

**TIOGA COUNTY INDUSTRIAL
DEVELOPMENT AGENCY**

EQUIPMENT LEASE APPLICATION

Lease information and application forms may be obtained by writing or calling:

Tioga County IDA
56 Main Street
Owego, NY 13827

Casey Yelverton,
Economic Development
Specialist
(607) 687-8255

There is a ***\$250.00 non-refundable application fee*** collected with this completed application.
Please make payable to TCIDA.



APPLICATION

Applicant

Full Address

Name of Business

Tax Identification Number

Full Street Address

Telephone Number

City

County

State

Zip Code

Type of Business

Date Business Established

Bank of Business Account and Address

DUN's Number _____

NAICS Code _____

Use of Proceeds: (Enter gross \$ amounts rounded to nearest hundred)	Project Cost	TCIDA USE ONLY	Source of Proceeds
Equipment	\$ _____		TCIDA lease request \$ _____
	\$ _____		Term of Lease _____
	\$ _____		Other Financing Sources
	\$ _____		A. Bank (Provide Name) \$ _____
	\$ _____		B. Equity \$ _____
	\$ _____		C. Other (Please List) \$ _____
	\$ _____		
	\$ _____		
TOTAL PROJECT COST	\$ _____		TOTAL SOURCES \$ _____

Employment Plan:

Existing Jobs _____

Average Hourly Wage \$ _____

Projected New Jobs _____

Average Annual Wage \$ _____

Retained Jobs _____

A full time employee is defined as working 37.5 hours per week on a year-round basis. Adjust part-time employees accordingly.

COLLATERAL -- BUSINESS AND/OR PERSONAL

If your collateral consists of

- (A) Land & Building
- (B) Accounts Receivable and/or
- (C) Inventory

Fill in the appropriate blanks.

If you are pledging

- (D) Machinery and Equipment
- (E) Furniture and Fixtures, and/or
- (F) Other

Please provide an itemized list (labeled Attachment A) that contains serial and identification numbers, if available. Include a legal description of Real Estate offered as collateral.

	Present Market Value	Present Loan Balance	IDA only Collateral Valuation	Collateral in name of:
A. Land & Building				
B. Accounts Receivable				
C. Inventory				
D. Machinery/Equip				
E. Furniture/Fixtures				
F. Other				
TOTALS				

With respect to any assets set forth, which are jointly owned with another, does applicant propose to furnish an unlimited personal guarantee to lender of the loan obligation executed by the co-owner(s) of the scheduled assets?

Yes _____
 No _____

Previous Government Financing: If you or any principals have received any other Federal direct loan or guarantee assistance, complete the following:

Name of Agency	Original Amt. of Loan	Date of Loan	Balance	Current or Past Due

Outstanding Debt: Furnish the following information on all installment loans, contracts, officer and shareholder loans, notes and mortgages payable, term loans and/or revolving credit arrangements and capitalized leases. Present balance should agree with latest balance sheet submitted. (Attach additional sheets if needed.)

To Whom Payable	Original Amount & Date	Interest Rate	Present Bal./ Monthly Pymt	Maturity Date	Security	Current/ Past Due

Management: Proprietor, partners, officers, directors and stockholders. 100% ownership must be shown. (Personal guarantees of all individuals with 20% or more ownership will be required.)

Name & Social Security No.	Complete Address	% Ownership

The following attachments must be completed where applicable. All questions answered are made a part of the application. All attachments must be signed and dated by person signing this form.

- ATTACHMENT (1) Submit Personal History Statement for each person (i.e. owners, partners, officers, directors, major stockholders, etc.)
- ATTACHMENT (2) Provide a current personal financial statement for each stockholder (with 20% or more ownership), partner, officer, and owner; including Social Security Number.
- ATTACHMENT (3) Submit business Financial Statement which should include:
 - a) Federal income tax return copies for the applicant business and any owners of 20% or more for the past 3 years.
 - b) If available, Balance Sheet, Profit and Loss Statement, and Reconciliation of Net Worth for the past three years. If most recent statement is more than six months old, provide an interim statement.*
 - c) If new business, provide projected balance sheet, profit and loss statement, and cash flow for three years.

