



TOWN OF UNION LOCAL DEVELOPMENT CORPORATION
LOAN APPLICATION
3111 EAST MAIN STREET
ENDWELL, NEW YORK 13760-5990

Phone: (607) 786-2945 Fax (607) 786-2321

Website: www.townofunion.com E-Mail: economicdevelopment@townofunion.com

Please Indicate Below The Program You Are Applying For (Check Only One Box):

- ☐ **Town of Union Business Assistance (TUBA) Loan Program**
- ☐ **Section 108 Loan Program** *(will also need Town of Union Board and U.S. Dept. of Housing and Urban Development (HUD) Approvals)*
- ☐ **Central Business District (CBD) Loan Program**
- ☐ **Site Preparation Loan Program**
- ☐ **Commercial Façade Loan Program**
- ☐ **Microenterprise Loan Program**
- ☐ **Emerging Enterprise/Emerging Market Entrepreneurial (E³) Loan Program**
- ☐ **Flood Assistance Loan Program (FALP)**

I. BUSINESS INFORMATION

DATE OF APPLICATION: ____/____/____

BUSINESS (a/k/a Borrower) NAME: _____

DATE BUSINESS WAS ESTABLISHED: ____/____/____ FEDERAL TAX PAYER ID#: _____

LIST ANY AFFILIATES, SUBSIDIARIES or RELATED BUSINESSES: 1) _____ 2) _____

CONTACT PERSON: _____ TITLE: _____

PHONE NUMBER: (____) _____ - _____ FAX NUMBER: (____) _____ - _____

E-MAIL ADDRESS: _____

WEBSITE: _____

BUSINESS ADDRESS (Existing/New): _____

BUSINESS INFORMATION CONTINUED

DOES THE BUSINESS OWN OR LEASE ITS EXISTING FACILITY?

- ☐ Own
☐ Lease (Expires ____/____/____)
☐ N/A (Start-Up Business)

BUSINESS (a.k.a. Borrower) DATA UNIVERSAL NUMBER SYSTEM (*DUNS nine-digit number provided by ***Dun & Bradstreet (D&B) **FREE** of charge*) IS: _____.

*****If you do not already have one, you may obtain your unique nine-digit identifier by calling the following D&B toll-free number 1-888-814-1435 or going to their website at www.dnb.com (process takes 5-10 min).**

Federal government requires that all applicants for federal funds have a DUNS number (see federal policy at: http://www.omb/grants/grants_docs)

BUSINESS STRUCTURE (Please Check One):

- ☐ SOLE PROPRIETOR ☐ GENERAL PARTNERSHIP ☐ LIMITED PARTNERSHIP
☐ LIMITED LIABILITY PARTNERSHIP ☐ S-CORP ☐ C- CORP ☐ LIMITED LIABILITY COMPANY

(PLEASE ATTACH A COPY OF YOUR DBA, PARTNERSHIP AGREEMENT OR ARTICLES OF INCORPORATION FOR BORROWER, GUARANTOR AND OPERATING COMPANY)

BUSINESS STRUCTURE (Please Complete Table):

Principal(s) of Business	Title	% Percent of Ownership	Social Security Number

IS THE BUSINESS A MINORITY OR WOMEN OWNED BUSINESS? ☐ YES ☐ NO

CURRENT NUMBER OF FULL-TIME (F/T) EQUIVALENT EMPLOYEES (As of the Date of Application): _____

(F/T = 35 or more hours per week; P/T = less than 35 hours per week)

CURRENT OR ANTICIPATED (After Project is Complete) ANNUAL COMPANY PAYROLL \$ _____

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BUSINESS INFORMATION CONTINUED

WILL YOU BE (OR ARE YOU CURRENTLY) OFFERING EMPLOYER SPONSORED HEALTH CARE BENEFITS TO EMPLOYEES? ☐ YES ☐ NO If yes "currently offering," please provide the number of employees now enrolled in your employer sponsored health care program: _____

IS THE BUSINESS PRESENTLY INVOLVED IN ANY PERSONAL/BUSINESS JUDGMENTS, UNSETTLED LAWSUITS OR MAJOR DISPUTES?

☐ Yes ☐ No. If yes, please explain: _____

HAS THE BUSINESS OR ANY OF THE OWNERS EVER DECLARED BANKRUPTCY? ☐ YES ☐ NO

If yes, please explain: _____

IS THE BUSINESS FISCAL YEAR THE SAME AS THE CALENDAR YEAR? ☐ YES ☐ NO If no, when does the company fiscal year end: ____/____/____

(IF APPLICABLE, PLEASE COMPLETE THE FOLLOWING)

LEGAL COUNSEL NAME: _____

ADDRESS: _____

PHONE: (____) ____-____ FAX: (____) ____-____

ACCOUNTANT NAME: _____

ADDRESS: _____

PHONE: (____) ____-____ FAX: (____) ____-____

BUSINESS INFORMATION CONTINUED

LIST PRODUCT(S), AS A PERCENT OF GROSS SALES AND INCLUDE THE STANDARD INDUSTRIAL CLASSIFICATION (**SIC**) OR THE APPROPRIATE NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (**NAICS**) CODE FOR EACH PRODUCT:

PRODUCT 1 _____ % OF GROSS SALES _____ SIC CODE _____ NAICS _____

PRODUCT 2 _____ % OF GROSS SALES _____ SIC CODE _____ NAICS _____

PRODUCT 3 _____ % OF GROSS SALES _____ SIC CODE _____ NAICS _____

II. BUSINESS REFERENCES:

References	Contact Name	Title	Address	Phone	Fax
Bank/Lender/Creditor:					
Suppliers:					
Customers:					

III. PROJECT

PROJECT ADDRESS (If Different than above Business Address): _____

PROJECT DESCRIPTION: _____

LOCATED IN: ☐ TOWN OF UNION ☐ VILLAGE OF ENDICOTT ☐ VILLAGE OF JOHNSON CITY

PROJECT INFORMATION CONTINUED

DOES THIS PROJECT INCLUDE THE ACQUISITION OF REAL ESTATE? ☐ YES ☐ NO

(IF YES, PLEASE COMPLETE THE FOLLOWING)

BUILDING SIZE: _____ square feet

PROPERTY SIZE: _____ acre(s)

PROPERTY IS CURRENTLY ZONED: _____

DOES YOUR BUSINESS NEED A SPECIAL USE PERMIT, USE VARIANCE, AREA VARIANCE OR ZONING CHANGE TO OPERATE AT THIS LOCATION? ☐ YES ☐ NO If yes, please explain where you are in the process: _____

IS THE PROPERTY LOCATED IN A FLOOD PLAIN? ☐ YES ☐ NO

PROPERTY & BUILDING ASSESSMENT: \$_____ (You may obtain assessment information through the Town of Union Tax Assessors Office)

HAS THERE BEEN A RECENT APPRAISAL COMPLETED ON THE PROPERTY & BUILDING?

