## **City of Plattsburgh**

## Community Development Revolving Loan Fund (CDRLF)

## **Application for Loan Funds (All Applicant Types)**

CUSTOMER INFORMATION		
Borrower Name:	Co-Borrower Name:	
Social Security Number:	Social Security Number:	
Date of Birth: Over 60 years of age?	Date of Birth: Over 60 years of age?	
OFFICE USE: Over 60 years of age? Y □ N □	OFFICE USE: Over 60 years of age? Y □ N □	
Present Address (Street):	Present Address (Street):	
(City, State, Zip):	(City, State, Zip):	
Mailing Address (if different from Present Address)	Mailing Address (if different from Present Address)	
If residing at present address for less than two years, complete the following:	If residing at present address for less than two years, complete the following:	
Former Address (Street, City, State, Zip)	Former Address (Street, City, State, Zip)	
Own/Rent No Years:	Own/Rent No Years:	
Please circle preferred method of communication below	Please circle preferred method of communication below	
□ Home Phone: □ Cell Phone:	□Home Phone: □Cell Phone:	
Email:	Email:	
Are you a citizen of the United States? Y $\square$ N $\square$	Are you a citizen of the United States? Y ☐ N ☐	
Years School:	Years School:	
Marital Status: Single: □ Married:□ Separated:□ Widowed:□ Divorced:□	Marital Status: Single: □ Married:□ Separated:□ Widowed:□ Divorced:□	
No. Dependents (Number and Ages):	No. Dependents (Number and Ages):	
Minority Status:  Caucasian: □ Black: □ Native American: □  Other: □	Minority Status:  Caucasian:□ Black: □ Native American:□  Other:□	

TYPE OF APPLICANT	TYPE OF APPLICANT			
Residential Household: □	Residential Household: □			
Unincorporated Sole Proprietorship: □	Unincorporated Sole Proprietorship: □			
Incorporated New York Business: □	Incorporated New York Business: □			
Partnership: □	Partnership: □			
LLC:	LLC:			
EMPLOYMENT INFORMATION				
Borrower Name:	Co-Borrower Name:			
Name of Employer:	Name of Employer:			
No. of Years on the Job:	No. of Years on the Job:			
Years employed in this line of	Years employed in this line of			
work/profession:	work/profession:			
Employer Address (Street):	Employer Address (Street):			
Employer Address (Street):	Employer Address (Street):			
(City, State, Zip):	(City, State, Zip):			
Position:	Position:			
Annual Income:	Annual Income:			
Self Employed?: Y □ N □	Self Employed?: Y □ N □			
Employer Phone/Email:	Employer Phone/Email:			
If employed in current position for less than two	If employed in current position for less than two			
years, or if currently employed in more than one	years, or if currently employed in more than one			
position, complete the following:	position, complete the following:			
Name of Employer:	Name of Employer:			
No. of Years on the Job:	No. of Years on the Job:			
Years employed in this line of work/profession:	Years employed in this line of work/profession:			
world profession.	Work profession.			
Employer Address (Street):	Employer Address (Street):			
(City, Zip):	(City, Zip):			
Position:	Position:			
Annual Income:	Annual Income:			
Self Employed Borrower(s) may be required to	Self Employed Borrower(s) may be required to			
provide additional documentation such as tax returns and financial statements.	provide additional documentation such as tax returns and financial statements.			
Base Employment Income:	Base Employment Income:			
Overtime:	Overtime:			
Bonuses:	Bonuses:			
	1			