Upon review of the above, additional financial information may be requested. **
- ATTACHMENT (4) Provide a brief history of your company and a paragraph describing the expected benefits of the project.
- ATTACHMENT (5) Provide a brief description of the educational, technical and business background for all people listed under management.
- ATTACHMENT (6) Based on the use of TCIDA funds, please provide the following:
 - a) For the purchase of machinery/equipment include a list of the equipment and quotes.
- ATTACHMENT (7) If your business, owners or majority stockholders has a controlling interest in other businesses, please provide their names, amount of ownership and relationship with your company.
- ATTACHMENT (8) Based on the form of organization, please provide the following:
 - a) Limited Liability Company - Articles of Organization, Filing Receipt from New York State Secretary of State, Executed Operating Agreement
 - a) Corporation - Certificate of Incorporation, Filing Receipt from New York State Secretary of State, Corporate By-laws and Board Resolution authorizing loan applications for the project.
 - b) Partnership - Partnership Agreement and Filing Receipt.
 - c) Sole Proprietorship -- Filing Receipt.
 - d) Franchise - Copy of Franchise Agreement and FTC Disclosure Statement.

- ATTACHMENT (9) Provide documentation of other sources of funding committed to the project (i.e. bank commitment letter, verification of equity, etc.)
- ATTACHMENT (10) Low Income Employment Certification (FmHA applicants only)
- ATTACHMENT (11) A \$250 application fee must accompany each lease application. This fee is non-refundable.

AGREEMENTS AND CERTIFICATIONS

AGREEMENTS:

1. I/We agree that the project will adhere to all local, state and federal air and water pollution standards.
2. I/We agree that if I/We do not comply with the Agreements and Certifications herein, or the program regulations listed herein and in the TCIDA Program Description and Environmental Compliance System Bulletin, or in the event of a default, or in the event of the violation of any federal, state or local law, statute, order, rule or regulation regarding the use of loan proceeds or operating practices, the total unpaid principal, together with unpaid interest thereon, will become immediately due and payable, at the option of TCIDA.
3. I/We agree that the project will adhere to all local, state and federal historic preservation laws and regulations.
4. I/We agree that I/We will obtain and maintain flood hazard insurance if required, pursuant to National Flood Plain Policy.
5. I/We agree that if construction is financed by this loan, accessibility to the handicapped will be assured by compliance with the standards of 41 CFR, Sub-Part 101-19.6.
6. I/We agree to provide an annual operating statement to the TCIDA within a reasonable time of the close of the fiscal year of the applicant organization.
7. I/We agree to use best efforts to utilize minority and/or women-owned businesses as vendors or subcontractors and minority and/or women individuals in any employment opportunities generated as a result of this project. Further, I/We agree to make good faith efforts to comply with the Affirmative Action Program of New York State and policies that include Governor Pataki's Executive Order No. 21, and rules and regulations issued thereunder.
8. I/We authorize disclosure of all information submitted in connection with this application to any funding source, private or public, as part of negotiations for their participation in the financial package.
9. I/We authorize TCIDA to collect confidential personal and business information relevant to the processing and evaluation of this loan.
10. I/We waive all claims against TCIDA and their staff and consultants.

11. I/We agree to post Civil Rights Guidelines in a conspicuous place accessible to employees, and to not violate any applicable Civil Rights guidelines.
12. I/We certify that we will comply with Federal Fair Labor Standards Act (i.e. Davis-Bacon) when required.

CERTIFICATIONS:

1. I/We certify that all information in this application and the Attachments are true and complete to the best of my/our knowledge and is submitted so the Lease Review Committee and the TCIDA Board of Directors can decide whether to grant a lease or participate with the lending institution in a loan to me/us.
2. I/We give the assurance that I/We will comply with Section 112 and 113 of Vol. 13 of the Code of Federal Regulations. These Code Sections prohibit discrimination on the grounds of race, color, sex, religion, marital status, handicap, age or national origin by recipients of Federal financial assistance and require appropriate reports and access to books and records. These requirements are applicable to anyone who buys or takes control of the business. I/We realize that if I/We do not comply with these non-discrimination requirements my/our loan can be called, terminated, or prepayment accelerated.
3. I/We certify that facilities under its ownership, lease, or supervision, which will be utilized in the accomplishment of the project or services financed by the TCIDA loan, are not listed on the Environmental Protection Agency's (EPA) list of violating facilities pursuant to Section 15.20 or 50 CFR, Part 15. Further, I/We certify that I/We will conform to all applicable environmental regulations including floodplains, wetlands, historic or archaeological properties, air and water quality, solid waste discharge, hazardous and/or toxic waste disposal, drinking water resources, sewage and non-renewable national resources.
4. I/We certify that I/We am/are not relocating operations or employment from another labor market with the proceeds of the proposed TCIDA loan.