☐ YES ☐ NO ☐ Other (e.g. Pending Completion, etc...) If Yes, Date Completed: ____/____/____

If Other, Please Explain: _____

Appraisal Company: _____

Appraiser's Estimated Fair Market Value: \$_____ **Before or After** Buildout? (Please circle one)

IF APPROPRIATE, UPON COMPLETION OF YOUR PROJECT WOULD YOU LIKE TO TAKE ADVANTAGE OF THE TOWN OF UNION ECONOMIC DEVELOPMENT DEPARTMENT/LOCAL DEVELOPMENT CORPORATION **GRAND OPENING CEREMONY/RIBBON CUTTING ASSISTANCE**? ☐ YES ☐ NO

IN REGARDS TO PROPOSED PROJECT--WHAT WILL BE THE NUMBER OF FULL-TIME OR FULL-TIME EQUIVALENT JOBS CREATED (if applicable) _____ (fill in) IN THE NEXT TWO OR THREE (circle one) YRS. and/or

NUMBER OF FULL-TIME OR FULL-TIME EQUIVALENT JOBS TO BE RETAINED (if applicable): _____ (fill in)

PROJECT INFORMATION CONTINUED

IF JOBS ARE TO BE CREATED--HOW MANY POSITIONS WILL BE MADE AVAILABLE TO PEOPLE FROM *LOW-MODERATE INCOME HOUSEHOLDS BASED ON FAMILY SIZE LISTED BELOW (this is only an estimate) (see chart below):_____

IF JOBS ARE BEING RETAINED--HOW MANY POSITIONS ARE CURRENTLY FILLED BY PEOPLE FROM *LOW-MODERATE INCOME HOUSEHOLDS BASED ON THE FAMILY SIZE LISTED BELOW (see chart):_____

CHART

FAMILY SIZE	1	2	3	4	5	6	7	8
LOWER INCOME	\$40,500	\$46,300	\$52,100	\$57,850	\$62,500	\$67,150	\$71,750	\$76,400

* According to Housing and Urban Development (HUD) Family Income Guidelines-Effective 4/1/2021-FFY2021-FFY2022 (Subject to change).

(PLEASE COMPLETE THE ATTACHED EMPLOYMENT PLAN – SCHEDULE “A” AT THIS TIME)

FOR OFFICE USE ONLY:

IS THE PROPOSED PROJECT LOCATED IN ONE OR MORE OF THE FOLLOWING LOCAL, STATE OR FEDERAL TARGETED AREAS LISTED BELOW:

- | | |
|--|--|
| <input type="checkbox"/> Town of Union Central Business District (CBD) | <input type="checkbox"/> 485-b Property Tax Abatement Area |
| <input type="checkbox"/> i District | <input type="checkbox"/> Endicott Municipal Electric District |
| <input type="checkbox"/> Slums & Blighted Designated Bldg. or Area | <input type="checkbox"/> Brownfield (known or assumed contaminated site) |
| <input type="checkbox"/> NYS Brownfield Opportunity Area (BOA) | <input type="checkbox"/> Federal or State Superfund Site |
| <input type="checkbox"/> Federal HUB Zone | <input type="checkbox"/> HUD-Designated Revitalization Strategy Area (RSA) |
| <input type="checkbox"/> HUD-Designated Empowerment Zone | <input type="checkbox"/> HUD-Designated Enterprise Community |
| <input type="checkbox"/> Federal Enterprise Zone | <input type="checkbox"/> Federal Renewal Community |
| <input type="checkbox"/> NYSERDA Program Area | <input type="checkbox"/> New York State EN Zone |
| <input type="checkbox"/> National, State or Local Historic Building | <input type="checkbox"/> Other: _____ |

Completed By: _____ Date: ____/____/____

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IV. PROJECT FINANCIAL INFORMATION

EQUITY:

TOTAL PROJECT COST: \$ _____ TOTAL EQUITY INJECTED INTO THE PROJECT: \$ _____

SOURCE OF EQUITY (Please be specific): _____

PLEASE IDENTIFY HOW THE EQUITY WILL BE APPLIED TO THE PROJECT: _____

PRIVATE LENDER FINANCING:

BANK NAME: _____

CONTACT NAME: _____ PHONE (____) _____ - _____

AMOUNT APPLIED FROM BANK: \$ _____ AMOUNT APPROVED FROM BANK: \$ _____

REPAYMENT TERM: _____ YEARS @ INTEREST RATE: _____% WITH A _____ YEAR CALL (If Applicable)

PLEASE IDENTIFY THE USE OF BANK FUNDS: _____ COLLATERAL: _____

TO DATE, HAVE YOU RECEIVED A COMMITMENT LETTER FROM THE BANK? ☐ YES ☐ NO

DOES THE BANK'S APPROVAL REQUIRE A SMALL BUSINESS ADMINISTRATION (SBA)

GUARANTEE? ☐ YES ☐ NO

IF APPLICABLE, IS THE BANK REQUIREING AN INDEPENDENT BLDG. APPRAISAL? ☐ YES ☐ NO

PROPOSED TOWN OF UNION LDC FINANCING:

REQUESTED AMOUNT: \$ _____ REQUESTED TERM: _____ YRS. @ RATE _____%

PLEASE IDENTIFY USE OF FUNDS: _____ COLLATERAL: _____

OTHER FINANCING: (e.g. ESD, BCIDA, NYBDC, SZCC, NYSERDA, USDA, ARC, etc.)

NAME OF FUNDING ORGANIZATION: _____

CONTACT NAME: _____ PHONE: (____) _____ - _____

AMOUNT APPLIED FOR: \$ _____ AMOUNT APPROVED: \$ _____

REPAYMENT TERM: _____ YEARS @ INTEREST RATE: _____%

PLEASE IDENTIFY THE USE OF FUNDS: _____ COLLATERAL: _____

HAVE YOU RECEIVED A COMMITMENT LETTER FROM THE OTHER FUNDING SOURCE? ☐ YES ☐ NO

PROJECT FINANCIAL INFORMATION CONTINUED

SOURCES AND USES OF PROJECT FUNDS (Please Complete the Table Below and Attach a Detailed Description of Project Costs (e.g. Machinery & Equipment- (1 pc) CNC Machine Model #123 \$xxxxx) :

Project Financing	
Owners Equity	\$
Bank	\$
Town of Union LDC	\$
Other:	\$
	\$
	\$
Total Project Financing=	\$

Project Costs	
Land Acquisition	\$
Land & Building Acquisition	\$
Renovations	\$
Machinery & Equipment	\$
Furniture & Fixtures	\$
Working Capital	\$
Soft Costs, Other:	\$
Total Project Costs=	\$

FOR OFFICE USE ONLY:

SOURCES OF FUNDING:	AMOUNT (\$)	TERM (Yrs.)	RATE (%)	MONTHLY DEBT SERVICE
EQUITY				\$ N/A
PARTICIPATING BANK				\$
TOWN OF UNION LDC				\$
OTHER: _____				\$
OTHER: _____				\$
TOTAL MONTHLY DEBT SERVICE=				\$

Completed By: _____ Date: ____/____/____

SOURCE OF REPAYMENT OF MONTHLY DEBT SERVICE (Please Check All That Apply):

☐ Operating Profit ☐ Personal Income ☐ Other (please describe): _____

FOR OFFICE USE ONLY: (If LDC funding is to be used for the acquisition of a property & building)

ESTIMATED FULL VALUE: (Property & Building. Assessment ÷ Town's Equalization Rate) x 100=
\$ _____ or **ESTIMATED FAIR MARKET VALUE** (from the Appraisal) \$ _____

TOTAL LOAN-TO-VALUE (LTV): (Total Property & Bldg. Financing ÷ Estimated Full Value or Estimated Fair Market Value (from the Appraisal) = _____%

Completed By: _____ Date: ____/____/____

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*****By signing below, the owners/proprietors authorize the Town of Union Economic Development Department/Local Development Corporation (LDC) to do a personal and business credit check and obtain information from lenders, customers, suppliers, as may be required concerning statements made in the Town of Union Local Development Corporation Loan Application. All parties signing above further acknowledge that intentional misrepresentation of facts may be the basis for a denial of credit.***

Without in any way limiting the foregoing, all parties affirm, represent and warrant that they have no outstanding obligations to any bank, loan company, corporation, or individual and that no suits, judgments or legal claims of any kind whatsoever are pending against any party, except those stated in the loan application.

