

Kearny Enterprise Zone Development Corporation

Small Business Emergency Financial Assistance – “Micro” Loan Application

This form provides Kearny UEZ with the information it needs to consider and evaluate your loan request. A fully completed application, with the requisite attachments, will help eliminate unnecessary delays. If you have any questions, please contact John Peneda at the KUEZ office. *There is no application fee.*

I. General Information

Legal Business Name: _____

Trading As: _____

Business Address: _____

Contact Person: _____

Telephone Number: _____ Fax Number: _____

Email Address: _____ Web Address: _____

II. Ownership & Management

Business Structure: Proprietorship___ Partnership___ Limited Partnership ___
Corporation ___ Professional Corporation __ S Corporation ___
Limited Liability Company ___ Other __

Is the Business owned by a: Minority ___ Woma(e)n ___ Not Applicable ___

Ownership of Applicant Company (List all owners/stockholders with 20% or more of total ownership):

Name	Percentage Owned
1.	
2.	
3.	
4.	

Credit Scores (FICO or credit agencies, TransUnion, Experian, Equifax) of individual owners listed above (approximate):

1. _____
2. _____
3. _____
4. _____

Have any individual owners or the business ever declared bankruptcy or made an assignment for the benefit of creditors? If so, please describe the circumstances, when and why such filing was necessary. (Use separate sheet if necessary)

Key Management:

Name	Title	Years with Co.
1.		
2.		
3.		
4.		

III. Company History/Profile

Date Established: _____ Date of Location in Kearny: _____

Date Certified as a KUEZ Member: _____

Federal Tax I.D. Number or Proprietor's Social Security #: _____

Nature/Line of Business: _____ SIC Code if applicable: _____

Gross Business Receipts for most recent fiscal year: \$_____

Is the Applicant's Kearny location:

- _____ Principal place of existing business
- _____ Principal place of new business
- _____ Existing branch operation where financial assistance is requested

Has the business accepted a CARES/PPP/SBA or other government assisted or guaranteed loan during the current health crisis or in the past 2 years? If so, please explain.

How has the business been affected by the coronavirus public health crisis? I.e. shutdown by Executive order; lost customers due to shut down; unable to obtain necessary supplies, etc.?

IV. Professional Services/References

Business Bank: _____ Phone: _____

Branch Address: _____

Account Number 1: _____ Account Number 2 _____

Bank Officer: _____ Phone: _____

Business Accountant: _____

Accountant Address: _____

Telephone: _____ Fax: _____

Business Attorney: _____

Attorney's Address: _____

Telephone: _____ Fax: _____

V. Finances

Please write a brief statement of business financial condition (e.g. other loans outstanding, credit card balances, etc.):

VI. Monthly Fixed Costs

Payroll: \$ _____

Utilities: \$ _____

Rent: \$ _____

Insurance: \$ _____

Professional Services: \$ _____

Phone, Internet, etc. \$ _____

Supplier Costs: \$ _____

Business Vehicle Costs: \$ _____

Other: \$ _____

Other: \$ _____

VII. Client List:

NAME	ADDRESS	PHONE	E-MAIL

VIII. Accounts Receivables:

IX. Loan Request

Amount of Micro Loan Requested: \$ _____

What is the intended purpose of the loan funds?

X. Representations

Please submit this application with the additional information requested.

I/We authorize the Kearny Enterprise Zone Development (KEZDC) and the Kearny Urban Enterprise Zone (KUEZ) Program to investigate my/our personal and business financial credit history as necessary to process a loan application. The undersigned authorize any person or consumer reporting agency to give you any information it may have on the undersigned. Each of the undersigned authorized you to answer questions about your credit experience with the undersigned. THE UNDERSIGNED, in applying for financial assistance from the KEZDC and KUEZ, recognizes that prior to receiving any financial assistance the undersigned will agree to comply with all federal, state, and local laws and regulations to the extent that such are applicable;

I/We declare that any statement in this application and in its required attachments, or information provided herein, is true and complete in substance and in fact.

The approval and disbursement of Zone Assistance Funds (which include the proceeds from this loan) is contingent upon _____ remaining a UEZ certified business and meeting and (enter borrower business name above) maintaining all outstanding tax obligations to the State of New Jersey.

Name of Business:

Signature/Title

Date:

Signature/Title

The Federal Equal Opportunity Act prohibits from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided that the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The Federal agency that administrates compliance with this law concerning this creditor is the Federal Trade Commission, Equal Credit Opportunity, Room 500, 633 Indiana Avenue, NW, Washington DC 20580.

Please attach to this application SBA Form 413 (Personal Financial Statement), a copy of your commercial lease or deed to business location property, copy of driver's license for all management listed on the application, the two (2) most recent Federal tax returns of the business. If not established until 2019 or 2020, then the most recent tax return.

AUTHORIZATION TO USE AND TO RELEASE CREDIT INFORMATION

I/We hereby authorize you to release any information deemed necessary in connection with a consumer credit report for a loan through your office. This information is for the confidential use in compiling loan credit report for a lender. A photographic or carbon copy of this authorization (bearing a photographic or carbon copy of signature (s) of the undersigned may be deemed to be the equivalent or the original and may be used as a duplicated original. Further I/we understand that this information may be shared or disseminated with lending institutions and/or credit reporting bureaus, as necessary. I/We release the Kearny Enterprise Zone Development Corporation, the Kearny Urban Enterprise Zone Program, and the Town of Kearny, any and all individuals connected directly or indirectly with the processing of this loan from any and all liability arising out of the possession, processing, gathering thereof and dissemination of this credit information, and/or from any errors or omissions in said credit report(s).

DATE: _____

SIGNATURE: _____

ADDRESS: _____

SOCIAL SECURITY: _____

DATE: _____

SIGNATURE: _____

ADDRESS: _____

SOCIAL SECURITY: _____

(Add lines or pages as necessary)