I/We agree to all the preceding Agreements and Certifications.

I/We understand the contents and purpose of this application, and the regulations of the TCIDA loan fund.

I/We do solemnly affirm that to the best of my/our knowledge, information provided and statements herein are true and accurate.

I/We am/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.

If applicant is a proprietor or general partner, sign below:

By: _____ Date _____

If applicant is a Corporation, sign below:

Corporate Name and Seal _____ Date _____

By: _____
Signature of President

Attested By: _____
Signature of Corporate Secretary

**TCIDA
56 Main Street
Owego, NY 13827**

PERSONAL FINANCIAL STATEMENT

Date _____ 20 _____ Social Security No. _____

Name(s) _____ Position/Occupation _____

Business Name _____ Business Address _____

_____ Phone _____

Residence Address _____ Phone _____

PLEASE DO NOT LEAVE ANY QUESTIONS UNANSWERED. USE "NO" OR "NONE" WHERE NECESSARY.

ASSETS	IN EVEN DOLLARS			LIABILITIES	IN EVEN DOLLARS		
Cash on hand and in banks				Notes payable to banks - secured			
Marketable Securities-see Schedule A				Notes payable to banks - unsecured			
Non-Marketable Securities-See Schedule B				Due to brokers			
Securities held by broker in margin accounts				Amounts payable to others - secured			
Partial Interest in Real Estate Equities - see Schedule C				Amounts payable to others - unsecured			
Real Estate Owned - see Schedule D				Accounts and bills due			
Loans or Accounts Receivable				Unpaid Income Tax			
Automobiles and other personal property				Other unpaid taxes and interest			
Cash value - life insurance - see Schedule E				Real estate mortgage payable - see Schedule D			
Other assets - itemize:				Other debts - itemize:			
				TOTAL LIABILITIES			
				NET WORTH			
TOTAL ASSETS				TOTAL LIAB. AND NET WORTH			

ANNUAL SOURCES OF INCOME

Salary, bonus and 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 repayment.) \$ _____

TOTAL \$ _____

CONTINGENT LIABILITIES

Do you have any contingent liabilities?
 YES NO

If yes, give details:

As endorser, co-maker or guarantor \$ _____

On leases or contracts \$ _____

Legal claims \$ _____

Other special debt \$ _____

Amount of contested income tax liens \$ _____

PERSONAL AND GENERAL INFORMATION

Attorney _____

Phone _____

Accountant _____

Phone _____

Are you a partner or officer in any other venture?

Are you obligated to pay alimony, child support, or maintenance payments? If so, describe.

Income taxes settled through:

Are any assets pledged?

Are you defendant in any suits, or legal actions?

Personal bank accounts carried at:

Checking: _____

Savings: _____

Have you ever taken bankruptcy? Explain:

CONFIDENTIAL

SCHEDULE A - U.S. GOVERNMENTS AND MARKETABLE SECURITIES

No. of Shares or Face Value (Bonds)	Description	In Name of	Market Value	Are These Pledged?

SCHEDULE B - NON MARKETABLE SECURITIES

Description of Securities	No. of Shares Owned	Book Value Per Financial Statement Dated:	No. of Shares Outstanding	Total Value

SCHEDULE C - PARTIAL INTERESTS IN REAL ESTATE EQUITIES

Location of Property	% of Ownership	Type	Yr. of Purchase	Cost (C) or Market (M)	Present Mortgage	Value of Equity	Mortgage Holder

SCHEDULE D - REAL ESTATE OWNED

Description of Property and Mortgagee Name	Date Acquired	Title in Name of	Cost	Market Value	Mortgages	
					Amount	Maturity