All parties signing below do hereby certify that, should they be approved for financing through the Town of Union Local Development Corporation (LDC), they will comply with all Federal laws in regards to the use and repayment of the Community Development Block Grant (CDBG) Funds used in their project.

All parties signing below do hereby understand that, if their project is started prior to receiving financing approval from the Town of Union LDC they will not qualify for funding.

All parties signing below do hereby understand that, should they be approved for financing through the Town of Union LDC, financing for their project will be based on the availability of CDBG funds for economic development at the time of loan approval.

All parties signing below do hereby understand that, the LDC Loan Program(s) may be subject to change at anytime and without notice.

V. PROPRIETOR/OWNER INFORMATION CONSENT FORM *(Each owner/proprietor must sign and provide the following information requested below):*

NAME: _____ TITLE: _____ SOCIAL SECURITY #: _____

DATE OF BIRTH: _____ PERCENT (%) OF OWNERSHIP: _____

PERSONAL ADDRESS: _____

DUTIES AND RESPONSIBILITIES: _____

NUMBER OF YEARS WITH COMPANY: _____

****SIGNATURE:** _____ DATE: ____/____/____

NAME: _____ TITLE: _____ SOCIAL SECURITY #: _____

DATE OF BIRTH: _____ PERCENT (%) OF OWNERSHIP: _____

PERSONAL ADDRESS: _____

DUTIES AND RESPONSIBILITIES: _____

NUMBER OF YEARS WITH COMPANY: _____

****SIGNATURE:** _____ DATE: ____/____/____

NAME: _____ TITLE: _____ SOCIAL SECURITY #: _____

DATE OF BIRTH: _____ PERCENT (%) OF OWNERSHIP: _____

PERSONAL ADDRESS: _____

DUTIES AND RESPONSIBILITIES: _____

NUMBER OF YEARS WITH COMPANY: _____

****SIGNATURE:** _____ DATE: ____/____/____

VI. CHECKLIST OF ADDITIONAL ITEMS REQUIRED TO BE SUBMITTED FOR TOWN OF UNION

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LOCAL DEVELOPMENT CORPORATION FUNDING

SOME OF THE REQUESTED INFORMATION BELOW MAY ALREADY BE INCLUDED IN YOUR BUSINESS PLAN

All of the following documents may be required, and your application will not be considered for funding until the requested documents have been submitted to the Town of Union Local Development Corporation (a.k.a. Town of Union Economic Development Department).

- ☐ BUSINESS PLAN
- ☐ COMPANY HISTORY: Include significant developments in operations and financial condition.
- ☐ PROJECT OBJECTIVES: What will the new injection of funding accomplish and how will it impact the company's existing line of business, operations, profitability and other significant financial factors.
- ☐ PROJECT DESCRIPTION: On all of the following that apply
 - ☐ Purchase and Sales Contract for Commercial Property
 - ☐ Plot plan showing existing and proposed improvements.
 - ☐ Contractor's bids, proposals, estimates for construction and renovations.
 - ☐ Professional independent appraisal on the property & building to be purchased.
 - ☐ Liber and page number.
 - ☐ Copy of deed/Proof of building ownership.
 - ☐ Copies of executed leases.
 - ☐ Name and phone number of property owner (landlord) if other than the applicant/borrower.
 - ☐ When Town of Union LDC Financing will be used for *NEW* equipment and machinery purchases please provide a complete description, supply model number, estimates of cost, including set-up cost.
 - ☐ For USED equipment provide the above in addition to an appraisal and purchase agreement. The appraisal shall include a value based on the quick liquidation of the machinery and equipment and a value based on the fair market value of the same.
 - ☐ Executed contract to purchase business, including list of items to be purchased.
 - ☐ To support the retention of existing jobs please provide a copy of the notice issued by the business or written documentation from management indicating the number of layoffs to occur.
- ☐ COMPILED (AUDITED, IF AVAILABLE) INCOME STATEMENT (PROFIT & LOSS) AND BALANCE SHEETS: For the previous three (3) fiscal year period.
- ☐ CASH FLOW STATEMENT: For the previous three (3) fiscal year period.
- ☐ CORPORATE AND PERSONAL TAX RETURNS: For each proprietor/stockholder with 20% or more ownership in the project.
- ☐ PERSONAL FINANCIAL STATEMENT "NET WORTH": For each proprietor/stockholder with 20% or more ownership (complete attached form).
- ☐ INTERIM INCOME STATEMENT (PROFIT & LOSS), BALANCE SHEET AND CASH FLOW STMT... For the current fiscal yr.
- ☐ MONTHLY CASH FLOW PROJECTIONS: For one (1) fiscal year.
- ☐ PROJECTED INCOME STATEMENT (PROFIT & LOSS) AND BALANCE SHEET: For two (2) fiscal years.
- ☐ ASSUMPTIONS TO FINANCIAL STATEMENTS.
- ☐ LISTING OF EXISTING DEBT: Include original amount, date of original loan, term, interest rate and monthly payment.
- ☐ RESUMES FOR OWNERS AND MANAGEMENT.

CHECKLIST OF ADDITIONAL ITEMS CONTINUED

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- ☐ COMPANY PRODUCT/SERVICE BROCHURE
- ☐ MARKETING STRATEGY.
- ☐ EMPLOYMENT PLAN - SCHEDULE "A" FORM (see attached form and example): Please complete the form in its entirety.
- ☐ EMPLOYEE CERTIFICATION FORMS (see attached forms and examples): Please have each (created or retained) employee complete the appropriate form (additional copies are available upon request). **These forms will only have to be submitted if your application for financing is approved by the LDC Board, except when LDC financing will be used exclusively to retain employees.**
- ☐ SHORT ENVIRONMENTAL ASSESSMENT FORM (see attached form): **Please complete Part 1: Project Information.** The Town of Union will complete Part 2: Impact Assessment. The LDC may require further documentation.
- ☐ BANK COMMITMENT LETTER: With terms and conditions. Must have a signed Commitment Letter prior to the LDC review.
- ☐ BANK BUT/FOR STATEMENT: Written statement from the participating bank indicating a financing gap exists (see sample).
- ☐ LIFE and HAZARD INSURANCE., and may require FLOOD INSURANCE (if in the 100 year flood plain).
- ☐ PERSONAL GUARANTIES (Assuming your request for financing is approved by the LDC, all proprietors/stockholders with more than 20% ownership will be required to sign a personal guaranty at the time of closing their loan with the LDC).

