

MOHAWK VALLEY REHABILITATION CORPORATION (MORECO)

Affiliated with the

MOHAWK VALLEY ECONOMIC DEVELOPMENT DISTRICT, INC. (MVEDD)

26 W. Main Street, PO Box 69, Mohawk, New York 13407

315-866-4671, Fax 315-866-9862

Website: mvedd.org

CARES ACT REVOLVING LOAN FUND APPLICATION

APPLICANT: _____ TELEPHONE NUMBER: _____

APPLICANT ADDRESS: _____

DATE OF BIRTH (XX/XX/XX): _____ SOCIAL SECURITY #: _____

BUSINESS NAME: _____ EMAIL ADDRESS: _____

D.B.A.: _____

BUSINESS ADDRESS: _____

FEDERAL TAX I.D. #: _____ CURRENT # OF EMPLOYEES: _____

TYPE OF BUSINESS (Sole Proprietorship, Partnership, Corporation, LLC.): _____

LOAN AMOUNT REQUESTED: _____

EXHIBITS:

ATTACHED

- A. How was your business impacted by the Coronavirus (a.) _____
- B. Description of the business (b.) _____
- C. Previous 2 year-end financial statements; including profit and loss statements and corresponding balance sheets (c.) _____
- D. Previous 2 years federal income tax returns (d.) _____
- E. Current financial statement; including profit and loss statement and corresponding balance sheet (year to date) (e.) _____
- F. Schedule of all installment debts that corresponds with the current financial statements (f.) _____
- G. Projections of revenue and expenses for the next 2 years (on a monthly basis) (g.) _____
- H. Resume(s) of management (h.) _____
- I. Personal Financial Statement(s) (of anyone owning 20% or more of the business) *enclosed in application* (i.) _____
- J. Certificate of incorporation (j.) _____
- K. List of officers (k.) _____

Coronavirus Aid, Relief, and Economic Security (CARES) Act Revolving Loan Fund is a new economic recovery loan program, created by the Economic Development Administration under the U.S. Department of Commerce, designed to alleviate sudden and severe economic dislocation caused by the coronavirus (COVID-19) pandemic. It will provide permanent resources to support economic resiliency and further the long-term economic adjustment objectives of the Mohawk Valley region.

Exhibit I. PERSONAL FINANCIAL STATEMENT

Name:	Business Phone:
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Home Address:	Home Phone:
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City, State, & Zip Code:

Business Name of Applicant:

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)	
(Describe in Section 5)		Installment Account (Auto)	\$ _____
Accounts & Notes Receivable.....	\$ _____	Mo. Payments \$ _____	
(Describe in Section 5)		Installment Account (Other).....	\$ _____
Life Insurance – Cash Surrender Value Only.....	\$ _____	Mo. Payments \$ _____	
(Describe in Section 8)		Loan(s) Against Life Insurance.....	\$ _____
Stocks and Bonds.....	\$ _____	Mortgages on Real Estate.....	\$ _____
(Describe in Section 3)		(Describe in Section 4)	
Real Estate	\$ _____	Unpaid Taxes	\$ _____
(Describe in Section 4)		(Describe in Section 6)	
Automobiles	\$ _____	Other Liabilities	\$ _____
(Describe in Section 5, and include Year/Make/Model)		(Describe in Section 7)	
Other Personal Property	\$ _____	Total Liabilities	\$ _____
(Describe in Section 5)		Net Worth.....	\$ _____
Other Assets	\$ _____		
(Describe in Section 5)			
Total		Total	
	\$ _____		\$ _____

*Must equal total in assets column.

Section 1. Source of Income.	Contingent Liabilities		
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.

Section 2. Notes Payable to Banks and Others. (Use attachments if necessary. Each attachment must be identified as part of this statement and signed.)

Names and Addresses of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed Type of Collateral

Section 3. Stocks and Bonds. (Use attachments if necessary. Each attachment must be identified as part of this statement and signed.)

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 Real Estate (e.g. Primary Residence, Other Residence, Rental Property, Land, etc.)			
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 Assets. (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.)

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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.)

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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 the MORECO to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness.

CERTIFICATION: (to be completed by each person submitting the information requested on this form and the spouse of any 20% or more owner when spousal assets are included)

By signing this form, I certify under penalty of criminal prosecution that all information on this form and any additional supporting information submitted with this form is true and complete to the best of my knowledge.

Signature _____

Date _____

Print Name _____

Social Security No. _____

Signature _____

Date _____

Print Name _____

Social Security No. _____