



OFFICE OF COMMUNITY DEVELOPMENT  
 474 BROADWAY, THIRD FLOOR  
 SARATOGA SPRINGS, NEW YORK 12866  
 518.587.3550 X2575  
 SARATOGA-SPRINGS.ORG/167/COMMUNITY-DEVELOPMENT

## ECONOMIC DEVELOPMENT REVOLVING LOAN

### JOB RETENTION APPLICATION

**\*\* READ LOAN PROGRAM GUIDELINES AND ELIGIBILITY, IN FULL, PRIOR TO COMPLETING THIS APPLICATION. \*\***

#### CONTACT INFORMATION

BUSINESS NAME:

BUSINESS STREET ADDRESS:

BUSINESS PHONE:

BUSINESS WEBSITE:

OWNER/APPLICANT 1 NAME:

PHONE:

EMAIL:

HOME ADDRESS:

OWNER/APPLICANT 2 NAME:

PHONE:

EMAIL:

HOME ADDRESS:

*\*IF APPLICABLE, PLEASE ATTACH SEPARATE SHEET WITH ADDITIONAL OWNER/APPLICANT INFORMATION.*

ATTORNEY/REPRESENTATIVE NAME:

PHONE:

EMAIL:

*\*List only if main contact for application*

ADDRESS:

#### BUSINESS INFORMATION

DATE ESTABLISHED (MO/YR):

YEARS OF OPERATION IN SARATOGA SPRINGS:

STRUCTURE:

INDUSTRY SECTOR:

CURRENT # OF EMPLOYEES:

MARKET AREA:

EIN:

SIC/NAICS:

TYPE OF PRODUCT OR SERVICE:

PRIMARY BUSINESS LOCATION IS (CHECK ONE):  **LEASED** MONTHLY RENT PAYMENT:

LEASE EXPIRATION:

**OWNED** MONTHLY MORTGAGE PAYMENT:

MORTGAGE BALANCE:

MORTGAGE HOLDER:

BUILDING SIZE (SQ FT):

AGE OF STRUCTURE:

IS THE BUSINESS A WMBE OR PURSUING WMBE STATUS?  Yes  No



*The City of Saratoga Springs does not discriminate on the basis of age, race, color, gender, religion, handicap, sexual orientation, familial status or national origin in employment or the provision of services.*

DOES THE BUSINESS MODEL INCLUDE A SIGNIFICANT PUBLIC BENEFIT?  YES  NO

IF YES, PLEASE DESCRIBE:

WAS YOUR BUSINESS DEEMED NON-ESSENTIAL UNDER GOVERNOR CUOMO'S EXECUTIVE ORDER REQUIRING THE CLOSURE OF NON-ESSENTIAL BUSINESSES?  YES  NO

ACCOUNTANT NAME:

PHONE:

EMAIL:

ADDRESS:

PRIMARY BANK:

PHONE:

EMAIL:

ACCOUNT OFFICER:

| BUSINESS DEPOSIT ACCOUNTS     |                 |                 |                                    |
|-------------------------------|-----------------|-----------------|------------------------------------|
| NAME OF FINANCIAL INSTITUTION | TYPE OF ACCOUNT | CURRENT BALANCE | BALANCE AT SAME TIME PREVIOUS YEAR |
|                               |                 |                 |                                    |
|                               |                 |                 |                                    |
|                               |                 |                 |                                    |
|                               |                 |                 |                                    |

PRIOR YEAR'S ANNUAL GROSS RECEIPTS:

| BUSINESS DEBTS   |                              |                       |                 |                 |                    |
|------------------|------------------------------|-----------------------|-----------------|-----------------|--------------------|
| NAME OF CREDITOR | LOAN TYPE (TERM, LINE, ETC.) | LIMIT OR ORIG. AMOUNT | CURRENT BALANCE | MONTHLY PAYMENT | COLLATERAL PLEDGED |
|                  |                              |                       |                 |                 |                    |
|                  |                              |                       |                 |                 |                    |
|                  |                              |                       |                 |                 |                    |
|                  |                              |                       |                 |                 |                    |

| <b>HAS/DOES/IS THE BUSINESS OR ANY OWNER/GUARANTOR/PRINCIPAL...</b>                 | <b>Yes</b> | <b>No</b> |
|---|------------|-----------|
| EVER DECLARED BANKRUPTCY?   |            |           |
| SOUGHT PROTECTION FROM CREDITORS?   |            |           |
| HAVE ANY CONTINGENT LIABILITIES?  |            |           |
| HAVE PENDING LITIGATION OR UNSATISFIED JUDGEMENTS?                                  |            |           |
| AN ENDORSER, CO-MAKER OR GUARANTOR OF OTHER DEBT?                                   |            |           |
| OWE ANY DELINQUENT TAXES?   |            |           |
| BEEN CONVICTED OF ANY FELONIES OR MISDEMEANORS OTHER THAN MINOR TRAFFIC VIOLATIONS? |            |           |