UPON COMPLETION OF YOUR TOWN OF UNION LOCAL DEVELOPMENT CORPORATION (LDC) LOAN APPLICATION PLEASE REMOVE THE SIGNED ORIGINAL APPLICATION FROM THE LDC BINDER (make a copy for your records) AND SUBMIT THE APPLICATION ALONG WITH ALL REQUIRED ATTACHMENTS TO THE TOWN OF UNION LOCAL DEVELOPMENT CORPORATION OFFICE (a.k.a. TOWN OF UNION ECONOMIC DEVELOPMENT DEPARTMENT). ALL INFORMATION MUST BE SUBMITTED NO LATER THAN 14 DAYS PRIOR TO A REGULARLY SCHEDULED LDC BOARD MEETING (If requested, a schedule of the LDC Board Meetings will be provided).

FOR OFFICE USE ONLY:

DATE STAMP WHEN APPLICATION WAS RECEIVED:

DOCUMENTS STILL PENDING (list below):

RECEIVED BY: _____

PERSONAL FINANCIAL STATEMENT (NET WORTH) – A form is to be completed by each owner, proprietor, officer, director, stockholder or any other person providing a guaranty for the loan.

As of _____, 20____.

Name: _____
 Address: _____ State _____ Zip Code _____
 Phone No. (____) _____ - _____
 Date of Birth ____/____/____
 Social Security No. _____ - _____ - _____

ASSETS **EST. \$ VALUE**

REAL ESTATE (Address)

AUTO(S) (YR, MAKE & MODEL)

CHECKING ACCOUNT(S)

SAVINGS ACCOUNT(S)

STOCKS, BONDS & CD'S

CASH VALUE LIFE INSURANCE

PERSONAL ITEMS

OTHER (Specify)

= TOTAL ASSETS \$ _____

LIABILITIES

\$ BALANCE OWED

MORTGAGE (Specify)

AUTO LOAN(S) (Specify)

CREDIT CARD ACCOUNT(S) (Specify)

PERSONAL LOAN(S) (Specify)

OTHER (Specify)

= TOTAL LIABILITIES \$ _____

TOTAL ASSETS – TOTAL LIABILITIES = PERSONAL NET WORTH

\$ _____ - \$ _____ = \$ _____

On Bank's Letterhead

SAMPLE - BANK BUT/FOR LETTER

Month, Day, 201_

Mr. Joseph M. Moody, Director
Town of Union
Department of Economic Development/Local Development Corp.
3111 East Main Street
Endwell, NY 13760

RE: Company/Name

Dear Mr. Moody:

Please be advised that without the support of the Town of Union Department of Economic Development/Local Development Corporation, (bank name) could not provide financing in an amount sufficient to allow (borrower name) to acquire the property and building located at (project address). The Town's willingness to consider (loan request amount) in financing will provide adequate subordinate financing to allow (bank name) to participate. A copy of (bank name's) Commitment Letter to (borrower name) will be forthcoming.

If you have any questions or need further documentation, please feel to call me at (bank phone number).

Yours truly,

Name
Title

617.20
Appendix B
Short Environmental Assessment Form

Instructions for Completing

Part 1 - Project Information. The applicant or project sponsor is responsible for the completion of Part 1. Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification. Complete Part 1 based on information currently available. If additional research or investigation would be needed to fully respond to any item, please answer as thoroughly as possible based on current information.

Complete all items in Part 1. You may also provide any additional information which you believe will be needed by or useful to the lead agency; attach additional pages as necessary to supplement any item.

Part 1 - Project and Sponsor Information			
Name of Action or Project:			
Project Location (describe, and attach a location map):			
Brief Description of Proposed Action:			
Name of Applicant or Sponsor:		Telephone:	
		E-Mail:	
Address:			
City/PO:		State:	Zip Code:
1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation? If Yes, attach a narrative description of the intent of the proposed action and the environmental resources that may be affected in the municipality and proceed to Part 2. If no, continue to question 2.			NO
			YES
			<input type="checkbox"/>
			<input type="checkbox"/>
2. Does the proposed action require a permit, approval or funding from any other governmental Agency? If Yes, list agency(s) name and permit or approval:			NO
			YES
			<input type="checkbox"/>
			<input type="checkbox"/>
3.a. Total acreage of the site of the proposed action? _____ acres			
b. Total acreage to be physically disturbed? _____ acres			
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? _____ acres			
4. Check all land uses that occur on, adjoining and near the proposed action.			
<input type="checkbox"/> Urban <input type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Residential (suburban)			
<input type="checkbox"/> Forest <input type="checkbox"/> Agriculture <input type="checkbox"/> Aquatic <input type="checkbox"/> Other (specify): _____			
<input type="checkbox"/> Parkland			

5. Is the proposed action, a. A permitted use under the zoning regulations?	NO <input type="checkbox"/>	YES <input type="checkbox"/>	N/A <input type="checkbox"/>
b. Consistent with the adopted comprehensive plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?	NO <input type="checkbox"/>	YES <input type="checkbox"/>	
7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area? If Yes, identify: _____	NO <input type="checkbox"/>	YES <input type="checkbox"/>	
8. a. Will the proposed action result in a substantial increase in traffic above present levels?	NO <input type="checkbox"/>	YES <input type="checkbox"/>	
b. Are public transportation service(s) available at or near the site of the proposed action?	<input type="checkbox"/>	<input type="checkbox"/>	
c. Are any pedestrian accommodations or bicycle routes available on or near site of the proposed action?	<input type="checkbox"/>	<input type="checkbox"/>	
9. Does the proposed action meet or exceed the state energy code requirements? If the proposed action will exceed requirements, describe design features and technologies: _____	NO <input type="checkbox"/>	YES <input type="checkbox"/>	
10. Will the proposed action connect to an existing public/private water supply? If No, describe method for providing potable water: _____	NO <input type="checkbox"/>	YES <input type="checkbox"/>	
11. Will the proposed action connect to existing wastewater utilities? If No, describe method for providing wastewater treatment: _____	NO <input type="checkbox"/>	YES <input type="checkbox"/>	
12. a. Does the site contain a structure that is listed on either the State or National Register of Historic Places?	NO <input type="checkbox"/>	YES <input type="checkbox"/>	
b. Is the proposed action located in an archeological sensitive area?	<input type="checkbox"/>	<input type="checkbox"/>	
13. a. Does any portion of the site of the proposed action, or lands adjoining the proposed action, contain wetlands or other waterbodies regulated by a federal, state or local agency?	NO <input type="checkbox"/>	YES <input type="checkbox"/>	
b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody? If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____	<input type="checkbox"/>	<input type="checkbox"/>	
14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply: <input type="checkbox"/> Shoreline <input type="checkbox"/> Forest <input type="checkbox"/> Agricultural/grasslands <input type="checkbox"/> Early mid-successional <input type="checkbox"/> Wetland <input type="checkbox"/> Urban <input type="checkbox"/> Suburban			
15. Does the site of the proposed action contain any species of animal, or associated habitats, listed by the State or Federal government as threatened or endangered?	NO <input type="checkbox"/>	YES <input type="checkbox"/>	
16. Is the project site located in the 100 year flood plain?	NO <input type="checkbox"/>	YES <input type="checkbox"/>	
17. Will the proposed action create storm water discharge, either from point or non-point sources? If Yes, a. Will storm water discharges flow to adjacent properties? <input type="checkbox"/> NO <input type="checkbox"/> YES	NO <input type="checkbox"/>	YES <input type="checkbox"/>	
b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)? If Yes, briefly describe: _____	<input type="checkbox"/> NO <input type="checkbox"/> YES		

