

**Sullivan County Partnership for Economic Development**

**Disaster Relief Workforce Emergency Fund**

**Application Form**

Business Name:

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Business Address:

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City: State: Zip:

P.O. Box if applicable:

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Business Phone: Tax ID#:

Type of Business: □ Proprietorship □ Partnership □ Corporation □ Other

Type of Industry:

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Year Established: #of Employees:

**OWNERS AND GUARANTORS:** Include all owners, officers, and partners. Attach separate sheet if necessary.

Name Home Address Social Security Title Annual % Ownership

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**BUSINESS OBLIGATIONS:** Include all checking, savings, IRA’s and pension plans.

Bank Name Account Type Account Number Current Balance

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**PERSONAL OBLIGATIONS:** Include all checking, savings, IRA’s and pension plans.

Bank Name Account Type Account Number Current Balance

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**BUSINESS\_LEASED/RENTED REAL ESTATE**

Please list additional properties on separate sheet

Address:

City: State: Zip:

Annual Rent: Lease Expiration Date:

Renewal Date:

Name and Address of Lessor:

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**ADDITIONAL INFORMATION**

Is your business an endorser or guarantor for any debts not listed on this application or on your financial statements?

□Yes □No

Is your business a party to any claim or lawsuit?

□Yes □No

Have you ever owned a business that has declared bankruptcy?

□Yes □No

Does your business owe taxes for other than the current year?

□Yes □No

If yes to any above question, please explain:

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Is this request due to losses as a result of the COVID-19 health crisis? □Yes □No

If yes to the above, how much is the loss?

The information in this application was prepared by me (the applicant) or at my request. I certify that the statements in this application are true and agree to notify the Partnership for Economic Development if any or all information changes. I authorize the Partnership for Economic Development to verify information, now and in the future about the business named herein, to extend credit to me, I authorize the Sullivan County Partnership for Economic Development to obtain a credit report on me in connection with this application or any extension renewal thereof. Upon request, the Sullivan County Partnership for Economic Development will notify me if a credit report was requested an if so, the name and address of the credit reporting agent furnishing the report.

**PLEASE PRINT INFORMATION**

Business Name:

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Authorized Officer (Name and Title):

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Signature:

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Date:

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Authorized Officer (Name and Title):

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Signature:

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Date:

**Check-list for Application\***

1. Completed and signed application form □
2. Copy of Certificate of Incorporation, D/B/A certificate,

Partnership filing or joint venture agreement □

1. Documentation supporting the experience of

financial hardship due to COVID-19 health emergency □

1. Documentation to support the use of funds
2. Financial documentation
	1. Recent Credit Report □
	2. Copy of 2 years business and personal taxes □
	3. Proof of business loans and repayments within the last 5 years,

 if applicable □

**Email applications to:**

Vanessa@scpartnership.com

\*The Partnership reserves the right to request additional information or supporting documents to allow for a full evaluation of a loan request.