IF ANY OF THE ABOVE WERE ANSWERED "YES", PLEASE PROVIDE ADDITIONAL INFORMATION:

*\*A LOAN REFUSAL WILL NOT BE ISSUED SOLELY BASED ON PRIOR CONVICTIONS. INFORMATION IS REQUESTED AS PART OF DUE DILIGENCE IN FEDERAL FUNDING APPLICATION REVIEW AS REQUIRED BY LAW.*

## PRINCIPALS

PLEASE IDENTIFY ALL PRINCIPALS WHO HAVE A 20% OR GREATER INTEREST IN YOUR BUSINESS:

|       |        |        |             |
|-------|--------|--------|-------------|
| NAME: | PHONE: | EMAIL: | % INTEREST: |
| NAME: | PHONE: | EMAIL: | % INTEREST: |
| NAME: | PHONE: | EMAIL: | % INTEREST: |
| NAME: | PHONE: | EMAIL: | % INTEREST: |

**\*EACH APPLICANT, OWNER, GUARANTOR, AND PRINCIPAL LISTED WITHIN THIS APPLICATION MUST COMPLETE A SINGLE REPORT CONTRACT AND INCLUDE WITH FINAL APPLICATION SUBMISSION.**

## LOAN REQUEST

**\$50 APPLICATION FEE** – A CHECK, MADE PAYABLE TO COMMISSIONER OF FINANCE, HAS BEEN ATTACHED TO THIS APPLICATION IN

PAYMENT OF THE MANDATORY APPLICATION FEE:  Yes  No

REQUESTED LOAN AMOUNT: MIN \$5,000 – MAX \$10,000

PLEASE DESCRIBE THE QUALIFYING EMERGENCY EVENT AND HOW IT HAS CAUSED EXTREME FINANCIAL HARDSHIP TO THE BUSINESS:

HAS THE QUALIFYING EMERGENCY EVENT CAUSED 40% OR GREATER REDUCTION IN GROSS RECEIPTS?  YES  NO

IF YES, PLEASE PROVIDE PROOF IN A SEPARATE ATTACHMENT. IF NO, PLEASE OUTLINE YOUR BUSINESS'S COMPARABLE FISCAL CHALLENGES:

LOAN FUNDS MAY BE UTILIZED FOR WORKING CAPITAL ONLY. PLEASE IDENTIFY YOUR INTENDED USE OF THESE FUNDS:

IS YOUR BUSINESS IN ARREARS ON?:

MORTGAGE/RENT:  YES  NO IF YES, AMOUNT: FOR WHICH MONTHS?

UTILITIES:  YES  NO IF YES, AMOUNT: FOR WHICH MONTHS?

PAYROLL:  YES  NO IF YES, AMOUNT: FOR WHICH MONTHS?

OTHER LOANS:  YES  NO IF YES, AMOUNT: FOR WHICH MONTHS?

## EMPLOYMENT RETENTION

ARE 51% OR MORE OF THE BUSINESS'S **CURRENT** EMPLOYEES (INCLUDING YOURSELF) LOW-MODERATE INCOME?  YES  NO

***EACH LOW-MODERATE INCOME EMPLOYEE MUST COMPLETE A SELF-CERTIFICATION FORM TO BE INCLUDED WITH APPLICATION SUBMISSION.***

WAS THE BUSINESS FORCED TO LAY OFF EMPLOYEES (EVEN TEMPORARILY) AS A RESULT OF THE QUALIFYING EMERGENCY EVENT?

YES  NO IF YES, HOW MANY FULL-TIME EMPLOYEES? HOW MANY PART-TIME EMPLOYEES?