18. Does the proposed action include construction or other activities that result in the impoundment of water or other liquids (e.g. retention pond, waste lagoon, dam)? If Yes, explain purpose and size: _____ _____	NO <input type="checkbox"/>	YES <input type="checkbox"/>
19. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility? If Yes, describe: _____ _____	NO <input type="checkbox"/>	YES <input type="checkbox"/>
20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste? If Yes, describe: _____ _____	NO <input type="checkbox"/>	YES <input type="checkbox"/>
I AFFIRM THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE Applicant/sponsor name: _____ Date: _____ Signature: _____		

Part 2 - Impact Assessment. The Lead Agency is responsible for the completion of Part 2. Answer all of the following questions in Part 2 using the information contained in Part 1 and other materials submitted by the project sponsor or otherwise available to the reviewer. When answering the questions the reviewer should be guided by the concept "Have my responses been reasonable considering the scale and context of the proposed action?"

	No, or small impact may occur	Moderate to large impact may occur
1. Will the proposed action create a material conflict with an adopted land use plan or zoning regulations?	<input type="checkbox"/>	<input type="checkbox"/>
2. Will the proposed action result in a change in the use or intensity of use of land?	<input type="checkbox"/>	<input type="checkbox"/>
3. Will the proposed action impair the character or quality of the existing community?	<input type="checkbox"/>	<input type="checkbox"/>
4. Will the proposed action have an impact on the environmental characteristics that caused the establishment of a Critical Environmental Area (CEA)?	<input type="checkbox"/>	<input type="checkbox"/>
5. Will the proposed action result in an adverse change in the existing level of traffic or affect existing infrastructure for mass transit, biking or walkway?	<input type="checkbox"/>	<input type="checkbox"/>
6. Will the proposed action cause an increase in the use of energy and it fails to incorporate reasonably available energy conservation or renewable energy opportunities?	<input type="checkbox"/>	<input type="checkbox"/>
7. Will the proposed action impact existing: a. public / private water supplies?	<input type="checkbox"/>	<input type="checkbox"/>
b. public / private wastewater treatment utilities?	<input type="checkbox"/>	<input type="checkbox"/>
8. Will the proposed action impair the character or quality of important historic, archaeological, architectural or aesthetic resources?	<input type="checkbox"/>	<input type="checkbox"/>
9. Will the proposed action result in an adverse change to natural resources (e.g., wetlands, waterbodies, groundwater, air quality, flora and fauna)?	<input type="checkbox"/>	<input type="checkbox"/>

	No, or small impact may occur	Moderate to large impact may occur
10. Will the proposed action result in an increase in the potential for erosion, flooding or drainage problems?	<input type="checkbox"/>	<input type="checkbox"/>
11. Will the proposed action create a hazard to environmental resources or human health?	<input type="checkbox"/>	<input type="checkbox"/>

Part 3 - Determination of significance. The Lead Agency is responsible for the completion of Part 3. For every question in Part 2 that was answered "moderate to large impact may occur", or if there is a need to explain why a particular element of the proposed action may or will not result in a significant adverse environmental impact, please complete Part 3. Part 3 should, in sufficient detail, identify the impact, including any measures or design elements that have been included by the project sponsor to avoid or reduce impacts. Part 3 should also explain how the lead agency determined that the impact may or will not be significant. Each potential impact should be assessed considering its setting, probability of occurring, duration, irreversibility, geographic scope and magnitude. Also consider the potential for short-term, long-term and cumulative impacts.

<input type="checkbox"/>	Check this box if you have determined, based on the information and analysis above, and any supporting documentation, that the proposed action may result in one or more potentially large or significant adverse impacts and an environmental impact statement is required.
<input type="checkbox"/>	Check this box if you have determined, based on the information and analysis above, and any supporting documentation, that the proposed action will not result in any significant adverse environmental impacts.
<div> <div>Name of Lead Agency</div> <div>Date</div> </div>	
<div> <div>Print or Type Name of Responsible Officer in Lead Agency</div> <div>Title of Responsible Officer</div> </div>	
<div> <div>Signature of Responsible Officer in Lead Agency</div> <div>Signature of Preparer (if different from Responsible Officer)</div> </div>	

PRINT

**AUTHORIZATION AGREEMENT FOR
ELECTRONIC WITHDRAWAL OF LOAN RECIPIENT
MONTHLY PAYMENT TO THE TOWN OF UNION
LOCAL DEVELOPMENT CORPORATION (LDC)**

Loan Recipient Name

or

Social Security #

Federal Tax Payer ID #

I (We) hereby authorize the Town of Union LDC to initiate electronic withdrawals (debit entries) to my (our) checking or savings account at the depository (bank) named below.

I (We) understand the direct withdrawal will post to my (our) checking or savings account on the 1st of every month until full repayment, and the payment will be directly applied by the Town of Union LDC to my (our) outstanding loan balance. For my (our) records, all I (we) have to do is record the monthly withdrawal from my (our) appropriate account on the 1st of every month.

I (We) understand that if sufficient funds are not available on the 1st of each month, I (we) will be assessed an insufficient funds fee of \$20.00, which will be electronically debited from my (our) checking/savings account. If funds still are not available by the 15th of the month, my (our) payment will be considered late and an additional 5% late fee also will be automatically added to the amount due and electronically deducted from my (our) checking/savings account.

Name of Financial Institution: _____

Financial Institution Routing #: _____

Type of Account (Check One): Checking _____ Savings _____

Account #: _____

Note: Attach a voided check or savings withdrawal slip pertaining to the above account.

Total Monthly Payment Amount: _____

Date

Authorized Signature

SCHEDULE A
EMPLOYMENT PLAN

COMPANY NAME: _____ PREPARED BY: _____ DATE: ____/____/____
(SIGNATURE)

CONTACT PERSON: _____ TITLE: _____
(PLEASE PRINT)

TELEPHONE NUMBER: () _____

OCCUPATIONS BY JOB CATEGORY	CURRENT JOBS BY OCCUPATION	PROJECTION OF NEW PERMANENT FULL-TIME AND/OR FULL-TIME EQUIVALENT JOBS CREATED BY OCCUPATION WITHIN THE APPROVED PERFORMING PERIOD									
		NO. OF EXISTING EMPLOYEES	*L/M	1 ST YEAR NO. OF EMPLOYEES	*L/M	2 ND YEAR NO. OF EMPLOYEES	*L/M	3 RD YEAR NO. OF EMPLOYEES	*L/M	TOTAL NO.	*L/M
OFFICIALS AND MANAGERS											
PROFESSIONAL											
TECHNICIANS											
SALES											
OFFICE AND CLERICAL											
CRAFT WORKERS (SKILLED)											
OPERATIVES (SKILLED)											
LABORERS (UNSKILLED)											
SERVICE WORKERS											
TOTAL NO.											