Commissions:	Commissions:			
Dividends/Interest:	Dividends/Interest:			
Net Rental Income:	Net Rental Income:			
Other (Notice: Alimony, child support, or separate maintenance income need not be revealed if the Borrower or Co-Borrower do not choose to have it considered for repaying this loan.)	Other (Notice: Alimony, child support, or separate maintenance income need not be revealed if the Borrower or Co-Borrower do not choose to have it considered for repaying this loan.)			
Other:	Other:			
Other:	Other:			
Total:	Total:			
Annual Housing Expense Information:	Annual Housing Expense Information:			
Rent:	Rent:			
First Mortgage:	First Mortgage:			
Other Financing:	Other Financing:			
Insurance:	Insurance:			
Taxes:	Taxes:			
Utilities:	Utilities:			
Other:	Other:			
Other:	Other:			
Total:	Total:			
NATIONAL OBJECT	IVE (NOTE Only one)			
Low/Moderate Income □ Slums & Blight □ Urgent Need □				
BENEFICIARY: The purpose of the City of Plattsburgh Community Development Revolving Loan Fund is to assist low or moderate persons either directly or indirectly using these funds. How will your project assist low- and moderate-income persons?   □ Applicant is low or moderate income				
<ul> <li>□ Applicant provides rental housing to low- or moderate-income tenants</li> <li>□ Applicant's Business serves low- or moderate-income customers</li> <li>□ Applicant's Business employs or intends to employ low- or moderate-income employees</li> <li>□ None of the Above</li> <li>□ Other:</li> </ul>				
Assets	Assets			
List Checking/Savings Accounts: (Bank/Credit Union) Account #/Balances	List Checking/Savings Accounts: (Bank/Credit Union) Account #/Balances			
Real Estate Owned (Market Value)	Real Estate Owned (Market Value)			

Other Assets: Itemize [Type and Value]	Other Assets: Itemize [Type and Value]		
Other Assets: Itemize [Type and Value]	Other Assets: Itemize [Type and Value]		
Liabilities	Liabilities		
Itemize: (Loans Payable, Mortgages, Auto Loans, etc.)	Itemize: (Loans Payable, Mortgages, Auto Loans, etc.)		
Itemize: (Loans Payable, Mortgages, Auto Loans, etc.)	Itemize: (Loans Payable, Mortgages, Auto Loans, etc.)		
Itemize: (Loans Payable, Mortgages, Auto Loans, etc.)	Itemize: (Loans Payable, Mortgages, Auto Loans, etc.)		
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Itemize: (Loans Payable, Mortgages, Auto Loans, etc.)	Itemize: (Loans Payable, Mortgages, Auto Loans, etc.)		
Net Worth:	Net Worth:		
Schedule of Real Estate Owned: (If additional	Schedule of Real Estate Owned: (If additional		
properties, use a continuation sheet and	properties, use a continuation sheet and		
attach to this application)	attach to this application)		
Type of Property	Type of Property		
Present Market Value	Present Market Value		
Amount of Mortgages & Liens	Amount of Mortgages & Liens		
Mortgage Payments	Mortgage Payments		
Gross Rental Income, if Applicable	Gross Rental Income, if Applicable		
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Insurance, Maintenance & Taxes	Insurance, Maintenance & Taxes		
Percent Ownership	Percent Ownership		
PROJECT DESCRIPTION (Check all that apply)			
Acquisition *(See Note Below)	New Construction		
Housing Rehabilitation (Single Family)	Homeownership (Single Family)		
Demolition	Economic Development:		
Rental Rehabilitation	Microenterprise		
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Relocation		A structure that is 50 years old or older		
Will the project result in less units?	affordable housing	A location in a floodway or 100-year floodplain		
For Profit Loan		Any disturbance to the ground		
ADA Compliance		Historic Preservation		
Economic Development: Reh	abilitation	Economic Development: Equipment/Working Capital/ETC.		
Uncertain at this time		Other:		
Acquisition Note* (Signing a Review is approved. However Option Agreements. It is reconsure that appropriate langual PLEASE BRIEFLY DESCRIBE	r, it is acceptable to s ommended to have Op uage is included.)	ign .		
Total Project Cost:		Loan Request:		
CREDIT INFORMATION		Term:		
		V	N -	
Have you sought a loan from	another lender?	Yes	No	
If yes, have been denied cred	lit elsewhere?	Yes	No	
CERTIFICATION - In submitting this application and its attachments, the undersigned guarantees its accuracy with the intent that it be relied upon in extending credit to the applicant. The undersigned warrants that he/she/they have not knowingly withheld any information that might affect his/her/their credit, and expressly agrees to notify City of Plattsburgh, or its Agent, immediately, in writing, of any material change in financial condition.  Borrower: Title: Date:				
Co-Borrower:	Title:	Date:		