WILL THESE LOAN FUNDS ENABLE THE BUSINESS TO HIRE BACK LAID-OFF, LOW-MODERATE INCOME EMPLOYEES?  YES  NO

EXPLAIN HOW THESE LOAN FUNDS WILL ENABLE THE BUSINESS TO RETAIN ITS **CURRENT** LEVEL OF EMPLOYMENT:

PLEASE COMPLETE THE FOLLOWING CHART BASED ON YOUR BUSINESS'S TYPICAL EMPLOYMENT LEVELS (PRIOR TO QUALIFYING EMERGENCY EVENT).

|    | POSITION TITLE | PART TIME | FULL TIME | VACANT | FILLED | LOW/ MOD |
|----|----------------|-----------|-----------|--------|--------|----------|
| 1  | YOURSELF:      |           |           |        |        |          |
| 2  |                |           |           |        |        |          |
| 3  |                |           |           |        |        |          |
| 4  |                |           |           |        |        |          |
| 5  |                |           |           |        |        |          |
| 6  |                |           |           |        |        |          |
| 7  |                |           |           |        |        |          |
| 8  |                |           |           |        |        |          |
| 9  |                |           |           |        |        |          |
| 10 |                |           |           |        |        |          |

### DUPLICATION OF BENEFITS MONITORING

COMPLETE THE TABLE BELOW SHOWING ALL FEDERAL, STATE, LOCAL GOVERNMENT AND PRIVATE GRANTS, LOANS OR OTHER ASSISTANCE YOUR BUSINESS HAS RECEIVED OR APPLIED FOR IN RESPONSE TO THE ECONOMIC IMPACTS OF THE QUALIFYING EMERGENCY EVENT (EX. SBA ECONOMIC INJURY DISASTER LOAN, PAYCHECK PROTECTION PROGRAM, NEW YORK FORWARD LOAN. ETC.).

| LOAN, GRANT OTHER ASSISTANCE APPLIED FOR | AMOUNT | STATUS       | USE OF FUNDS  | FUNDING USE TIME PERIOD | FORGIVENESS SUBMITTED |
|--|--------|--------------|---------------|-------------------------|-----------------------|
|  |        | APPROVED     | RENT/MORTGAGE |                         | YES                   |
|  |        | DENIED       | UTILITIES     |                         | NO                    |
|  |        | UNDER REVIEW | PAYROLL       |                         | N/A                   |
|  |        |              | INVENTORY     |                         |                       |
|  |        |              | OTHER         |                         |                       |
|  |        | APPROVED     | RENT/MORTGAGE |                         | YES                   |
|  |        | DENIED       | UTILITIES     |                         | NO                    |
|  |        | IN REVIEW    | PAYROLL       |                         | N/A                   |
|  |        |              | INVENTORY     |                         |                       |
|  |        |              | OTHER         |                         |                       |

|  |  |                                 |   |  |                  |
|--|--|---------------------------------|---|--|------------------|
|  |  | APPROVED<br>DENIED<br>IN REVIEW | RENT/MORTGAGE<br>UTILITIES<br>PAYROLL<br>INVENTORY<br>OTHER |  | YES<br>NO<br>N/A |
|  |  | APPROVED<br>DENIED<br>IN REVIEW | RENT/MORTGAGE<br>UTILITIES<br>PAYROLL<br>INVENTORY<br>OTHER |  | YES<br>NO<br>N/A |

IF YOUR BUSINESS DID **NOT** RECEIVE OR APPLY FOR ANY OTHER ASSISTANCE, CHECK THIS BOX.

## REQUIRED ATTACHMENTS

### FINANCIAL STATEMENTS/ ADDITIONAL DOCUMENTS NEEDED:

- LAST 2 YEARS OF BUSINESS AND PERSONAL FEDERAL INCOME TAX RETURNS WITH W2S AND CURRENT PAY STUBS FOR EACH OWNER/GUARANTOR.
- PAST YEAR FINANCIAL STATEMENTS, TO INCLUDE A BALANCE SHEET, INCOME STATEMENT, AND CASH FLOW STATEMENT.
- CURRENT YEAR-TO-DATE PROFIT & LOSS IF YEAR-END FINANCIAL INFORMATION IS MORE THAN 6 MONTHS OLD.
- PROOF OF 40% REDUCTION IN GROSS RECEIPTS (OR COMPARABLE FINANCIAL HARDSHIP).
- LEASE AGREEMENT OR DEED.
- \$50 APPLICATION FEE – CHECK MADE PAYABLE TO COMMISSIONER OF FINANCE.

### ADDITIONAL INFORMATION, AS APPLICABLE:

- LETTERS OF SUPPORT.