*JOBS MUST BE MADE AVAILABLE TO LOW AND MODERATE INCOME PEOPLE (AS DETERMINED BY THE UNITED STATES DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD) FAMILY INCOME GUIDELINES). INCOME GUIDELINES ARE ADJUSTED ANNUALLY BY HUD, PLEASE REFER TO YOUR TOWN OF UNION LOCAL DEVELOPMENT CORPORATION BUSINESS ASSISTANCE APPLICATION FOR THE CURRENT INCOME GUIDELINES. PLEASE NOTE, THE NUMBER OF EMPLOYEES ARE NOT A CUMULATIVE NUMBER, **FOR EXAMPLE**, IF THERE WAS ONE CLERICAL PERSON AS AN EXISTING EMPLOYEE AND TWO PROJECTED TO BE HIRED IN THE SECOND YEAR, A NUMBER ONE WOULD BE PLACED IN THE COLUMN LABELED CURRENT JOBS BY OCCUPATION, A ZERO IN PROJECTED NEW PERMANENT FULL-TIME AND/OR FULL-TIME EQUIVALENT JOBS BY OCCUPATION IN THE FIRST YEAR AND A NUMBER TWO IN PROJECTED NEW PERMANENT FULL-TIME AND/OR FULL-TIME EQUIVALENT JOBS BY OCCUPATION IN THE SECOND YEAR. ADDITIONALLY, A NUMBER TWO UNDER THE TOTAL NUMBER OF NEW EMPLOYEES COLUMN FOR YEAR TWO WOULD BE PLACED IN THE TOTAL BY YEAR COLUMN AND A NUMBER THREE IN THE TOTAL NUMBER OF EMPLOYEES BY OCCUPATION COLUMN (LAST COLUMN).

PLEASE REFER TO SCHEDULE A-1 FOR JOB CATEGORY DEFINITIONS

SCHEDULE A
EMPLOYMENT PLAN

COMPANY NAME: XYZ Corporation

PREPARED BY: John Doe
(SIGNATURE)

DATE: 6 / 1 / 21

CONTACT PERSON: John Doe
(PLEASE PRINT)

TITLE: CFO

TELEPHONE NUMBER: (607) 123-4567

EXAMPLE

OCCUPATIONS BY JOB CATEGORY	CURRENT JOBS BY OCCUPATION	*L/M	PROJECTION OF NEW PERMANENT FULL-TIME AND/OR FULLTIME EQUIVALENT JOBS CREATED BY OCCUPATION WITHIN THE APPROVED PERFORMING PERIOD							
			1 ST YEAR NO. OF EMPLOYEES		2 ND YEAR NO. OF EMPLOYEES		3 RD YEAR NO. OF EMPLOYEES		TOTAL NO.	*L/M
OFFICIALS AND MANAGERS PROFESSIONAL TECHNICIANS SALES			1	0					1	0
					1	0			1	0
	1	1			2	2			3	3
							1	1	2	2
OFFICE AND CLERICAL CRAFT WORKERS (SKILLED) OPERATIVES (SKILLED) LABORERS (UNSKILLED) SERVICE WORKERS	1	1								
TOTAL NO.	2	2	1	0	3	2	1	1	7	5

*JOBS MUST BE MADE AVAILABLE TO LOW AND MODERATE INCOME PEOPLE (AS DETERMINED BY THE UNITED STATES DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD) FAMILY INCOME GUIDELINES). INCOME GUIDELINES ARE ADJUSTED ANNUALLY BY HUD, PLEASE REFER TO YOUR TOWN OF UNION LOCAL DEVELOPMENT CORPORATION BUSINESS ASSISTANCE APPLICATION FOR THE CURRENT INCOME GUIDELINES. PLEASE NOTE, THE NUMBER OF EMPLOYEES ARE NOT A CUMULATIVE NUMBER, **FOR EXAMPLE**, IF THERE WAS ONE CLERICAL PERSON AS AN EXISTING EMPLOYEE AND TWO PROJECTED TO BE HIRED IN THE SECOND YEAR, A NUMBER ONE WOULD BE PLACED IN THE COLUMN LABELED CURRENT EMPLOYEE AND TWO PROJECTED TO BE HIRED IN THE SECOND YEAR, A NUMBER ONE WOULD BE PLACED IN THE COLUMN LABELED CURRENT JOBS BY OCCUPATION, A ZERO IN PROJECTED NEW PERMANENT FULL-TIME AND/OR FULL-TIME EQUIVALENT JOBS BY OCCUPATION IN THE FIRST YEAR AND A NUMBER TWO IN PROJECTED NEW PERMANENT FULL-TIME AND/OR FULL-TIME EQUIVALENT JOBS BY OCCUPATION IN THE SECOND YEAR. ADDITIONALLY, A NUMBER TWO UNDER THE TOTAL NUMBER OF NEW EMPLOYEES COLUMN FOR YEAR TWO WOULD BE PLACED IN THE TOTAL BY YEAR COLUMN AND A NUMBER THREE IN THE TOTAL NUMBER OF EMPLOYEES BY OCCUPATION COLUMN (LAST COLUMN).

PLEASE REFER TO SCHEDULE A-1 FOR JOB CATEGORY DEFINITIONS

Schedule A-1
Economic Development Administration (EDA) Job Category Definitions

1. **Officials and Managers** – Occupants requiring administrative personnel who set broad policies, exercise overall responsibility of execution of these policies, and individual departments or special phases of a firm's operation. This includes: Officials, Executives, middle management, plant managers and superintendents, salaried supervisors who are members of management, purchasing agents and buyers, and kindred workers.
2. **Professional** – Occupants requiring either college graduation or experience of such kind and amount as to provide a comparable background includes: accountants and auditors, airplane pilots and navigators, architects, artists, chemists, designers, dietitians, editors, engineers, lawyers, librarians, mathematicians, natural scientist, registered professional nurses, professional and labor relations workers, physical scientists, teachers, and kindred workers.
3. **Technicians** – Occupants requiring a combination of basic scientific knowledge and manual skill which can be obtained through about 2 years of post-high school education such as is offered in many technical institutions and junior colleges, or through equivalent on the job training. This includes: computer programmers and operators, drafters, engineering aides, junior engineers, mathematic aides, licensed practical or vocational nurses, photographers, radio operators, scientific assistants, surveyors, technical illustrators, technicians (medical, dental, electronic, physical science) and kindred workers.
4. **Sales** – Occupants engaging wholly or primarily in direct selling. This includes: advertising agenda and sales workers; insurance agents and brokers; real estate agents and brokers; sales workers; demonstrators and retail sales workers; and sales clerks, grocery clerks and cashiers; and kindred workers.
5. **Office and Clerical** – Includes all clerical-type work regardless of level of difficulty, where the activities are predominantly non-manual though some manual work not directly involved with altering or transporting the products is included. This includes: bookkeepers, cashiers, collectors (bills and accounts), messengers and office helpers, office machine operators, shipping and receiving clerks, stenographers, typists, and secretaries, telegraph and telephone operators, and kindred workers.
6. **Craft Worker (skilled)** – Manual workers of relatively high level having a thorough and comprehensive knowledge of the processes involved in their work. Exercise considerable independent judgment and usually receive an extensive period of training. This includes: the building trades, hourly paid supervisors and lead operators (who are not members of management), mechanic and repairers, skilled machining occupations, compositors and typesetters, electricians, engravers, job setters, (metal), motion picture projectionists, pattern and model makers, stationary engineers, tailors, and kindred workers.

