schedule B		Secured	
		Unsecured	
Non Marketable Securities – See Sched. C		Amounts Payable to Others - Secured	
Loans Receivable		Amounts Payable to Others - Unsecured	
Real Estate Owned – Schedule D		Real Estate Mortgage Payable Schedule D	
Cash Value – Life Insurance – Schedule E		Other Liabilities - Itemize	
Automobiles			
Personal Property			
Other Itemized Assets			
		Total Liabilities	\$
		Net Worth	\$
Total Assets		Total Liabilities and Net Worth	\$

SOURCES OF INCOME			PERSONAL INFORMATION
FOR FY: 20____	Borrower	Co-Borrower	Are you a partner or officer in any other venture? If so, describe.
Salary, Bonuses & Commissions			
Dividends			
Real Estate Income			
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)			Are you obligated to pay alimony, child support or separate maintenance payments? If so describe.
			Are any assets pledged other than as described on schedules? If so, describe.
Total	\$	\$	
CONTINGENT LIABILITIES			
Do you have any contingent liabilities? If so, describe.			Are you a defendant in any suits or legal actions?
As endorser, co-maker or guarantor-	\$		Have you ever been declared bankrupt? If so, describe.
On leases or contracts	\$		
Legal Claims	\$		
Other Special Debt	\$		
Amount of contested income tax liens	\$		

COMPLETE SCHEDULE AND SIGN ON PAGE THREE (3)

SCHEDULE A – PERSONAL BANK ACCOUNTS				
TYPE	Names on Account	Amount	Acct. No.	Name and Address of Bank
Checking		\$		
		\$		
		\$		
		\$		
Savings		\$		

SCHEDULE B – MARKETABLE SECURITIES					
Number of Shares or Face Value of Bonds	Description	In Name of	Acct. No.	Are These Pledged?	Market Value
					\$
					\$
					\$
					\$
					\$

SCHEDULE C – NON-MARKETABLE SECURITIES					
Number of Shares or Face Value of Bonds	Description	In Name of	Are These Pledged?	Source of Value	Market Value
					\$
					\$
					\$
					\$
					\$

SCHEDULE D – REAL ESTATE OWNED							
Address and type of property	Title in name of	Date Acquired	Cost	Market Value	MTGE Holder	MTGE Maturity	MTGE Amount
			\$	\$			\$
			\$	\$			\$
			\$	\$			\$
			\$	\$			\$
			\$	\$			\$

SCHEDULE E – LIFE INSURANCE CARRIED, INCLUDING N.S.L.I. AND GROUP INSURANCE					
Name of Insurance Company	Owner of Policy	Beneficiary	Face Amount	Policy Loans	Cash Surrender Value
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$

SCHEDULE F – NOTES PAYABLE TO BANKS						
Name and Address of Lender	Credit in Name of	Unsecured or Secured	Original Date	High Credit	Repayment Schedule	Current Balance
			\$	\$		\$
			\$	\$		\$
			\$	\$		\$
			\$	\$		\$
			\$	\$		\$

The information on this statement is given to the Southern Tier Region Economic Development Corporation, hereinafter referred to as STREDC.

I/We understand that you are relying on this information in your decision to grant or continue credit.

I/We understand that STREDC may exchange or make credit inquires with others.

During the review of my/our application STREDC may obtain a consumer report on me/us and if the application is approved STREDC may at any time in the future obtain additional consumer reports to review my/our account. I/We have the right to ask for the name and address of the consumer-reporting agency which gave STREDC the consumer report.

I/We have completely and truly answered all of the questions on this statement.

I/We are aware that the filing of a false instrument in connection with the application for funding by a New York State public benefit corporation constitute an attempt to defraud the State, and may be a felony under the laws of the State of New York.

Legal Signature _____ **Date** _____

Legal Signature _____ **Date** _____