## CERTIFICATION

**\*\* EACH APPLICANT, OWNER, GUARANTOR, AND PRINCIPAL LISTED WITHIN THIS APPLICATION MUST EXECUTE. \*\***

THE APPLICANT(S) HEREBY CERTIFIES THAT ALL THE INFORMATION PROVIDED WITHIN THIS APPLICATION IS TRUE AND COMPLETE. ADDITIONALLY, THE APPLICANT(S) GRANTS PERMISSION TO THE CITY OF SARATOGA SPRINGS COMMUNITY DEVELOPMENT DEPARTMENT TO REQUEST FURTHER DATA, CHECK REFERENCES, MAKE INQUIRIES TO LISTED THIRD-PARTIES, VERIFY CONTENT AND INSPECT THE PREMISES IN THE COURSE OF EVALUATION OF THIS APPLICATION.

|           |      |      |
|-----------|------|------|
| SIGNATURE | NAME | DATE |
|-----------|------|------|

|           |      |      |
|-----------|------|------|
| SIGNATURE | NAME | DATE |
|-----------|------|------|

|           |      |      |
|-----------|------|------|
| SIGNATURE | NAME | DATE |
|-----------|------|------|

*\*Original signatures required.*

# SINGLE REPORT CONTRACT

TO BE COMPLETED BY EACH APPLICANT, OWNER, GUARANTOR, AND PRINCIPAL LISTED WITHIN THIS APPLICATION

The undersigned petitions ICS, Inc. for the use of its services upon the basis outlined below, and if accepted by said ICS, Inc. as a non-member user of service, agrees that the following shall constitute the service contract between the Requester and the ICS, Inc. Request is hereby made to furnish the Requester a credit report on the following:

NAME: \_\_\_\_\_ SS#: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ DOB: \_\_\_\_\_  
PREV ADDRESS: \_\_\_\_\_

PURPOSE FOR REPORT IS securing credit through City of Saratoga Springs Economic Development Revolving Loan Program that user of said report will not use report for any other purpose, and that said purpose is in compliance with section 604 of public law 91-508 (FAIR CREDIT REPORTING ACT).

### THE REQUESTER AGREES:

To adhere to all provision of Public Law 91-508 (Fair Credit Reporting Act) copy available upon request, and other applicable state and federal statutes. Willful failure to comply is punishable under the FCRA and any person who knowingly and willfully obtains information on a consumer from a consumer reporting agency under false pretenses shall be fined under Title 18 of the United States Code or imprisoned not more than 2 years or both.

That at the time of request for information or credit report is made the REQUESTOR will certify as set forth below the purpose of the report, which shall be only when the requester intends to use the information for a permissible purpose.

That at the time a request for information or credit report is made of ICS, Inc. for EMPLOYMENT PURPOSES it will comply with ss604 of the FCRA: specifically each time such a report is requested, the Requester will certify the following: (1) the consumer has been given a clear and conspicuous written notice in advance (in a document that consists solely of the disclosure) that a consumer report may be requested for employment purposes: (2) the consumer has authorized the requester, in writing, to procure the report: (3) the information in the consumer report will not be used in violation of any applicable federal or state equal employment law or regulation: (4) before taking adverse action, in whole or in part on the report, requester will provide the consumer a copy of the report and a description of the consumer's rights under the FCRA.

### THAT INFORMATION IS BEING ACQUIRED ONLY FOR THE REQUESTER'S EXCLUSIVE USE

To hold in strict confidence all information received from ICS, Inc., and in case the disclosure of such information leads to any claims or litigation, to hold ICS, Inc. harmless from any liability or damages resulting therefrom. ICS, Inc. shall not be liable in any manner whatsoever from any loss or injury to requester resulting from the obtaining or furnishing of such information and shall not be deemed to have guaranteed the accuracy of such information, such information being based, however, upon report obtained from sources considered by the Credit Bureau to be reliable.

### THE CREDIT BUREAU AGREES:

To furnish all available pertinent information on the subject of this inquiry, including but not limited to: identifying information, credit history, employment and public record information in file; such information being furnished at the special request of Requester, as evidence by the signature of this application.

IN WITNESS OF MY/OUR CONSENT AND AGREEMENT TO THE MATTERS STATED ABOVE, I/WE HAVE SUBSCRIBED OUR SIGNATURES BELOW.

REQUESTER: Lindsey A. Connors SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
ADDRESS: 474 Broadway, Saratoga Springs, NY 12866

### AUTHORIZATION AND CERTIFICATION OF CUSTOMER

I the undersigned give permission for the above requester to receive a copy of my credit history given for the purpose of securing credit, and authorize ICS, Inc. to make a complete investigation of me, and to furnish to the requester reports based thereupon. I release ICS, Inc. from all liability arising from this investigation.

CUSTOMER: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
*\*Original signature required.*