7. **Operatives (semi-skilled)** – Workers who operate machine or other equipment or perform other factory-type duties of intermediate skill level which can be mastered in a few weeks and require only limited training. This includes: apprentices (auto mechanics, plumbers, electricians, machinists, mechanics, building trades, metal working trades, printing trades, etc.), operatives, attendants (auto service and parking), blasters, chauffeurs, delivery workers, dress makes and sewers (except factory), dryer's furnaces workers, heaters (metal), laundry and dry cleaning, operatives, milliners, mine operatives and laborers, motor operators, oilers and greasers (except auto), painters (except construction and maintenance), photographic process workers, boiler tenders, truck and tractor drives, weavers (textile), welders and flame metals workers, and kindred workers.
8. **Labors (unskilled)** – Workers in mutual occupations which generally require no special training and perform elementary duties that may be learned in a few days and require the application of little or no independent judgment. This includes: garage laborers; car washers and greasers; gardeners (except farm) and ground keepers; stevedores; wood choppers; laborers performing lifting, digging, mixing loading, and pulling operations; and kindred workers.
9. **Service Workers** – Workers in both protective and non-protective service occupations. This includes attendants (hospital and other institutions, professional and personal service, including nurses aides and orderlies), barbers, chairworkers and cleaners, cooks (except household), counter and fountain workers, elevator operators, firefighters and fire protection guards, door keepers, stewards, janitors, police officers and detectives, porters, waiters and waitresses, and kindred workers.

TOWN OF UNION LOCAL DEVELOPMENT CORPORATION

EMPLOYEE CERTIFICATION FORM (CREATION) - 2021

EMPLOYER: _____ DATE HIRED: ____/____/____

EMPLOYEE'S NAME: _____

This form must be
completed in its
entirety

EMPLOYEE'S HOME ADDRESS: _____

EMPLOYEE'S SOCIAL SECURITY # (ONLY THE LAST 4 NUMBERS): XXX-XX-_____

POSITION (TITLE): _____

ARE YOU CURRENTLY ENROLLED IN AN EMPLOYER SPONSORED HEALTH CARE PROGRAM: YES or NO (circle)

FULL TIME (F/T = 35 or more Hours per Week): YES or NO (circle one)

PART TIME (P/T = less than 35 Hours per Week): YES or NO (circle one) Indicate Total # of Hours per Week: _____ Hrs.

HOW MANY PEOPLE ARE IN YOUR FAMILY: _____

*** Prior to being hired for this position, was your family income lower or higher than the income listed below for the size of your family? ++ Were you unemployed prior to being hired for this position? Yes or No (circle one)**

CHART A:

Total No. of Persons in your Family	1	2	3	4	5	6	7	8
Total Family Income	\$40,500	\$46,300	\$52,100	\$57,850	\$62,500	\$67,150	\$71,750	\$76,400

(check one) Yes, Income is lower _____ No, Income is higher _____

CHART B:

Total No. of Persons in your Family	1	2	3	4	5	6	7	8
Total Family Income	\$25,350	\$28,950	\$32,550	\$36,150	\$39,050	\$41,950	\$44,850	\$47,750

(check one) Yes, Income is lower _____ No, Income is higher _____

CHART C:

Total No. of Persons in your Family	1	2	3	4	5	6	7	8
Total Family Income	\$15,200	\$17,420	\$21,960	\$26,500	\$31,040	\$35,580	\$40,120	\$44,660

(check one) Yes, Income is lower _____ No, Income is higher _____

ARE YOU A FEMALE HEAD OF HOUSEHOLD: YES or NO (circle one)

****RACIAL ORIGIN (check one):** White _____ Black or African American _____ American Indian or Alaska Native _____ Asian _____
Native Hawaiian or Other Pacific Islander _____

****ETHNIC ORIGIN (check one):** Hispanic or Latino _____ **NOT** Hispanic or Latino: _____

SIGNATURE OF EMPLOYEE: _____ TODAY'S DATE: ____/____/____

ALL INFORMATION IS NEEDED FOR REPORTING EMPLOYEES TO BE HIRED WITH GRANT/LOAN PROVIDED FROM THE LOCAL DEVELOPMENT CORPORATION OF THE TOWN OF UNION. ALL INFORMATION PROVIDED WILL BE KEPT STRICTLY CONFIDENTIAL.

*According to Housing and Urban Development (HUD) Family Income Guidelines Effective 4/1/2021 (Subject to change).

**Racial/Ethnic Categories Added 1/1/04 As Per HUD Imposed Requirements.

**TOWN OF UNION LOCAL DEVELOPMENT CORPORATION
EMPLOYEE CERTIFICATION FORM (CREATION) - 2021**

EMPLOYER: XYZ Corporation

DATE HIRED: 5/17/21

EMPLOYEE'S NAME: John Doe

EMPLOYEE'S HOME ADDRESS: 2 Main St., Endwell, NY 13760

EMPLOYEE'S SOCIAL SECURITY # (ONLY THE LAST 4 NUMBERS): XXX-XX- 6789

POSITION (TITLE): Production Control Manager

This form must be
completed in its
entirety

EXAMPLE

ARE YOU CURRENTLY ENROLLED IN AN EMPLOYER SPONSORED HEALTH CARE PROGRAM? YES or NO (circle)

FULL TIME (F/T = 35 or more Hours per Week): YES or NO (circle one)

PART TIME (P/T = less than 35 Hours per Week): YES or NO (circle one) Indicate Total # of Hours per Week: _____ Hrs.

HOW MANY PEOPLE ARE IN YOUR FAMILY: 3

*** Prior to being hired for this position, was your family income lower or higher than the income listed below for the size of your family? ++ Were you unemployed prior to being hired for this position? Yes or No (circle one)**

CHART A:

Total No. of Persons in your Family	1	2	<u>3</u>	4	5	6	7	8
Total Family Income	\$40,500	\$46,300	\$52,100	\$57,850	\$62,500	\$67,150	\$71,750	\$76,400

(check one) Yes, Income is lower X No, Income is higher _____

CHART B:

Total No. of Persons in your Family	1	2	<u>3</u>	4	5	6	7	8
Total Family Income	\$25,350	\$28,950	\$32,550	\$36,150	\$39,050	\$41,950	\$44,850	\$47,750

(check one) Yes, Income is lower _____ No, Income is higher X

CHART C:

Total No. of Persons in your Family	1	2	<u>3</u>	4	5	6	7	8
Total Family Income	\$15,200	\$17,420	\$21,960	\$26,500	\$31,040	\$35,580	\$40,120	\$44,660

(check one) Yes, Income is lower _____ No, Income is higher X

ARE YOU A FEMALE HEAD OF HOUSEHOLD: YES or NO (circle one)

****RACIAL ORIGIN (check one):** White X Black or African American _____ American Indian or Alaska Native _____ Asian _____
Native Hawaiian or Other Pacific Islander _____

****ETHNIC ORIGIN (check one):** Hispanic or Latino _____ NOT Hispanic or Latino: X

SIGNATURE OF EMPLOYEE: John Doe TODAY'S DATE: 5/19/21

ALL INFORMATION IS NEEDED FOR REPORTING EMPLOYEES TO BE HIRED WITH GRANT/LOAN PROVIDED FROM THE LOCAL DEVELOPMENT CORPORATION OF THE TOWN OF UNION. ALL INFORMATION PROVIDED WILL BE KEPT STRICTLY CONFIDENTIAL.