SCHEDULE E - LIFE INSURANCE CARRIED, INCLUDE., S.B.L.I. AND GROUP INSURANCE

Face Amount	Name of Company	Beneficiary	Cash Surrender Value	Loans

**SCHEDULE F - BANKS OR FINANCE COMPANIES
WHERE CREDIT HAS BEEN OBTAINED (INCLUDING CREDIT LINES)**

Name and Address of Lender	Purpose	Secured or Unsecured	Original Date	High Credit	Current Balance

The information contained in this statement is provided for the purpose of obtaining, or maintaining credit with you on behalf of the undersigned, or persons, firms or corporations in whose behalf the undersigned may either severally or jointly with others, execute a guaranty in your favor. Each undersigned understands that you are relying on the information provided herein (including the designation made as to ownership of property) in deciding to grant or continue credit. Each undersigned represents and warrants that the information provided is true and complete and that you may consider this statement as continuing to be true and correct until a written notice of a change is given to you by the undersigned. The Association is authorized to exchange credit information covering this application and any credit granted. As part of the credit investigation process, the Association may request a consumer report in connection with this application for credit or any update or renewal. Upon request, the Association will tell me whether or not a consumer report was obtained, and if such a report was obtained, the Association will furnish me with the name and address of the consumer-reporting agency. I agree that the Association may retain this application whether or not credit is approved.

DATE _____

SIGNATURE _____

ADDRESS _____

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/gender/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 _____

"This institution is an equal opportunity provider, employer, and Lender. To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: 1) Mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 2) Fax: (202)690-7442; or email program.intake@usda.gov."

TIOGA COUNTY INDUSTRIAL DEVELOPMENT AGENCY

STATEMENT OF PERSONAL HISTORY

Please read carefully - PRINT OR TYPE

Each member of the business concern requesting assistance must submit this form. This form must be filled out and submitted by:

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

Name and address of applicant (Firm Name) (Street, City, State and Zip Code)	Amount Applied For
--	---------------------------

Personal Statement: (State name in full, if no middle name, state NMN, or if initial only, indicate initial). List all former names used, and dates each name used. Use separate sheet, if necessary.		
First	Middle	Last

What is your percentage of ownership or stock owned or to be owned in the business concern?		

Date of birth: (Month, Day and Year)

Place of birth: (City and State)

U.S. Citizen ____ Yes ____ No
If no, give alien registration number:

Social Security Number

Present Residence Address			
From	To	Address	City
_____	_____	_____	_____
_____	_____	State	Zip Code
Home Telephone No. ()	Business Telephone No. ()		
_____	_____		
Immediate past residence address			
From	To	Address	City
_____	_____	_____	_____
_____	_____	State	Zip Code

BE SURE TO ANSWER THE NEXT 2 QUESTIONS BECAUSE THEY ARE IMPORTANT.

THE FACT THAT YOU HAVE A CONVICTION RECORD WILL NOT NECESSARILY DISQUALIFY YOU. BUT AN INCORRECT ANSWER WILL PROBABLY CAUSE YOUR APPLICATION TO BE TURNED DOWN.

1. Have you ever been convicted of any criminal offense other than a minor vehicle violation?
___ Yes ___ No If yes, furnish details on a separate sheet. List name(s) under which convicted, if applicable.
2. If the answer to question #1 is yes, are you now under parole, probation or conditional release supervision?
___ Yes ___ No If yes, furnish name and telephone number of supervisor.

Name and address of participating bank

Signature

Title

Date

STATE OF NEW YORK)

Sworn to before me this _____ day of _____

COUNTY)

in the year _____

NOTARY PUBLIC

ATTACHMENT 5

TCIDA MANAGEMENT PROFILE

This form is designed to assess the management experience and should be completed by people listed under **Management** on Page 3 of the loan application. Please attach additional sheets as necessary.

Individual's Name: _____

Individual's Position/Relationship to Firm: _____

Educational Background (i.e. College or Technical School, Major area of concentration, year graduated):

Military Service: Branch
 Enlistment Dates
 Rank at Discharge

Employment History:

Dates Employed -- From _____ To _____

Name of Company _____

Address _____

Position and Responsibilities:

Dates Employed -- From _____ To _____

Name of Company _____

Address _____

Position and Responsibilities:

Describe your strengths and weaknesses, as they apply to the management skills necessary for your business:

Signature _____ Date _____