*According to Housing and Urban Development (HUD) Family Income Guidelines Effective 4/1/2021 (Subject to change).

**Racial/Ethnic Categories Added 1/1/04 As Per HUD Imposed Requirements.

TOWN OF UNION LOCAL DEVELOPMENT CORPORATION EMPLOYEE CERTIFICATION FORM (RETENTION) - 2021

EMPLOYER: _____ DATE HIRED: ____/____/____

EMPLOYEE'S NAME: _____

This form must be
completed in its
entirety

EMPLOYEE'S HOME ADDRESS: _____

EMPLOYEE'S SOCIAL SECURITY # (ONLY THE LAST 4 NUMBERS): XXX-XX-_____

POSITION (TITLE): _____

ARE YOU CURRENTLY ENROLLED IN AN EMPLOYER SPONSORED HEALTH CARE PROGRAM: YES or NO (circle)

FULL TIME (F/T = 35 or more Hours per Week): YES or NO (circle one)

PART TIME (P/T = less than 35 Hours per Week): YES or NO (circle one) Indicate Total # of Hours per Week: _____ Hrs.

HOW MANY PEOPLE ARE IN YOUR FAMILY: _____

*** Prior to being hired for this position, was your family income lower or higher than the income listed below for the size of your family? ++ Were you unemployed prior to being hired for this position? Yes or No (circle one)**

CHART A:

Total No. of Persons in your Family	1	2	3	4	5	6	7	8
Total Family Income	\$40,500	\$46,300	\$52,100	\$57,850	\$62,500	\$67,150	\$71,750	\$76,400

(check one) Yes, Income is lower _____ No, Income is higher _____

CHART B:

Total No. of Persons in your Family	1	2	3	4	5	6	7	8
Total Family Income	\$25,350	\$28,950	\$32,550	\$36,150	\$39,050	\$41,950	\$44,850	\$47,750

(check one) Yes, Income is lower _____ No, Income is higher _____

CHART C:

Total No. of Persons in your Family	1	2	3	4	5	6	7	8
Total Family Income	\$15,200	\$17,420	\$21,960	\$26,500	\$31,040	\$35,580	\$40,120	\$44,660

(check one) Yes, Income is lower _____ No, Income is higher _____

ARE YOU A FEMALE HEAD OF HOUSEHOLD: YES or NO (circle one)

****RACIAL ORIGIN (check one):** White ____ Black or African American ____ American Indian or Alaska Native ____ Asian ____
Native Hawaiian or Other Pacific Islander ____

****ETHNIC ORIGIN (check one):** Hispanic or Latino ____ **NOT** Hispanic or Latino: ____

SIGNATURE OF EMPLOYEE: _____ TODAY'S DATE: ____/____/____

ALL INFORMATION IS NEEDED FOR REPORTING EMPLOYEES TO BE HIRED WITH GRANT/LOAN PROVIDED FROM THE LOCAL DEVELOPMENT CORPORATION OF THE TOWN OF UNION. ALL INFORMATION PROVIDED WILL BE KEPT STRICTLY CONFIDENTIAL.

*According to Housing and Urban Development (HUD) Family Income Guidelines Effective 4/1/2021 (Subject to change).

**Racial/Ethnic Categories Added 1/1/04 As Per HUD Imposed Requirements.

**TOWN OF UNION LOCAL DEVELOPMENT CORPORATION
EMPLOYEE CERTIFICATION FORM (RETENTION) - 2021**

EMPLOYER: XYZ Corporation

DATE HIRED: 5/17/21

EMPLOYEE'S NAME: John Doe

EMPLOYEE'S HOME ADDRESS: 2 Main St., Endwell, NY 13760

EMPLOYEE'S SOCIAL SECURITY # (ONLY THE LAST 4 NUMBERS): XXX-XX-6789

POSITION (TITLE): Production Control Manager

This form must be
completed in its
entirety

EXAMPLE

ARE YOU CURRENTLY ENROLLED IN AN EMPLOYER SPONSORED HEALTH CARE PROGRAM: YES or NO (circle)

FULL TIME (F/T = 35 or more Hours per Week) YES or NO (circle one)

PART TIME (P/T = less than 35 Hours per Week): YES or NO (circle one) Indicate Total # of Hours per Week: _____ Hrs.

HOW MANY PEOPLE ARE IN YOUR FAMILY: 3

*** Prior to being hired for this position, was your family income lower or higher than the income listed below for the size of your family? ++ Were you unemployed prior to being hired for this position? (Yes or No (circle one))**

CHART A:

Total No. of Persons in your Family	1	2	<u>3</u>	4	5	6	7	8
Total Family Income	\$40,500	\$46,300	\$52,100	\$57,850	\$62,500	\$67,150	\$71,750	\$76,400

(check one) Yes, Income is lower X No, Income is higher _____

CHART B:

Total No. of Persons in your Family	1	2	<u>3</u>	4	5	6	7	8
Total Family Income	\$25,350	\$28,950	\$32,550	\$36,150	\$39,050	\$41,950	\$44,850	\$47,750

(check one) Yes, Income is lower _____ No, Income is higher X

CHART C:

Total No. of Persons in your Family	1	2	<u>3</u>	4	5	6	7	8
Total Family Income	\$15,200	\$17,420	\$21,960	\$26,500	\$31,040	\$35,580	\$40,120	\$44,660

(check one) Yes, Income is lower _____ No, Income is higher X

ARE YOU A FEMALE HEAD OF HOUSEHOLD: YES or NO (circle one)

****RACIAL ORIGIN (check one):** White X Black or African American _____ American Indian or Alaska Native _____ Asian _____
Native Hawaiian or Other Pacific Islander _____

****ETHNIC ORIGIN (check one):** Hispanic or Latino _____ NOT Hispanic or Latino: X

SIGNATURE OF EMPLOYEE: John Doe TODAY'S DATE: 5/19/21

ALL INFORMATION IS NEEDED FOR REPORTING EMPLOYEES TO BE HIRED WITH GRANT/LOAN PROVIDED FROM THE LOCAL DEVELOPMENT CORPORATION OF THE TOWN OF UNION. ALL INFORMATION PROVIDED WILL BE KEPT STRICTLY CONFIDENTIAL.

*According to Housing and Urban Development (HUD) Family Income Guidelines Effective 4/1/2021 (Subject to change).

**Racial/Ethnic Categories Added 1/1/04 As Per HUD Imposed Requirements.